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# ORGANIZED MEDICINE IN MING-QING CHINA: STATE AND PRIVATE MEDICAL INSTITUTIONS IN THE LOWER YANGZI REGION

Angela Ki Che Leung*

Between the fourteenth and the nineteenth centuries the people of China, like those of Europe, experienced periodic outbreaks of epidemic disease, as well as a high rate of mortality from endemic smallpox, measles, influenza and dysentery--chronic killers in early modern society. Indeed, factors of urbanization and population growth facilitating serious public health problems from a wide variety of infections probably had been established in China well before the Ming dynasty. From the beginning of the imperial era, instances of epidemic were regularly reported to the throne by local officials as omens reflecting upon the state of the Heavenly Mandate. Denis Twitchett has shown us the close relation between pestilences and demographic decline in the Tang era.[1] During the Yuan dynasty a sharp and mysterious drop in population occurred; some suspect that plague may have played an important role.[2] Helen Dunstan, in her preliminary survey of late Ming epidemics, suggests that great human losses occurred at this time as well.[3]

In this situation, the idea of the state's responsibility in matters of public health benefited from the development of a "rational" classical medical system whose therapeutics was based on a sophisticated materia medica. Learned medicine, although it did not replace or even seriously challenge ritual healing and religious propitiation of the gods as popular means of

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[1] Twitchett, 1979.

[2] McNeill, 1976:144, 168. We have no positive evidence for this hypothesis yet.

[3] Dunstan, 1975.

combatting illness, supplied experts and strategies which could become the basis of "pragmatic" state policies. Such strategies became part of imperial social welfare responsibility in the Song. However, under the Ming dynasty this tradition of official activism in matters of public health atrophied. By the late Ming, the state had quite ceased to assume its traditional role of providing for health care as an aspect of the people's welfare. The present study focusses upon the evolution of health policy during the last two imperial dynasties, and the gradual replacement of state by private organization during the Ming-Qing transition. The lower Yangzi region, as the empire's cultural and economic pacesetter, is where this transition occurred first, and where it was most thoroughgoing.

*State Health Policy*

From the mid-Tang through the Mongol era, the imperial authorities periodically took an active role in initiating and maintaining public health institutions, not only in the capital but throughout the empire.[4] Despite the rather scanty extant sources available to him, Naba Toshisada has given us an interesting description of official Tang medical policy.[5]

The publication and the free distribution of prescriptions were an important part of this effort. One collection of medical formulas recommended by the imperial court was the famous *Guangli fang* (Broadly Beneficial Prescriptions). These prescriptions together with officially-fixed prices of medicines were engraved on stones erected in public places, and it was decreed that the poor and sick should be able to obtain money from the national treasury to buy them. This publication of official prices was also designed to moderate the cost of medicines sold in private pharmacies. Arab and Persian merchants, who travelled widely in China in the ninth century, witnessed and reported on all these measures.

Moreover, we know that charity infirmaries or sick wards existed under the Tang, originally under the sponsorship of Buddhist monasteries. When monastic institutions were nationalized after the imperial persecution of Buddhism in AD 845, the state assumed responsibility for the infirmaries thereafter.[6]

The tradition of state initiative in the protection of health was carried on under the Song dynasty, which continued to support infirmaries for the

[4] For an account of a history of Chinese official medical institutions since ancient times, see Chen, 1956 (first edition 1919). We shall not treat this aspect of the problem in detail here.
[5] Naba, 1960.
[6] Michihata, 1937.

indigent sick and to publish imperially-sponsored pharmaceutical works. Much interesting information survives on the national welfare program launched in the year 1102 by the famous minister Cai Jing (1046-1126).[7] One of the most striking features of this program was the establishment in major cities of "peace and relief wards (*anjifang*)," in principle infirmaries to segregate the seriously ill and minimize the spread of disease.[8] This last concern suggests that the *anjifang* were meant as a response to the fear of epidemics. As such, they may have been prompted as much out of a desire to protect the well as to cure the ill.[9]

Similar concerns spurred the famous scholar-official, Su Shi (1036-1101) to establish the first infirmary of the Song. This was the *anlefang* (peace and happiness ward), set up in 1089 in Hangzhou. It was built with Su Shi's own money (fifty taels of silver) while he was serving as prefect there, after a minor famine had broken out earlier that year. Su Shi believed that the dense network of waterways in Hangzhou made the city particularly vulnerable to disease. His *anlefang* was later incorporated into the national program and renamed *anjifang*.[10]

The Song state also promoted the free distribution of medicines and the establishment of charity pharmacies (*huimin yaoju*). The task of publishing state-sponsored books of prescriptions began during the Yuanfeng reign (1078-1085), undertaken by the Imperial Medical Service (*taiyiju*). Apparently the collection underwent several revisions before its final publication around 1107 under the title of *Taiping Prescriptions for the Benefit of the People from the Office of Pharmacy* (*Taiping huimin hejiju fang*). According to the preface of the extant edition, the collection was to be dis-

[7] Wang, 1970; 1971:399-428; Jin, 1968; Miyashita, 1967, gives details on Song and Yuan medical institutions.

[8] *Song huiyao*, Peking: Guoli Beiping tushuguan, facsim, ed., 1936, "shihuo," 60:3b.

[9] The famine and subsequent epidemic of 1075-76 reportedly killed 500,000 in the Hangzhou area, 300,000 around Suzhou, and "more than half" in Shaoxing, leaving the cities "almost empty" even a decade later. See Su Shi, "Zou Zhexi zaishang diyi zhuang" and "Qi zhenji Zhexi qi zhou zhuang" (Two memorials to ask for relief for western Zhejiang), "Zhao Qingxian Gong shendao bei" (Posthumous Biography of Zhao Bian), *Su Dongpo ji* (Works of Su Dongpo), Taipei: Shangwu yinshuguan, 1965, V.15.7:34, 6:8, V.6.38:97; see also *Xu zhizhi tongjian changbian*, Taipei: Shijie shuju, facsim. ed., 435:19a; *Hangzhou fz*, 1922,70:6b-7a.

[10] *Xu zizhi tongjian changbian*, 435:20b. Su Shi is reported to have said: "Hangzhou is a place where water and land meet; therefore there are more illnesses than elsewhere." According to later sources, another great Song scholar-official, Zhao Bian (1008-1084), was in fact the first to create a sick ward. But evidence cannot be found in Song documents. Cf. Yan Maoyou (*jinshi* 1634), *Diji lu* (A Record of Enlightenment and Happiness), Ming ed., chuan *du*:47b-49a; (*Qingding*) *Kangji lu* (A Record of Relief Work), Siku quanshu ed., 3 *xia*:44a; *Huangzheng jiyao* (Essential Writings on Measures to Counter Famines), 1805, 8:12b.

tributed to all public pharmacies in the cities.[11]

Song charity pharmacies (*huimin yaoju*) entered the documentary record most often when they became a means of distributing medicines during epidemics, as in 1231 in Suzhou, when the judicial commissioner, Wu Yuan (1190-1257), organized a number of doctors during that year's spring pestilence.[12] But the ongoing role of these institutions was supposed to be the relief of ordinary illness. The public pharmacies had their critics. The great Song scientist Shen Gua (1031-1095) suspected them of corruption. "[They are called] benefiting the people (*huimin*)," he jeered, "but in fact the people have not received the least little benefit." He thought that illegal manipulations allowed the best medicines to go to those in power.[13] Nonetheless, the system was continued after the Song, and Ming sources show that public dispensaries had existed at one time or another in a large number of cities and towns of the lower Yangzi region (see map 1).[14]

No dynasty did more officially to support medical care than the Yuan. First of all, medical officials enjoyed higher rank in the bureaucratic hierarchy than at any other time before or afterwards. There was a new supervisorate to take charge of medical practitioners, (*guanyi tijusi*),[15] and

[11] *Taiping huimin hejiju fang*, Xuebao congshu, n.d. The date of the establishment of the *huimin yaoju* is not clear. According to the summary of the above work in the *Siku quanshu tiyao* (Resumes of Works in the Siku Collection), they were established only in 1148. But Shen Gua (1031- 1095) had written a short note on the *huimin yaoju*, implying that the institution must have existed before 1095 under such a name. See *Huimin yaoju ji* (On the Public Pharmacy), in *Wuchao xiaoshuo daguan, han* 3, V.30, Shanghai: Saoye shanfang, facsim, ed., 1926.

[12] According to Wu Yuan, 1,799 lives were thus saved. Wu Yuan, *Tuian yiji* (Posthumous Works of Wu Yuan), Siku quanshu ed., 7:9a-10b ("Jianghu xiaoji").

[13] *Huimin yaoju ji.* For a biography of Shen Gua, see Sivin, 1977.

[14] Map 1 is based upon the information found in the following gazetteers: *Nan Ji zhi* (Jiajing ed., 1522-1566); Wanli and 1674 *Tong zz*; 1618 *Rugao xz*; 1642 *Taichang zz*; 1594 *Shangyuan xz*; 1641 *Jiangpu xz*; 1598 *Jiangning xz*; 1668 *Jiangning fz*; 1885 *Jintan xz*; 1597 and 1685 *Zhenjiang fz*; 1601 *Yangzhou fz*; (Jiajing) *Xinghua z*; (Chongzhen) *Tai zz*; (Longqing) *Gaoyou zz*; 1521 *Dantu xz*; 1605 *Wujin xz*; 1691 and 1824 *Suzhou fz*; 1488, 1558, 1561, and 1747 *Wujiang xz*; 1598, 1618, and 1635 *Changzhou xz*; 1539 *Changshu xz*; 1642 *Wu xz*; 1797 *Chang-Zhao hezhi*; 1506 *Gusu zhi*; (Longqing) and 1890 *Yizhen xz*; 1496 and 1676 *Jurong xz*; 1558 *Shanghai xz*; 1631 and 1663 *Songjiang fz*; 1579 *Qingpu xz*; 1579 and 1676 *Lishui xz*; 1547 *Jiangyin xz*. To complete the map, we have also consulted 1561 and 1684 *Zhejiang tongzhi*; 1579 *Hangzhou fz*; 1535 *Shaoxing fz*; 1721 *Jiaxing fz*. But the information on Zhejiang is less complete. (*xz* stands for *xianzhi*, *zz* stands for *zhouzhi*, *fz* stands for *fuzhi*.)

[15] Chen, 1956:58. See also Hucker, 1985:497, on *taiyiyuan*. The reasons for the Mongols' interest in medicine are unclear. I incline to think that there was strong Arab influence. The Mongols conquered China at a time when Arab medicine had reached its golden age and there are indications that the Yuan court had more confidence in Arab medicine than in Chinese. Cf. *Yuan shi* (History of the Yuan Dynasty), 88:2220 and article 2882 in Hucker, 1985:479.

another in charge of medical relief (*guangji tijusi*), which oversaw a proliferating number of charity pharmacies.[16] Another new institution, the medical bureau (*yixue*), was established on all levels of local administration. Here government doctors carried out such duties as training and giving regular exams to practitioners, editing medical works, testing drugs and selecting doctors to head the charity pharmacies (*huimin yaoju*).[17] The state also promoted the erection of "Temples of the Three Sages" (*sanhuang miao*), where, through worship of the Yellow Emperor as patron of medicine, people were reminded of the classical roots of medical learning. We know from gazetteers that these temples existed in many large cities in Jiangxi and Jiangsu. Such a symbolic act obviously aimed at raising medical knowledge to a status equal with orthodox Confucianism.[18]

There is no way of knowing whether these imperially-sponsored medical institutions were effectively administered, or whether they were efficient in the relief of suffering, especially during the frequent epidemics which transformed private illnesses into public disasters, and which obviously prompted especial official concern. Nor can we tell whether they reached many sufferers compared with the prevailing informal networks of private healers. They obviously served to promote and spread the classical, literate medical system which was attaining theoretical maturity during the Tang through Yuan dynasties. As such, official medicine probably remained only the tip of the iceberg. As Paul Unschuld has surmised, for the vast majority of people "demonological healing was the more influential system,"[19] carried out by itinerants, priests, mediums and illiterate healing women, whose beliefs and practices were only superficially

[16] According to *Yuan shi*, 96:2467-68, there were supposed to be *huimin yaoju* in every one of the ten administrative provinces. More details can be found in 1890 (*Chongxiu*) *Yizheng xz*, 2:28b; 1933 *Wu xz*, 29 *xia*:22-24; 1631 *Songjiang fz*, 22:31a; 1840 *Jiangyin xz*, 1:33a; 1678 *Taicang zz*, 1:33a; 1488 *Wujiang xz*, 4:8b; 1824 *Suzhou fz*, 22:7b, 8b, 9b.

[17] *Yuan shi*, 88:2222; *Yuan dianzhang* (Yuan code), Taipei:Gugong bowuguan facsim. of Yuan ed., 1971,32:"*yixue*."

[18] A brief description of the Yuan *yixue* system with the Temples of the Three Sages is in Hymes, 1987. The three Sages worshipped in these temples were Fuxi, Shennong and Huangdi. See Wu Cheng (1249-1333), *Wu Wenzheng Gong ji* (Works of Wu Cheng), Siku quanshu ed., 38:4a. The oldest classic of Chinese medicine, the *Neijing* (Inner Canon), was attributed to Huangdi. Shennong was said to have tasted all herbs in order to know their nature; however, according to *Guang bo wu zhi* ((Record of a Myriad Things), Taipei: Xinxing shuju facsim. reproduction of the 1607 ed., 22:4b), Fuxi was also remembered as the Sage who tasted medical herbs and used needles (acupuncture) to heal the sick. Thus, the three were worshipped as ancestors of Chinese medicine.

[19] Unschuld, 1985:216.

challenged by the medical elite itself. Nonetheless, whatever its practical limitations, imperial sponsorship of medical education and relief in the Song and Yuan established an ideal of state responsibility for public health, as for other areas of social welfare.

Against this background the overall record of the Ming dynasty was one of increasing imperial indifference and neglect of medical relief and medical education alike. By the late fifteenth and early sixteenth centuries this trend was advanced. Thereafter it was gradually counterbalanced by the growth of privately-supported medical relief efforts. Medical crises, particularly epidemics, were dealt with more and more by local notables who acted not as officials empowered from above, but as philanthropists working in the interests of their home localities.

One of the first lapses on the part of the new dynasty was its neglect of the ritual Temples of the Three Sages,[20] probably a sign of deliberate efforts to promote orthodox Confucianism at the expense of medical and other forms of "craft" learning. However, the two official institutions which could be expected to have the closest daily contact with the people, the charity pharmacies and medical bureaus (*yixue*), were maintained in early Ming times. After the civil wars of dynastic succession, the Hongwu emperor ordered their re-establishment in the third and again in the seventeenth year of his reign (1370, 1385). They were to give medicine to the poor and to the military.[21] The last time that a Ming emperor showed any interest in the charity pharmacies was in 1428, the third year of the emperor Xuande. The emperor complained that the buildings housing the charity pharmacies were so dilapidated that people had nowhere to go for cheap medicines, and public doctors could not carry out their duties. He ordered that the pharmacies be rehabilitated.[22]

After this imperial edict, the court said very little about these institutions. According to available local gazettes, some charity pharmacies survived at least in name until the sixteenth century. But by the 1560s, the great majority were no longer functioning (see map 1). The pharmacy in the national capital was an exception, and it was still active distributing

[20] The following gazetteers report that the temples were abolished during the Hongwu period:1633 *Shanghai xz*, 18:6a; 1642 *Wu xz*, 12:3b; 1506 *Gusu zhi*, 21:2a; 1558 *Wujiang xz*, 5:12b-13a; 1663 *Songjiang fz*, 18:6a. Also there is no mention of these temples in the imperial edicts that order the re-establishment of the *yixue* and *huimin yaoju* institutions (see note 21).

[21] *Ming huiyao* (Ming Institutions), 39 "zhiguan (offices)":11, Peking: Zhonghua shuju, 1957, p. 689; *Ming shilu* (True Records of the Ming), 6th month of the 17th year of Hongwu, p. 2519; (*Qinding*) *Kangji lu*, 3 *xia*:45b-46a.

[22] *Ming shilu*, 40:93, 3rd month of the 3rd year of Xuande.

medicines during an epidemic in 1542.[23] But in general a sixteenth-century official had to be exceptionally energetic and determined to take an interest in medical relief. One such was Chen Yuwang (*jinshi* 1606), the father of the famous Donglin scholar, Chen Longzheng, who at his own expense organized a dispensary in Jurong while he was magistrate there. Moreover, he also organized thirty-two local doctors to tour the surrounding sixteen villages (*xiang*) every year towards the end of summer.[24]

The medical bureaus also decayed. They are mentioned briefly if at all in gazetteers, indicating their insignificant role in local affairs. A conscientious late-Ming official like Lü Kun (1536-1618) advised local magistrates that one of the first things they should do upon arrival at their posts was to renovate the local medical bureau if it had fallen into disuse. He was equally concerned by the poor quality of the services provided by those which survived. These "holders of the seal of the medical bureau" knew nothing about the medical classics, he said, but "consider routine bureaucratic administration as their main occupation."[25] Other sources corroborate Lü Kun's observation that many medical bureaucrats in the medical bureaus were actually ill-paid prison physicians. Therefore competent doctors "would rather die than accept the post."[26] Such medical bureaucrats were targets in popular fiction as well. In the late Ming classic novel, *Jin Ping Mei cihua*, an old physician speaks of his son, a government doctor (*guandai yishi*): "Everyday he spends all his time entertaining people in the *xian* [office]; he really has no spare time. It's I, rather, who go out often to treat patients."[27]

[23] *Ming shilu*, 261:5199-5200, 5th month of the 21st year of Jiajing.

[24] Cheng Longzheng, *Jiting waishu* (Supplementary Works of Chen Longzheng), Chongzhen ed., 3:21a.

[25] Lü Kun, *Shizheng lu* (Record of Practical Administration), in *Lüzi quanshu* (Complete Works of Lü Kun), early Republican ed., 6 *xia*:27a. An early Qing official by the name of Yuan Yixiang (principal administrative commissioner of Zhejiang in 1660) manifested the same frustration when he tried to combat a serious epidemic which struck the Shaoxing area. He observed that the *yixue* institution gathered a bunch of doctors who "only cared about money-making and knew nothing about books. People got sick and died, but from beginning to end, they were ignorant about the causes." See *Huangchao jingshi wenbian* (Collection of Works on Practical Administration of the Country), Taipei: Jindai Zhongguo shiliao congkan, 1972 facsim. reproduction of the 1897 ed., 45:1b.

[26] Lü Kun, "Zhenju yixue" (Reinvogorate the Medical Bureau) in *Shizheng lu*, 2:58b; cf. also Wu Rongguang (1773-1843), *Wu xue lu chubian* (First Edition of My Study Notes), 1870 ed., (first ed. in 1832), 2:15b-16a and also (*Wanli*) *Tong zz*, 3:4a.

[27] *Jin Ping Mei cihua*, 1617-1618 ed., 61:21a. Apparently the situation did not improve in the Qing. The famous and popular manual for local magistrates by Huang Liuhong (*juren* 1651), the *Fuhui quanshu* (A Complete Book Concerning Happiness and Benevolence), which was first published in 1694, never mentioned the existence of pharmacies or the medical bureau, though it did mention the local hospice for the poor (*yangjiyuan*), perhaps implying a further decline of the two institutions after the fall of the Ming. See edition of Yamane Yukio adapting the Obata Yukihiro ed. (1850), Tokyo: Kyuko Shoin, 1973, 26:13a-b.

As for the Song institution of infirmaries or charity sick wards, it had not outlived the dynasty. In Ming Hangzhou, where the most famous one had been built in the twelfth century, the collective memory of this institution only reminded the living of their regrettable loss. The compiler of the 1579 local gazette wrote sarcastically, "If charitable acts are really so trivial as to be not worth the effort, then Master Su's deeds need not be imitated in later generations."[28]

The Song tradition of publishing imperially-sponsored materia medica was also somehow lost. We know that the manuscript of a materia medica compiled under the auspices of the Hongzhi emperor (1488-1505) was not published after his death. Apparently his successors were not interested.[29]

An exception to the policy of official indifference was the continued state recognition of epidemics as public health crises. Outside the capital, where state action was direct, local officials were expected to take action during these emergencies. A popular tactic was to distribute medicine or money for its purchase. Money payments were used by Lin Xiyuan (ca 1480-ca 1560) during a 1522 epidemic at Sizhou (Anhui). But in 1529 he wrote a famous memorial criticizing the practice, pointing out that it was ineffective to give money because people lacked knowledge of appropriate remedies and did not always use the money for its intended purpose.[30] Half a century later, in 1587, an epidemic in the capital prompted the authorities to distribute prescription money to a reported 10,699 persons; but a reported 109,590 were said to have received medicines directly.[31] Such distribution of medicines instead of money was the preferred official strategy, and implies that at times the government was able to command the services of medical experts at least on a temporary basis.

Such was the arsenal available as an official response to the wave of epidemics which swept China in the 1640s. Descriptive accounts suggest that these measures were relatively ineffective. During the epidemic of dysentery (*yili*) at Wu-xian in 1641, for example, in spite of the magistrate's distributions, "seven out of ten persons died," and he had to arrange for the

[28] 1579 *Hangzhou fz*, 51:10a-b.
[29] Unschuld, 1986:29-31.
[30] *Ming shilu*, 99:1 (p. 2334), 3rd month of the 8th year of Jiajing; the details of the memorial were reproduced in Lin Xiyuan's collected writings, *Tongan Lin Ciya xiansheng wenji* (Works of Lin Xi-yuan), 1753, 1:19a-30b. This became a classic text on relief measures and was reprinted many times either in full or in abridged versions, notably in *Huangzheng congshu* (Collected Works on Relief Measures), ed. by Yu Sen, Qing ed., Ch. 2; (*Qingding*) *Kangji lu*, 3 *xia*:46a-b; *Huangzheng jiyao*, 8:13a-14b.
[31] *Ming shilu*, 186:2 (p. 3475), 5th month of the 15th year of Wanli.

collection of tens of thousands of bodies daily from the fourth month until the beginning of winter. It was the worst catastrophe in that city since the Jin armies had invaded in the early twelfth century.[32] In 1642 the magistrate of Wuxian distributed medicine during the spring epidemic (*dayi*), and reported that only half were saved.[33] Similar devastation spread elsewhere in the lower Yangzi region. In 1644 at Wujiang an epidemic (*yili*[1]) killed entire families and decimated inhabitants of whole streets, as survivors begged the gods for mercy.[34] The southern capital (Nanking) was not spared, but suffered tens of thousands of lives lost in the great epidemic (*dayi*) of the fifth month of 1641.[35] In Peking, from the second through the seventh month of the year 1643, an epidemic (*dayi*) cost the government some 1000 taels of silver to subsidize the Imperial Academy of Medicine in its care of the sick; but twenty times that amount went for the collection and burial of dead bodies inside the city.[36] During these catastrophes the state appeared helpless, and emergency measures by its representatives served as little more than tokens of concern.[37]

Although even the weak late-Ming state tried to act against epidemics, it is interesting that at no time did it attempt to follow the example of Cai Jing or Su Shi of the Song, and segregate the ill from the well. By contrast, quarantine measures were one of the more common public health weapons in early modern Europe beginning in the fifteenth century.[38] The only important effort at quarantine undertaken in late imperial China occurred not during the late Ming epidemics but in seventeenth-century Peking under the Manchus, and its circumstances underscore that this was an alien tactic.

[32] 1642 *Wu xz*, 11:32b-33a.
[33] 1642 *Wu xz*, 11:33b-34a.
[34] 1684 *Wujiang xz dingben*, 43:5b where it is reported that healthy people spit blood and immediately died.
[35] 1907 *Jinling tongji*, 10 *xia*:8b.
[36] *Ming shilu*, 16:13 (p. 485), 16th year of Chongzhen: "Daily deaths amounted to around 10,000."
[37] The exact nature and scope of these late Ming epidemics is not well understood. No one has been able to identify the disease or diseases involved on the basis of contemporary definitions or descriptions (see below). Reports of the number of victims are too vague to be very useful. With the exception of the 1641 epidemic of dysentery (*yili*), all other epidemics were simply reported as *yi* or *dayi* (big epidemic) or *yili*[1] (severe epidemic). Without further descriptions of the victims' symptoms it is impossible even to make guesses at the nature of the disease(s) involved.
[38] A lively description of state-imposed quarantine in western Europe, with consequent political and social conflicts, is given by Cipolla, 1977.

The Manchus, as natives of the sparsely-populated far north where smallpox was not endemic, were much more vulnerable than Chinese to this disease. They died in great numbers after having contracted it from the Chinese population as they entered Peking, with devastating consequences even for the imperial family itself (the Shunzhi emperor died of smallpox). Consequently the Manchu authorities established a "smallpox secretariat" (*chadou zhangjing*) to handle the problem, and decreed that all persons with smallpox be banished forty *li* (about thirteen English miles) from the city wall. As a result small children who showed the slightest signs of the disease were abandoned in large numbers by their families, who feared being expelled from their homes. Two prominent Qing historians recorded this event: Tan Qian (1593-1657) and Yu Zhengxie (1775-1840). A Chinese official by the name of Zhao Kaixin (*jinshi* 1634, d.1663) proposed the establishment of satellite villages around the city to accommodate the banished. From these sources we know that the quarantine measure was implemented before the second month of 1645, and that it was upheld as late as 1655,[39] though the Manchus adopted other policies against smallpox later on.[40] The principle behind this measure, which in any case was apparently limited to Peking, was the product of unique circumstances: it was to protect a conquering minority against a local majority for whom the disease was essentially endemic in childhood.[41]

[39] Tan Qian (1593-1657), *Beiyou lu* (An Account of the Trip to the North), Peking: Zhonghua shuju, 1981, p. 355; Yu Zhengxie (1775-1840), *Guisi cungao* (Manuscripts in 1833), 1847, 9:2b-3a; *Shizu Zhang Huangdi shilu* (True Records of the Reign of the Shunzhi Emperor), Taipei: Huawen shuju, 1969 facsim. ed., 14:13a-b (p. 161); *Qing shigao* (History of the Qing, a Preliminary Version), Peking: Guoshiguan, 1928, "liezhuan" (biographies), 31:1a-b on Zhao Kaixin; *Han mingchen zhuan* (Biographies of Famous Chinese Officials), Daoguang ed., 1:18a-b.

[40] However, we know that this measure did not remain in vigor for long after 1655. The Kangxi emperor (1654-1722) himself revealed that as a child he was not allowed inside the palace because he had not had smallpox and Yu Zhengxie, who drew our attention to this, also noted that Manchu nobles and military who had not had the disease were kept out of Peking. A new policy might have been implemented around 1655. See *Guisi cungao*, 9:2b-3b.

[41] Donald Hopkins and Joseph Needham seem to believe the myth that inoculation (variolation: *zhong dou*) against smallpox appeared in China for the first time in the 11th century (Northern Song period), (Hopkins, 1983:109; Needham, 1972:135). We think that this is not very reliable. This legend of the origins of variolation was in fact first "recorded" in some late Ming and early Qing medical works on smallpox. Most eighteenth-century works, however, agree that variolation began in the late sixteenth century. For details, see Chen, 1981:56-71; Liu, 1978; and *Zhongguo yiyao shihua*, 1983:289-293. It is well-known that Chinese variolation made its way to Europe via Constantinople in the eighteenth century where it was reported to be very effective and inspired the invention of Jennerian vaccination (see Hopkins, 1983:46 sq). In China, though the technique of variolation was promoted in some Ming and Qing medical texts and practiced by private doctors, no known examples exist of Chinese public or private health clinics offering the procedure. Clinics offering Jennerian vaccination emerged only from the 1830s on.

It is hard to say whether the Chinese disinterest in quarantine was the result of practical difficulties, moral norms or medical theory. Certainly both Chinese and European medical theorists of the sixteenth and seventeenth centuries assumed that epidemic disease was caused by broad environmental influences--"miasmas" or the "six climatic influences" (*liu qi*)--which were seen as bascially inescapable; or that it resulted from innate bodily corruption or pollution latent in all individuals. Quarantine therefore lacked a theoretical rationale in any idea of sick individuals as the unique source of contagion,[42] and this was true both east and west, even though practical observers everywhere recognized that bodily contact with the ill increased the risk of disease. All that can be said with certainty is that neither the ill nor the insane were ever systematically segregated from family and community in pre-modern China. The normal attitude of the authorities was to condemn as immoral families that abandoned their sick relatives for fear of contracting disease. The Manchu example, by a foreign invader on the conquered population, segregated on ethnic grounds as well as medical ones, and could not be sustained.

*Private Medical Charity in the Late Ming and Qing*

If state-sponsored medical relief was both sporadic and obviously ineffective by the late Ming, during the same years there was a growing interest among the local Jiangnan elite in providing health assistance within their communities.[43] This was not like the efforts of Su Shi five hundred years earlier, who contributed his own money but did so as an official representative of the central government. Nor was it simply an upsurge of individual acts of charity, on the model of Buddhist almsgiving, which had always been considered praiseworthy. In the late Ming, just as in former times, such personal acts of generosity occasionally took the form of medical aid, and even won recognition for some individuals, who

[42] Cipolla has noticed that in seventeenth-century Italy, rats and fleas were ignored when quarantine was imposed during an epidemic because no one suspected their role in spreading contagion (Cipolla, 1977:23). Politics sometimes overruled concerns for health when a quarantine was imposed (Cipolla, 1977 and Carmichael, 1986:110-112). Some experts on the European Black Death simply doubt the effectiveness of quarantine measures, (Kartman, 1958, cited in Carmichael, 1986:144; Gottfried, 1983:52,64,124). Others, like Grmek, would argue that quarantine only worked to contain plague and would not have aided in the cases of other epidemics like cholera, dysentery, etc., (see Grmek, 1980 cited in Carmichael, 1986:161).

[43] I have done surveys of other private social welfare organizations, particularly foundling homes and general hospices of the same region and period. See Leung, 1985 and Liang (Leung), 1986.

acquired the name of "charitable men" (*shanren*).[44] What was new in this period was *organized* private charity.

The late Ming scholar Yang Dongming (1548-1624) was probably one of the first private persons to mobilize local human and financial resources on a long-term basis in order to provide welfare aid to the local needy. As far as extant sources show, he began by creating the first Society for Sharing Goodness (*tongshanhui*), which was a society for general social philanthropy. Membership fees were used to finance road and bridge building and repairing, and to distribute alms to the poor and needy. This was in 1590 in his home town of Yucheng, in Henan. The following year, as he saw the dynamism of the Society, he created a second organization, the Society for Broadening Kindness (*guangrenhui*) to provide prescriptions and medicines to the local needy. He recruited local rich men as patrons, and the society was so successful it soon reported serving several hundred people every day.[45] Later, many other Societies for Sharing Goodness were set up in the Jiangnan region; these also made the distribution of medicines one of their functions. A well-known example was the one established in Wuxi by Gao Panlong, the famous Donglin scholar.[46]

An especially noteworthy case was that of the late Ming patriot, Qi Biaojia (1602-1645), who in his eight years of retirement from office organized charitable dispensaries during several famines and epidemics afflicting his home town of Shaoxing. In the sixth month of 1636, only ten days after the death of his son (from *dou*, probably smallpox), he drew up regulations for a charitable dispensary to combat an epidemic of that year. He signed an agreement with ten renowned local physicians to run the dispensary, which was located in one of the oldest and biggest temples of

[44] Gazetteers of the period record such cases, such as a local doctor in Jintan who distributed medicines during an epidemic in 1562, and was rewarded with a title from the Imperial Academy of Medicine. Lü Kun also noted that charitable commoners gave medicines to the needy. 1921 *Jintan xz*, IX-4:28a; *Shizheng lu*, 2:50a.

The term *shanren* appeared in a song text very popular in the Ming, the *Taishang ganying pian* (The Taishang Tract on Action and Retribution): a *shanren* is one who "gives charity and does not ask for reward, who gives without regret." Consequently, "people respect him, heaven blesses him, happiness and wealth follow him, evils stay away from him, the gods protect him." See the 1789 edition with comments by Hui Dong (1697-1758), facsim. reproduction in *Biji xiaoshuo daguan*, VI-10:14b-15b. Since late Ming times the term has designated a definite type of philanthropist. See Liang (Leung), 1986:58 and also Gao Panlong, *Gaozi yishu* (Posthumous Works of Master Gao), 1632, 7:43b.

[45] Yang Dongming, *Shanju gongke* (Work Done During a Residence in the Mountains), 1612, 1:7a-11a. On the development of the *tongshanhui*, see Fuma, 1982.

[46] For the regulations of the *tongshanhui* at Wuxi, see *De yi lu* (A Record of Philanthropic Acts), 1869, 1:4a.

the city. Each day two doctors were to be in service, and each doctor was expected to work for a six-day shift. Between the sixth and the eighth month ten thousand lives were reportedly saved.[47] In 1641 after setting up an infirmary (*bingfang*) for vagrants in the spring, he saw that the dispensary was reopened again over the summer. This time there was some financial aid and moral support from the local circuit intendent, and the organization became more sophisticated. It included a general manager, an accountant, a registrar, and a medical supervisor; moreover, two separate reception rooms were set up for male and female patients respectively. Twelve doctors instead of ten took turns staffing the clinic, this time in another big local temple.[48] According to a witness who assisted Qi in his relief work in the early 1640s and who told his experiences to the scholar Zhang Lüxiang (1611-1674), Qi travelled deep into the countryside around Shaoxing, bringing with him doctors from the city to visit sick peasants.[49] Indeed, this idea that it was necessary to bring medical care to the countryside was becoming part of the reform welfare ideal.[50]

Such organized medical relief efforts outlived the late Ming and continued to develop in the Qing period. All of these dispensaries and clinics had much in common: they were urban-based institutions where a certain number of doctors served in rotation, and they were financed and supervised by members of the local elite. Yangzhou-fu was the home of the first known new charitable dispensary (*shiyaoju*) set up in the Qing (in 1656); a second one was started in the same city in 1721, and in 1724 the two were merged to form a general charitable clinic and infirmary (*pujitang*). According to regulations published in 1736, the institution paid several local "Confucian doctors" to take turns treating patients; local pharmacists also prepared and distributed medicines. It was open to outpatients every morning, and those who were seriously ill and without families were accomodated in a sick ward at the rear of the building. If they died there, a proper burial was to be arranged. Although we know from regulations issued in 1783 that the dispensary sometimes ran short of funds

[47] Qi Biaojia, *Qi Zhongmin Gong riji* (Diary of Qi Biaojia), Hangzhou: Gujiu shudian, 1982 facsim. reproduction of the 1937 Shaoxing ed., year 1642:17b-18a; *Qi Zhongmin Gong nianpu* (Chronological Biography of Qi Biaojia) in the *riji*, p. 10a.

[48] *Qi Zhongmin Gong riji*, year 1641:61a-71a; year 1642:17b; *nianpu*, 13a.

[49] Zhang Lüxiang, *Yanxing jianwen lu* (A Record of Remarkable Words and Deeds I have Witnessed or Heard), preface of 1644, in *Yangyuan xiansheng quanji* (Complete Works of Zhang Lüxiang), 1871, 31:5a-b.

[50] Lin Xiyuan had already emphasized the importance of this in his 1529 memorial (p. 7), and Chen Yuwang, the father of Chen Longzheng, as we have seen (p. 6), had done the same.

so that service was temporarily discontinued for a few months,[51] still this was probably the most sophisticated medical charitable organization in China during the eighteenth century.

A similar but less ambitious clinic was established in Zhaowen in 1693. Its functions included dispensing free medicines during the sixth and seventh months, burying exposed corpses inside and outside the city in the tenth month, and giving away coffins all through the year.[52] By the Qianlong period, such all-purpose public health institutions were established in many sub-county-level cities (*zhen*); and by the late Qing they were common not only in the Lower Yangzi region, but all over the empire (see map 2).[53] The great majority were run and financed by local people, as in the late Ming. A difference was that these were no longer famous intellectuals like Yang Dong ming, Qi Biaojia, Gao Panlong, or Chen Longzheng. The movement had taken root in local communities, and the leaders were likely to be commoners like Wang Zao and Zhang Yang. These two had founded the dispensary in Yangzhou-fu in 1656. They were prosperous local notables, perhaps salt merchants, who had not achieved bureaucratic careers and who eventually had their names recorded in their local gazette because of their philanthropies. They represent a new category of community leader whom local gazettes, and hence local administrators, gave recognition to in late imperial times.[54]

Although the Qing state took little initiative in medical relief, it did not entirely ignore the issue. In the mid-eighteenth century the Yongzheng

[51] 1845 *Gaoyou zz*, 1:51a, 54b-55a, 57a-b.

[52] 1797 *Chang-Zhao hezhi gao*, 4:11a-12b.

[53] The map is based on records of charitable institutions found in the following gazetteers:

1874 *Shang-Jiang liangxian z*; 1885 (*Zengxiu*) *Ganquan xz*; 1904 (*Xuzuan*) *Jurong xz*; 1881 *Gaochun xz*; 1883 *Liuhe xz*; 1885 (*Chongxiu*) *Danyang xz*; 1885 *Jintan xz*; 1815 *Songjiang fz*; 1883 *Songjiang fu xu zhi*; 1872 *Shanghai xz*; 1927 *Nanhui xz*; 1878 *Fengxian xz*; 1924 *Chongming xz*; 1883 *Suzhou fz*; 1797 and 1904 *Chang-Zhao he shi gao*; 1876 *Wujiang xz*; 1781 *Jiading xz*; 1886 *Wujin Yanghu he zhi*; 1814 *Wuxi Jinkui xz*; 1882 *Yixing Jingxi xz*; 1840 *Jiangyin xz*; 1808 *Rugao xz*; 1885 *Taixing xz*; 1875 *Tongzhou zhili zz*; *Liang Huai yanfa zhi* 1806; 1845 *Gaoyou zz*; 1883 *Xinghua xz*; 1827 *Tai zz*; 1743 *Jiangdu xz*; 1922 *Haining zz gao*; 1808 *Yuhang xz*; 1877 *Jiaxing fz*; 1886 *Pinghu xz*; 1792 *Shaoxing fz*; 1894 *Jiashan xz*; 1887 *Tongxiang xz*; 1919 *Wuhu xz*.

Many sub-county-level towns (*zhen* and *xiang*) had dispensaries by the Qianlong, Jiaqing or early Daoguang period. Some examples are: Xinyi, 50 *li* east of Suzhou (1911 *Xinyi zhi gao*); Weiting, east of Wuxian, (1933 *Yuanhe Weiting zhi*); Hufu, near Wuxian (1792 *Hufu zhi*); Shenghu, near Wujiang, (1920 *Shenghu zhi*); Zhujing, near Jinshan (1916 *Zhujing zhi*); others are also recorded in county-level gazetteers. They seem to be particularly dense in Songjiang, Suzhou and Shaoxing prefectures.

The map may underrepresent the total number of private institutions because gazettes, as official government publications, did not always mention local private organizations.

[54] 1725 *Gaoyou zz*, 10:14b-15a; 1810 *Yangzhou fz*, 32:3a-b.

emperor ordered that charitable halls (*pujitang*) be set up all over the empire. (He also urged the establishment of foundling homes (*yuyingtang*), another private charity pioneered in early Qing Yangzhou.)[55] In promoting private action to fulfil public functions, the emperor's edict encouraged the blurring of the boundaries between state and private spheres of responsibility which was one of the general characteristics of late Qing local administration. This meant that medical philanthropies could receive local official blessings and occasional financial aid. But this was more a symbolic state take-over of established local initiatives than a concrete official program in the Song style.

Though the two cooperated, state officials and local philanthropists appear in clear contrast when we look at the reasons the latter gave for their activities. The late Ming intellectuals who started the movement by their own accounts were not spurred on by any remarkable success in reducing mortality, particularly that associated with the wave of epidemics in the 1640s. Although they believed generally in the efficacy of classical medical prescriptions, and, like the public and doctors themselves, conventionally assumed that anyone who took a prescription medicine and subsequently recovered had been "cured," they were only too aware that often no remedies availed.[56] What François Lebrun characterizes as fatalism in the attitudes towards illness in seventeenth- and eighteenth-century France was also prevalent in China during the same centuries.[57] The belief that disease and epidemics particularly were caused by unpacified spirits was so deep-rooted in Chinese society that it was only natural for all people, high and low alike, to resort to rituals and prayers when illness struck. Qi Biaojia, whose pioneering dispensaries in Shaoxing were models for the philanthropic movement, also called for Buddhist monks to hold ceremonies in his home in the summer of 1642, so as to keep his family safe from the pestilence of that year.[58]

[55] For details of the 1724 edict, see Leung, 1985:24-27; on the development of the *pujitang*, see Liang (Leung), 1986.

[56] Chen Longzheng, for example, blamed the lack of "good doctors" and urged the throne to subsidize the distribution of a certain "five fever pill" (*wu wen dan*) during the devastating epidemic in his region in 1643. See *Jiting quanshu* (Complete Works of Chen Longzheng), 1665, 40:25b-26a. One hundred years later, in 1742, the great Qing official Chen Hongmou (1696-1771), made the same kind of recommendation for a "fever-repelling *cunjin* pill" (*piwen cunjin dan*), which apparently became one of the standard pills distributed by dispensaries and other charitable institutions later on, as Huang Kerun (*jinshi* 1739) witnessed in Peking. See Chen Hongmou, *Peiyuan Tang ou cun gao* (Manuscripts of the Peiyuan Study), 1869, 14:13a-b; and Huang Kerun, *Jifu jianwen lu* (Things Heard and Seen in the Capital), 1754,34a.

[57] Lebrun, 1983:19.

[58] *Qi Zhongmin Gong riji*, year 1642:18b.

When sick it is not medicines the country people
would taste;
Once the gods are present, pestilence ghosts
will be chased away.

When the author of the 1663 Songjiang gazette quoted this old poem, he accepted the popularity of mediumistic healing in the countryside.[59]

The elite organizers of these charitable enterprises believed that their society's misfortunes were a punishment from Heaven, largely traceable to moral decay. Medical relief was a means to reorganize the community, to reinvigorate the ancient ideal of community mutual aid, and to arouse the moral consciousness of the people. It is not an accident that most of the leaders of the late Ming charitable societies were Donglin intellectuals or their sympathizers. Disease was another form of the corruption of their times, and virtuous acts like evil deeds were part of a cosmic pattern of retribution and reward. From the start Yang Dongming's Society was based on ideals of "spreading kindness" according to its name. As he explained to the membership, "You are rich. This must be due to the far-reaching roots of kindness and not be just an accident." Attributing their good fortune to an accumulated store of merits in their own lives and those of their ancestors, he called upon them to "propagate" that kindness, and to "promote further the ideal of letting the living thrive."[60] Here we see a Buddhist ideal of the path to salvation applied to support goals of social welfare for the community and moral prestige for individuals. This religious tone was typical of late Ming philanthropic discourse.

The philanthropists of the Qing continued to see immorality and disease as interdependent. One Qing dispensary required all patients to take a vow to correct their faults. Their reasons for demanding this are revealing: "All illnesses are ill fate from the heavens . . . . If we want to get well physically, we must cure ourselves spiritually first. If the spiritual illnesses are not rooted out, the physical illnesses certainly will not be overcome."[61] Physical misfortune including illness was seen as punishment from heaven. Charitable acts of medical relief would act to restore order to the body and health to society, to pacify supernatural powers and cancel out the evil legacy of wrong or immoral behavior. Through private philanthropic activities, religiously-based beliefs about the nature of disease were

[59] 1663 *Songjiang fz*, 5:16a. The poem is by Gao Qi (1336-1374). For Gao's biography, see Mote, 1962.
[60] *Shanju gongke*, 1:1b.
[61] *De yi lu*, 4:"yaoju liyuan yue" (Dispensary Compact), "yaoju liyuan dan" (Dispensary Compact: Form), pp. 1a-5b. The location of this particular dispensary is not specified here.

reinforced, even as acts of charity served secularized goals, and supported the social ambitions of wealthy commoners in an increasingly fluid and competitive status hierarchy.

*Doctors, the State and Society*

Over the course of the Ming dynasty, as public medical institutions were losing their importance, state involvement with medical education declined as well. Imperially-granted titles like "palace doctor" (*taiyi*) which in the early fifteenth century still connoted persons with superior medical skills, became so degraded that they could be applied to any practitioner.[62] At the local level "official" doctors employed by the authorities could become objects of ridicule or contempt, as we have seen. Can we associate this withdrawal of state involvement with a decline in the social position of Ming-Qing physicians? That their status had declined was indeed the opinion of many late Ming and Qing literati, who castigated physicians among their contemporaries as ill-educated, pompous quacks, greedy for gain and unwilling to admit the limitations of their knowledge:

> In ancient times, a mediocre doctor killed people; nowadays mediocre doctors neither kill nor cure, but they put people in a state somewhere between life and death, until the illness deepens and finally the person dies... Today's doctors cannot read pulse, and know nothing about the sources of illness. They only make guesses according to the situation (of the sick) and then give elaborate prescriptions. It is like hunting a hare without knowing where the animal is, just sending in more men and horses to surround and cover the empty ground.

This famous gibe from Gu Yanwu was only one of many complaints.[63]

[62] Medical practitioners portrayed as quacks in popular literature could be called *taiyi*. Examples can be found in chapter 61 of *Jin Ping Mei cihua* and in some of Feng Menglong's short stories, like "Yanei Wu's Rendezvous in an Adjacent Boat," story no. 28 of *Xingshi hengyan* (Eternal Words to Awaken the World), Peking: Zuojia chubanshe, 1956:589-591. Of course we have to take into account that since Song times it had been conventional to ridicule doctors in popular operas and stories. See Idema, 1977:45.

[63] Gu Yanwu, *Rizhi lu* (Record of Knowledge Gained Day by Day), Taipei: Shangwu yinshuguan, 1968, 5:82 "*Yishi*" (doctors). Other complaints include that in Gu Qiyuan's (1565-1628) famous miscellaneous notes on seventeenth-century Nanking, *Kezuo zhuiyu* (Random Notes of a Visitor) (1618): "There were many famous doctors in Nanking during the Zhengde and Jiajing periods (1505-1566). Each had his own specialty and there was no dispute amongst them. . . . They were honest and prudent, their conduct was that of learned gentlemen. . . If they were asked to see a patient, they would certainly first inquire about the nature of the illness; if it was not their speciality, they would politely decline to go. This is unlike today's doctors who pretend to have studied every kind of illness." *Kezuo zhuiyu* in *Jinling congshu*, Taipei: Yiwen yinshuguan, 1969, 8:29b-30a). Gu's observation was supported by an early Qing doctor from Changzhou by the name of Zhang Lu (1617- ca. 1697) who also pointed to the same fact but dated the decline to the time of dynastic change. See *Zhangshi yitong* (Comprehensive Book on Medicine by Zhang), 1695, Shanghai: Shanghai kexue jishu chubanshe, 1963, p.1; Zhang's biography is in *Qing shi gao*, biographies, "yishu" (The Arts), 1:3a-b.

The Ming imperial state may be blamed for its neglect of support for public standards qualifying medical practitioners, which contrasted markedly with the increased rationality of the Confucian civil service examination, and which certainly complicated physicians' efforts to establish their expertise. However since the social status of physicians had always been ambiguous, impressions of decline in the late imperial age are particularly difficult to substantiate.

Robert Hymes, in his careful analysis of the Song-Yuan medical profession, points out that medicine had two aspects: "On the one hand medicine was a field of study, an intellectual endeavor linked to philosophy; on the other medicine was specialized practice, occupation, 'craft'." He shows convincingly that in the Song "medicine was a respectable field of study, with its own classics, but as a career and mode of life was highly controversial."[64] In literati eyes practising doctors were "not quite gentlemen," pursuing a minor craft for profit. But for those who failed as scholars, medicine offered the alternative vocational advantages of high moral and scholarly tone, good income and elite clients.

Hymes shows that in the region he has has studied most closely, Fuzhou prefecture in Jiangxi, hardly any Song dynasty doctors came from socially prominent families. This changed in the Yuan, he argues, less because of the shift in state policies or any new social attitudes than due to an alteration in the opportunity structure. Teaching, which had been the favored alternative vocation for Song gentlemen who did not enter officialdom, lost out with the Yuan abolition of the examination system. More and more members of the old elite shifted to medicine as a vocation, and the famous Yuan scholar Wu Cheng (1249-1333) wrote eulogistic biographies of a number of them.[65]

If the social status of physicians was rather uniquely elevated under the Mongol dynasty, literati attitudes towards doctors seemed quite unchanged during the first years of Ming rule. Like Wu Cheng earlier, the great official Xu Youzhen (1407-1472) was a friend of many physicians, and wrote commemorative biographies of these friends which were included among his collected essays. A native of Suzhou, Xu was proud of his city's learned men of medicine, and boasted that "the number of those who hold the title of "palace doctor" is constantly well over one

[64] Hymes, 1987:33.

[65] Hymes, 1987:51-53. Hymes argues that Wu Cheng's eulogies of physicians are themselves a defense of the legitimacy of medicine. *Wu Wenzheng Gong ji*, 30:3a-b, 19b-20a; 38:3a, 5a. For Wu's biography see Gedalecia, 1979.

hundred."[66]

However, the old saying attributed to the Song official Fan Zhongyan (989-1052), "If one cannot be a fine minister, one should be a fine doctor,"[67] highlights the continued ambiguity of the doctor's social standing throughout Ming-Qing times. Even the most learned medical man was likely to have abandoned Confucian studies or failed the civil service examinations, and be one whose image was that of those who "descended from the status of scholar to be a doctor."[68] In rare cases when a member of the Ming elite chose medicine over a bureaucratic career, as did the noted medical author Wang Kentang (b:1553; *jinshi* 1589), he was rejecting both social convention and family aspirations. Wang's father, himself a successful official, insisted that his son succeed in the exams and serve in office before turning to medicine as vocation.[69] This case perhaps reflects an extreme of elite disdain for medicine, to be contrasted with the more common "family strategy"[70] of recommending medicine for sons who had no prospects as either officials or landlords.[71]

[66] Xu Youzhen, *Wugong ji* (Works of Xu Youzhen), Siku quanshu ed., 3:31a. I thank Dr. Chu Hung-lam for having pointed out to me the interest of *Wugong ji*. Xu wrote many biographies for his doctor-friends. See the same work, 4:67a, 2:27b-28b, 3:31a-33a, 4:92a-94b.

[67] The earliest record of the association of this saying with Fan seems to be Wu Zeng's (ca. 1127-1160) *Nenggai zhai manlu* (Miscellaneous Notes Written in the Nenggai Study), in Shoushange congshu, Taipei: Baibu congshu jicheng, 1968 facsim. ed., 13:4a-b. This saying became very popular in Ming and Qing times.

[68] The famous Anhui writer Wang Daokun (1525-1593) used this phrase to describe the career of one of his friends in his *Taihan ji* (Works of Wang Daokun), 1596, 23:9b. Such a phenomenon was also observed by the early Qing physician Zhang Lu (n. 63) who noticed that many scholars after the fall of the Ming "lowered their vocation to medical practice." *Zhangshi yitong*, p. 1. Wu Cheng also had friends who after the fall of the Song had abandoned Confucian studies to become doctors. See *Wu Wenzheng Gong ji*, 26:18b. Nationalism obviously has something to do with this self-imposed downward mobility in the Yuan and the early Qing periods.

[69] Wang Kentang's father, a junior censor-in-chief before he died, forbade his son to study medicine until the latter had successfully passed the *jinshi* degree. Wang served as an official in Fujian before becoming one of the most prominent medical authors of his age. See Wang Kentang, *Zhengzhi zhunsheng* (Standards for Diagnosis), 1602, Taipei: Xinwenfeng chuban gongsi, 1974 facsim. reproduction, preface:1a-b. See also Wang's *Yugang Zhai bichen* (Notes Written in the Yugang Study), 1602, Peking: Beiping tushuguan, 1930, 2:31b, where Wang recorded how he cured his sister, surprising his family who had "no belief in medicine."

[70] See Hymes, 1987:57.

[71] This was the strategy of the grandfather of Qiu Jun (1420-1495), the great Ming stateman. Jun was made to pursue Confucian studies whereas his older brother was encouraged to study medicine from the age of ten. The father of the mid-Qing medical writer Zhao Xuemin (eighteenth century) had the same plan: Zhao was to study Confucian classics and his brother medicine. Xuemin's vocation as a medical writer was in fact an outcome of his failure to be an orthodox scholar, as his father had wished. Cf. Qiu Jun, *Keji Tang ji* (On the Keji Hall); in *Chongbian Qiongtai hui gao* (Re-edition of the Qiongtai Manuscripts), 1621, facsim. reproduction in *Qiu Wenzhuang Gong congshu*, Taipei: Qiu Wenzhuang Gong congshu jiyin weiyuanhui, 19:34-36 (p. 421). I thank Professor Su Yun-feng for this reference. See also Zhao Xuemin, "Liji shi'er zhong zongxu" (General Preface to the Twelve Liji Works), 1765, *Bencao gangmu shiyi* (Supplements to Li Shizhen's Materia Medica), 1885, 1a-b.

If successful Ming-Qing doctors, like successful merchants, were not despised, they were like Song-Yuan physicians in facing a changing opportunity structure which altered the fortunes of their profession. Even at best their prestige was threatened from below by the vast number of lower-class healers who competed with them. This competition included itinerant drug peddlers, mediums, and members of religious orders. Deserving mention as a separate category were female practitioners, who in Ming China as in early modern Europe "became emblematic . . . as the ignorant intruder into the official medical domain."[72] (Even though in China "official" medicine was particularly difficult to define, all agreed women did not belong.) Lü Kun for example noted that common people, especially women and children, were more often than not treated by female healers exclusively. He was probably wrong in blaming their popularity on the decline of public medical institutions,[73] for learned medicine even in the Tang and Song had coexisted with the same sorts of ritual and/or illiterate practitioners, and female healers were inescapable in a sex-segregated society.

What was new in the late Ming and afterwards was a rapid popularization of literate medical knowledge, which went hand in hand with the spread of literacy and growth of commercial publishing. Not only was there an upsurge in the publication of specialized medical texts, but almanacs and family encyclopedias, which were widely distributed, contained long passages on basic medical diagnosis and prescriptions. The medical sections in the late-Ming editions I have examined[74] were often composed in simple song verses (*ge*) facilitating rote memorization; prescriptions were organized according to their suitability for the different seasons of the year (*huotao*); and ingredients in common formulas were

[72] Lingo, 1986:593.

[73] *Shizheng lu*, 2:51a; 6 *xia*:27a-b.

[74] These are *Shilin guangji* (Broad Record of Many Letters), Yuan and 1496 editions; *Wuche bajin* (Collection of Exerpts from all Kinds of Books), 1597; *Wanbao quanshu* (A Complete Book of a Myriad Treasures) with preface by Chen Jiru (1558-1639); and *Jujia biyong shilei quanshu* (Complete Collection of Matters Necessary for Household Use), Wanli ed. All four of them discussed *li* (diarrheas and dysenteries of all sorts) and *shanghan* (a broad category of febrile diseases, difficult to identify with modern syndromes since it is marked by "hot" rather than "damp" symptoms). Three discuss *kesou* (coughs, i.e., either mild or severe pulmanory disease) and *cang* or *jiexuan* (skin eruptions. boils and ulcerations). Others mentioned more than once are *nue* (periodic, malarial-type fever) and *huoluan* (prostrating fever with diarrhea, including cholera), strokes (*zhongfeng*), hemorrhoids (*zhilou*) and hernia (*xiaochang qi*). As a classification of common disorders this list accords with types of cases most frequently reported on in doctors' casebooks; the focus is upon symptoms and body processes rather than upon discrete "diseases" in the modern sense.

standardized. These works, like other cheap medical handbooks, made medical learning accessible to the semi-literate and self-educated, whose ability to use it outside their own families as "doctors" was constrained by no private or public institutions able to standardize medical knowledge.[75]

In this context we may be able better to understand the literati critique of late imperial medical practice. All these subjective observations reflect rather the wide democratization of elementary and general medical knowledge in this period, and the complete lack of control, be it bureaucratic or scientific, over medical standards. This is not a real "decline" in the absolute level of care, or in the social position of the most esteemed practitioners, but rather an increase in the number of healers whose smattering of learning made them appear quacks or charlatans in the eyes of the social elite. Nonetheless, it is interesting that the most severe criticism of "heterodox" healers, ie those who were not trained in hereditary family practices (*shiyi*) or by apprenticeship to an established doctor of classical training, as well as the most harsh attacks on ritual healers, came not from learned doctors (*ruyi*) themselves, but from the non-medical elite.[76]

*Conclusion*

In late imperial China the role of the state in the delivery of medical care was developing in a direction quite contrary to that typical of Western Europe in the same period. Europeans, especially in France and the German states, were moving toward stricter state and academic supervision of medicine, and greater consensus concerning what was "orthodox" medical science.[77] In China we see just the reverse: a slackening of bureaucratic intervention, and a democratization of medical knowledge.

Epidemics were a particularly severe test for both China and Europe. In China concern about epidemics appears to have stimulated much of what

[75] The modern scholar Liang Qichao (1873-1929) condemned certain Chinese doctors who "noisily consider themselves as medical practitioners as soon as they can recite a few songs from popular handbooks (*fangben ge*) and recall several dozen names of common medicines." Cited in Quan Hansheng, 1936:46.

[76] Chen Longzheng, for example, recommended a total ban on "unqualified healers" by a strict control of professional mediums in the cities as in the countryside. *Jiting waishu*, 4:42b. Lü Kun also condemned folk doctors as having "little understanding of texts, no knowledge of the nature of medicines. They apply strong medicines without caution, and carelessly practice acupuncture." *Shizheng lu*, 2:51b.

[77] In contemporary France, for instance, courses given by recognized professors or under auspices of important universities were representative of a kind of "official medicine" although their content might be abstract, and the standard of teaching mediocre. See Lebrun, 1983:27-46.

was done for public health, in earlier as well as later times. One is struck by the fact that regulations for charity dispensaries and other public health intitatives often assumed that services would be made available on a periodic basis, particularly in the spring and summer epidemic "season." Nonetheless, in the sixteenth century and afterwards the Chinese state responded to epidemics with no more than ad hoc distribution of money or medicine. At no time did the state intervene heavily by imposing quarantines or in other ways attempting to segregate the infectious ill. Private philanthropists gradually participated in public health efforts and eventually institutionalized their charities in the form of dispensaries and clinics. Still, the overall policy was a laissez faire one.

However it would be premature to conclude from this anything about the relative levels of mortality from epidemic disease in China and in Europe. Demographers continue to argue about the impact of well-studied epidemics on the population history of Europe; the history of epidemics in China is virtually uncharted as yet. Records concerning state and private public health efforts in China, such as have been consulted here, do not by themselves give many clues as to either the nature or the severity of such diseases there. Classical Chinese disease classification resists easy translation into modern disease categories, and the efficacy of the prescription drugs widely used may never be well understood. This makes it difficult to evaluate the usefulness of Chinese public health efforts.

The likelihood is that no premodern public health measures did much to curb serious infectious disease, whether in China or in Europe. European state intervention, whether it took the form of quarantines or other forms of segregation, or of liscencing of physicians, midwives and other health experts, or of the early development of hospitals for victims of infectious disease, may not have had very major public health results.[78] McKeown and Lebrun have argued that advances in medical science and its applications did not have a significant impact upon disease in Europe much before the beginning of the twentieth century.[79] McKeown attributes the major earlier improvements in European public health to changes in the food supply affecting diet, and to better hygiene. Here

[78] Cipolla points to the ineffectiveness of quarantines in seventeenth-century Italy when plague in fact was being spread by rats and fleas. Early modern European hospitals were known to spread disease among their patient populations. See Cipolla, 1977:23 and Corbin, 1982:60, and note 42.

[79] McKeown, 1976:108, 1985:31; Lebrun, 1983:9, 30, 185. One exception was Jennerian vaccination in the late eighteenth century (see note 41).

Chinese norms compared favorably with European ones all along.[80] The decline of the state's role and and the rise of organized private initiative in public health was important in China more for social than for health reasons. It marked an avenue for local elites to assert their leadership and influence in an area where the state had left a vacuum. In the more complexly-stratified, competitive society emerging after the late Ming, this opportunity was especially useful to merchants and other local rich men who lacked official status. Through philanthropy, such people demonstrated the moral qualities deemed important for leadership and community prestige. By focusing their charitable acts on disease and its victims, they reinforced cultural assumptions concerning the links between morality and social order on the one hand, and health and wellbeing on the other. If disease for the common people was caused by unpacified ghosts and spirits, for the elite it was Heaven's punishment for individual or collective moral failings. Illness, therefore, was well suited to articulate a moralistic discourse for the enhancement of social order.

[80] For example, in China there was no conception of bathing *per se* as detrimental to health, though people took precautions to avoid "cold," especially in winter. Advice on bathing can be found in family handbooks and family rules. For example, the clan rules of the Zheng clan (in Zhejiang) advised members to bathe once every ten days in spring and in winter but as frequently as they wished in summer and in autumn (*Zhengshi guifan*, early Ming ed., in *Biji xiaoshuo daguan* VI-5:25b). Many indications point to the presence of public bathhouses in the Jiangnan area as early as Song times and in Peking beginning in Yuan. These continued into the Ming-Qing period. Taboos concerning bathing like those prevalent in the seventeenth-century Europe (see Vigarello, 1985:18-9 and 243, on "a relative rejection of water") did not exist in China. There were of course some regional differences, but I believe that the people of the Jiangnan region in general were bathers unless prevented by poverty.

**Glossary**

Anhui 安徽

anji fang 安濟坊

anle fang 安樂坊

bingfang 病坊

Cai Jing 蔡京

cang 瘡

chadou zhangjing 查痘京章

Chen Longzheng 陳龍正

Chen Yuwang 陳于王

dayi 大疫

dou 痘

du 度

Fan Zhongyan 范仲淹

fangben ge 坊本歌

Gao Panlong 高攀龍

ge 歌

Gu Yanwu 顧炎武

guandai yishi 官帶醫生

guanyi tiju si 官醫提舉司

guangji tijusi 廣濟提舉司

guangli fang 廣利方

guangren hui 廣仁會

Hangzhou 杭州

Hongwu 洪武

Hongzhi 弘治

Hufu 虎阜

huimin yaoju 惠民藥局

huoluan 霍亂

huotao 活套

jiexuan 疥癬

*Jin Ping Mei cihua* 金瓶梅詞話

jinshi 進士

juren 舉人

Jurong 句容

juyang yuan 居養院

kesou 咳嗽

li 痢

Lin Xiyuan 林希元

liu qi 六氣

Lü Kun 呂坤

nue 瘧

piwen cunjin dan 闢瘟寸金丹

puji tang 普濟堂

Qi Biaojia 祁彪佳

Qianlong 乾隆

Qiu Jun 丘濬

ruyi 儒醫

sanhuang miao 三皇廟

shanren 善人

shanghan 傷寒

Shaoxing 紹興

Shen Gua 沈括

Shenghu 盛湖

shihuo 食貨

shiyao ju 施藥局

shiyi 世醫

Shunzhi 順治

Sizhou 泗州

Su Shi 蘇軾

Suzhou 蘇州

*Taiping huimin hejiju fang* 太平惠民和劑局方

taiyi 太醫

taiyi ju 太醫局

taiyi yuan 太醫院

Tan Qian 談遷

tongshan hui 同善會

Wang Kentang 王肯堂

Wang Zao 王藻

Weiting 唯亭

Wu Cheng 吳澄

wu wen dan 五瘟丹

Wu Yuan 吳淵

Wuxi 無錫

Wuxian 吳縣

xian 縣

xiang 鄉

xiaochang qi 小腸氣

Xinyi 信義

Xu Youzhen 徐有貞

Xuande 宣德

Yang Dongming 楊東明

yangji yuan 養濟院

Yangzhou-fu 揚州府

yili 疫癘

yili[1] 疫癘

yishi 醫師

yishu 藝術

yixue 醫學

Yongzheng 雍正

Yucheng 虞城

Yu Zhengxie 俞正燮

yuying tang 育嬰堂

Yuan Yixiang 袁一相

Yuanfeng 元豐

Zhang Lüxiang 張履祥

Zhang Yang 張陽

Zhao Bian 趙卞

Zhao Kaixin 趙開心

Zhao Xuemin 趙學敏

Zhaowen 昭文

zhen 鎮

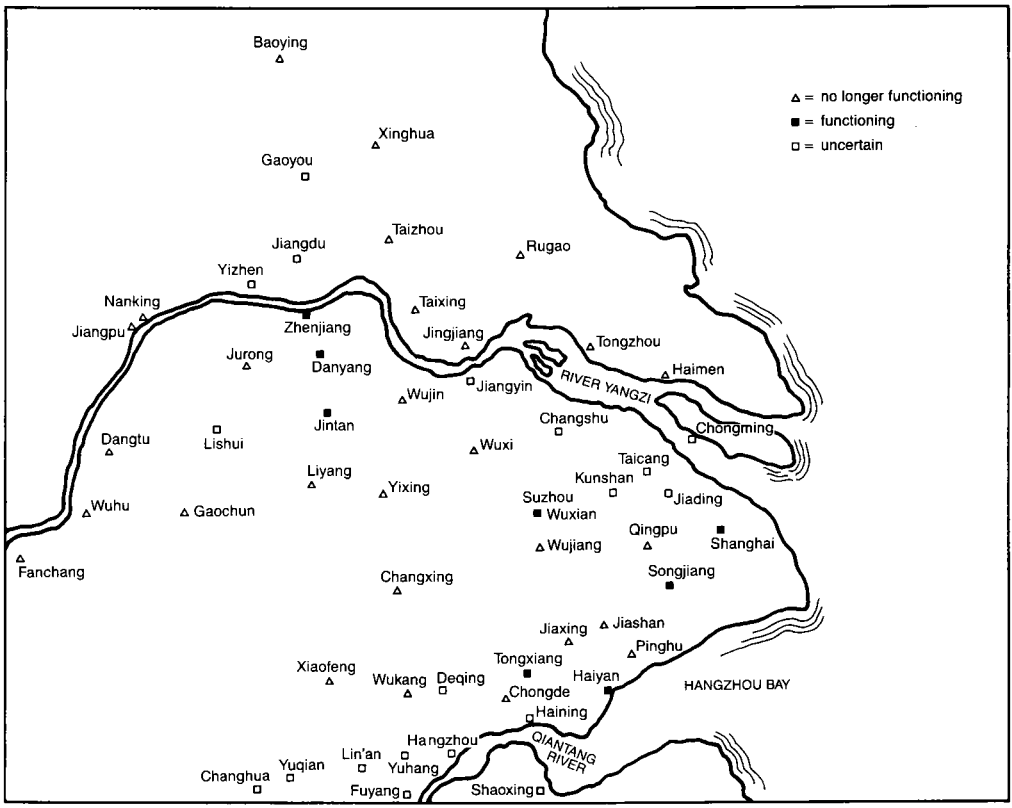
zhilou 痔瘻

zhong dou 種痘

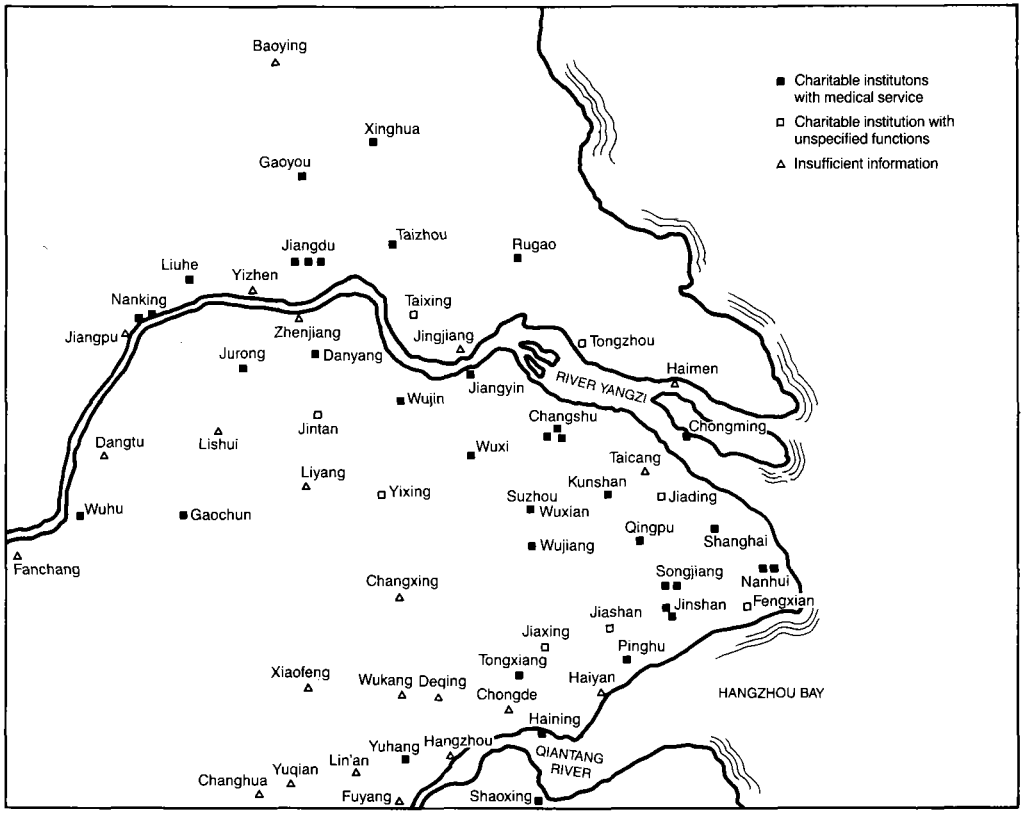
zhongfeng 中風

Zhujing 朱涇

**Map 1. The Decline of Public Pharmacies in the Jiangnan Region as of 1566 (end of the Jiajing Region)**



**Map 2. Qing Charitable Institutions with a Medical Service in the Jiangnan Region before 1840**



Map 1

| | |
|---|---|
| No longer functioning: | 28 |
| Functioning: | 8 |
| Status Uncertain: | 19 |
| TOTAL: | 55 |

Explanation of map 1:

"Uncertain:" this group includes nine *huimin yaoju*, most located not far from Hangzhou, which are recorded in sixteenth-century gazettes as having been incorporated into the local *yixue*, implying at least a reduced level of function. Others were mentioned in sixteenth-century gazettes published before 1566 and drop out of editions published after that date. Therefore their exact status in 1566 is uncertain. Three of the ten (Jiangdu, Yizhen and Lishui) disappear from district gazettes but appear in prefectural gazettes published in 1601 and 1668. Here it is possible the higher-level gazette reported obsolete information.

No longer functioning: these were reported as "abandoned" in the 1566 gazetteer or in later gazetteers, suggesting that they had ceased to operate. For sources, see note 14.

Map 2

| | |
|---|---|
| Number of Towns with Institutions | 29 |
| Number of Institutions | (37) |
| Number of Towns Without Sufficient Information | 22 |
| Towns in which Institutions Have Unspecified Functions | 18 |
| Total Number of Towns | 59 |

Explanation of Map 2:

The Qing map includes new urban centers which had grown up since the late Ming, notably Liuhe, Nanhui, Fengxian and Jinshan. On the *xian* level, charitable institutions were often multifunctional and a single *xian* could have several. Those *xian*-level charitable institutions without specified functions may well in fact have offered medical services. We are not able to show institutions on sub-county levels in this map. For sources, see note 53.

On page 166 is a complementary table showing the names of the institutions with a known medical service, their location and year of establishment.

**Charitable Institutions (with Medical Service)**
**Established before 1840 in the Jiangnan Region**

| Town | Name of Institution | Year |
|---|---|---|
| Jiangning (Nanking) | 1. *shiyaoju* 施藥局 | ? |
| | 2. *jiushengju* 救生局 | 1803 |
| Jurong | *shiyaoju* 施藥局 | ? |
| Gaochun | *jiushengju* 救生局 | 1830 |
| Liuhe | *jishantang* 集善堂 | Qianlong period |
| Danyang | *xiaorentang* 效仁堂 | 1833 |
| Songjiang | 1. *tongshantang* 1 同善堂 | 1804 |
| | 2. *tongshantang* 2 〃 | 1805 |
| Shanghai | *tongshantang* (later 〃 | |
| | *tongrentang*) 同仁堂 | 1745 |
| Nanhui | 1. *guangshantang* 廣善堂 | 1751 |
| | 2. *tongshantang* 同善堂 | 1821 |
| Qingpu | *tongrentang* 同仁堂 | 1803 |
| Jinshan | 1. *tongshantang* 同善堂 | 1773 |
| | 2. *tongshantang* 〃 | Yongzheng-Qianlong |
| Chongming | *tongrentang* 同仁堂 | 1798 |
| Wuxian | *tongrentang* 〃 | 1740 |
| Changshu | 1. *guangrentang* 廣仁堂 | 1693 |
| | 2. *ningshantang* 凝善堂 | 1813 |
| | 3. *congshanju* 蓯善局 | 1826 |
| Kunshan | *dunshantang* 敦善堂 | 1807 |
| Wujiang | *tongshantang* 同善堂 | Jiaqing-Daoguang |
| Wujin | *xiziyuan* (several) 惜字院 | 1745-1839 |
| Wuxi | *tongrentang* 同仁堂 | 1797 |
| Jiangyin | *gongshantang* 公善堂 | 1810 |
| Rugao | *pujitang* 普济堂 | 1738 |
| Jiangdu | 1. *yaoju* 藥局 | 1729 |
| | 2. *boaitang* 博愛堂 | 1809 |
| | 3. *pujitang* 普济堂 | 1724 |
| Gaoyou | two *shiyaoju* merged | 1656, 1721 |
| | to form *pujitang* 普济堂 | 1724 |
| Taizhou | *pujitang* 普济堂 | 1732 |
| Xinghua | *jishanhui* 積善会 | 1714 |
| Haining | *jishantang* 積善堂 | early Daoguang |
| Yuhang | *yaoju* 藥局 | 1683 |
| Pinghu | *yonganju* 永安局 | 1789 |
| Tongxiang | *tongshanhui* 同善会 | Qianlong |
| Shaoxing | *tongshantang* 同仁堂 | 1792 |
| Wuhu | *tirenju* 体仁局 | Daoguang |

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