

MEDICAL INSTRUCTION AND POPULARIZATION IN MING-QING CHINA¹

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Qiu Xiaomei, a prominent woman doctor born to a modest family in Hangzhou in 1911, started to study Chinese medicine under a master when she was eighteen. Before the master decided whether or not to take her as a pupil, she was questioned on the content of four books given to her three months earlier. These four books were: *Yixue xinwu* (Mental comprehension of medical learning, 1732), *Binhu siyan maijue* (Four-character verses on vessels and pulse by Li Shizhen, 1564), *Yaoping zongfu* (Verses on the general nature of drugs, fifteenth century), and *Tangtuo geju* (Recipes in rhymes, 1694).² These works were four of the most common medical introductory texts of the Ming-Qing period, spanning from the fifteenth to the eighteenth centuries. They tell us much about the way in which beginners were initiated in medicine, and reveal the principal historical period when such literature matured.

Indeed, beginning in the late fourteenth century an increasing number of introductory books on medicine appeared on the book market. The phenomenon was based on several factors: the prevalence of a renovated medical scholarly orthodoxy in the Jin-Yuan period related to the rise of Neo-Confucianism, the consolidation of the various social frameworks of transmission of medical knowledge³ with, at the same time, the loosening of bureaucratic

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² Zhu Lin, “Fuke nu mingjia-fang Qiu Xiaomei zhuren yishi” (An interview with the famous woman gynecologist Dr. Qiu Xiaomei, Chief-of-service), *Zhejiang zhongyi xuebao*, 1989.13/3, 1.

³ Angela Ki-che Leung, “Medical Learning from the Song to the Ming” in P. Smith and R. Von Glahn eds., *The Song-Yuan-Ming Transition in Chinese History*. Cambridge, MA: Harvard University Asia Center, 2003, 374–398.

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control over medical learning and practice,⁴ and the flourishing of a print culture.⁵ From the Ming onward, medical knowledge, not ratified by any formal authority, became more accessible. It was more accessible because of the availability of an ever increasing number of printed introductory medical books and difficult classics. At the sametime, no national or professional institution exerted any standard teaching program, nor was there any academic body that could effectively set the norm for medical learning, despite the crystallization of the medical scholarly tradition in the thirteenth century.

This paper will look at a number of Ming-Qing medical primers, including those studied by Qiu Xiaomei, to show their development from the Ming to the Qing. These textbooks have several points in common: first, they referred to a similar body of medical classics or related themselves to the Jin-Yuan scholarly tradition; second, there was obvious simplification of the language and content compared to the classics;⁶ third, most authors of these texts claimed, often in the preface, that the texts were intended for beginners, or their students. We rarely see this genre of printed works before the late fourteenth century. On the other hand, a large number of these published texts in the Ming-Qing periods were, unfortunately, never classified together in a single category as primers in various bibliographies. Moreover, of these texts with sometimes deceptive titles, many are not easily accessible, as they were printed locally, or even copied manually, so that distribution was limited. It is therefore impossible to do a complete survey of Ming-Qing introductory medical texts. Those analyzed in this study, being only a small sample of the entire corpus, are the more accessible or successful ones in the print market. In this respect, these texts are representative of the genre.⁷

Introductory Medical Textbooks: From a Neo-Confucian Model to a Pragmatic Approach

One of the first systematic introductory medical textbooks of the Ming period is *Yijing xiaoxue* (Primary study on medicine), written in 1388 by Liu

⁴ Angela Ki-che Leung, "Organized Medicine in Ming-Qing China: State and Private Medical Institutions in the Lower Yangzi Region," *Late Imperial China*, 8.1, June 1987, 134-166.

⁵ See Lucille Chia, *Printing For Profit: The Commercial Publishers of Jianyang, Fujian (11th-17th Centuries)*. Cambridge, MA: Harvard University Asia Center for Harvard-Yenching Institute, 2002.

⁶ These first two characteristics are similar to those books printed for the purpose of popularizing medical knowledge in the modern West; see Jacques Poirier, "La vulgarisation medicale au XIXe siecle," in *Maladies, medecins et societes. Approches hstoriques pour le present*. Paris: L'Harmattan, 1993, 219.

⁷ Besides those available in modern print, I have consulted a number of such texts listed in *Quanguo zhongyi tushu lianhe mulu* (Union catalogue of Chinese medical works found in all China), Beijing: Zhongyi guji chubanshe, 1991, that can be found in the library of the China Academy of Traditional Chinese Medicine (Zhongguo zhongyi yanjiuyuan), Beijing.

Chun of Shaanxi province, son of a disciple of Zhu Zhenheng, Shuyuan. He was also the author of a number of lesser known medical primers including *Bencao gejeu* (Rhymes on materia medica) and *Yaoxing fu* (Rhymes on the nature of drugs). *Yijing xiaoxue* was apparently an important medical introductory textbook in the Ming, as it was prefaced in 1438 by Grand Secretary Yang Shiqi (1365–1444), a key political figure of the early Ming.

Yang highly praised the work, as its rhymes and verses written to facilitate memorization by beginners were based on classics like *Suwen* (Basic Questions), *Lingshu* (Divine Pivot),⁸ and *Nanjing* (Canon of Problems) and works by early masters like Zhang Ji (Eastern Han period) and Wang Shuhe (Wei-Jin period),⁹ and those by the four Jin-Yuan masters: Liu Wansu (1120–1200), Zhang Congzheng (1156–1228), Li Gao (1180–1251), and Zhu Zhenheng.¹⁰ This introductory medical book was clearly compiled in conformity with the scholarly medical orthodoxy established in the Jin-Yuan period.¹¹

From the word “*xiaoxue*” in the title we understand the author’s intention of constructing a learning agenda modeled on Confucian study. In the preface, he claimed that the book was to help beginners “stay on the right track while tracing the origins of the courses [of medical learning].”¹² Beginners should thus start with “primary studies,” that summarized the main classics in easy-to-memorize poem forms. For Liu Chun, beginners should first have preliminary knowledge about six areas in medicine: 1. materia medica (*bencao*), 2. vessels and pulse (*mai*), 3. channels and collaterals (*jingluo*), 4. pathogenesis (*bingji*), 5. curing methods (*zhifa*), and 6. circuit phases and atmospheric influences (*yunqi*). His book was thus respectively organized into six chapters introduced by two rhymes explaining the significance of these six areas for beginners, called “Master rhymes introducing medicine” (*Yixue zhinan zongjue*), that he quoted from a work called *Yugui jinyao* (Golden key to Yugui).¹³ Most of the content was in rhyme form, some with the original sources indicated. The strong emphasis on the theoretical aspects of the five circuit phases and six atmospheric influences (*wuyun liuqi*), as shown by the lengthy last chapter, and their application on pathogenesis revealed the strong influence of Jin-Yuan medical theory.

⁸ These two works are generally considered as the surviving sections of the Inner Canon (*Neijing*).

⁹ Zhang and Wang were authors of the classics *Shanghan lun* (On cold-damage disorders) and *Mai jing* (Classic on vessels and pulse) respectively.

¹⁰ Yang Shiqi “Yijing xiaoxue xu” (Preface to Yijing xiaoxue), dated 1438, in *Yijing xiaoxue*, (*Zengbu zhenben yishu jicheng*, vol. 8), Taipei: Shijie Shuju, 1962, 1.

¹¹ See Leung 2003 on the content and importance of this tradition.

¹² Liu Chun, preface to *Yijing xiaoxue*, dated 1388, 2.

¹³ *Yijing xiaoxue*, 1:1. The work *Yugui jinyao* seems no longer extant, and we have no other information on this work.

This early Ming primer, despite its systematic approach, its fidelity to the classics, and its endorsement by the political elite, did not dominate the market in medical primers for very long. Indeed, while it was republished at least three times during the early Ming (mostly in the fifteenth century), it seemed to have lost its popularity in the book market after the sixteenth century.¹⁴ However, it was still recognized as an important primer by the elite toward the end of the Ming. Lü Kun (1536–1618) quoted it as one of the dozen “recent” easier medical texts that could be studied by beginners of his time, and it continued to serve as a model for later primers.¹⁵

Other syllabi successively appeared throughout the dynasty and during the Qing, with a general tendency to be simpler in language and content in order to facilitate beginners’ learning of medicine. The well known doctor Wang Ji (1463–1539) of Xin’an, Anhui, author of the famous book on medical cases *Shishan yian* (Medical cases of Wang Ji), wrote a primer in seven *juan* for medical study named *Yidu* (Readings on medicine). Wang consciously and deliberately compiled this primer in ways that made initial learning easy. In the introduction to the book he wrote: “This book is written for easy memorization for beginners. Thus verses in four characters are used in sections on medication, channels and pulse, and pathogenesis. As for ways for the preparation of medical recipes, they are written in verses in seven characters, as fine doctors before me have done. This is the method for beginners in medicine.”¹⁶ This primer thus put special emphasis on verses facilitating the memorization of recipes (*fang*). Wang Ji nevertheless did not forget to remind beginners at the same time that after studying this primer they had only obtained “the superficial language”; for further studies, he suggested that learners should consult classics like the Inner Canon, the Canon of Problems, Canon of the Pulse (*Maijing*),¹⁷ Classics on materia medica, works by Zhang Ji, Sun Simiao (Tang dynasty, ca. 581–682), Wang Tao (Tang dynasty, ca. 670–755), Chao Yuanfang (Sui dynasty, early seventh century), Chen Yan (Southern Song, twelfth century), Yang Shiying (Southern Song, thirteenth century), Hua Shou (Yuan, 1304–1386), the four Jin-Yuan masters, and works by contemporary

¹⁴ It was published again in 1438, 1473, and in another unspecified year during the Ming. It was reprinted at least twice in Japan in the 19th century, but seemed not to be reprinted at all during the Qing. Our information on the reprinting of medical works is from *Quanguo zhongyi tushu lianhe mulu* 1991, *op.cit.* Information on Liu Chun’s work is on 319. The *Zengbu zhenben yishu jicheng* edition that is used here, however, is said to be a facsimile of a Wanli (1573–1620) edition.

¹⁵ Lü Kun, “Zhenju yixue” (To reinvigorate medical learning) in *Shizheng lu* (A record of practical administration) 2:47b–48a, in *Lüzi quanshu* (Complete works of Lü Kun). Early Republican edition. Liu’s work was also taken as model for later primers; see below on Li Chan’s text.

¹⁶ Wang Ji, *Yidu*, 1669 edition, “*fanli*”: 1a.

¹⁷ Work by Wang Shuhe, ca. 280.

southern masters.¹⁸ It is obvious that compared to Liu Chun's close affinity to the Jin-Yuan tradition, Wang Ji's background was more marked by Tang-Song classics.

Both, however, were conscious of the necessity to remind beginners that they have to further study classics in order to have a complete medical training. While Liu designed a more complete and balanced syllabus composed of six major areas, Wang put more emphasis on the memorization of medication and recipes, clearly aiming at rousing beginners' interest in clinical practice at the outset. The simplicity of Wang's work assured it at least one edition in the Qing, in 1669, besides its existence in manuscript forms.¹⁹

One of the most influential introductory textbooks on medicine published in the Ming was done by Li Chan (late sixteenth to early seventeenth century) of Jiangxi province. His work *Yixue rumen* (Introduction to medicine), published in 1575, was also divided into seven *juan*, respectively treating channels and collaterals, materia medica, the cold-damage category of disorders (*shanghan*), miscellaneous disorders (*zabing*), illnesses of women and children, and those requiring external medicine (*furen, xiaore, waike*), followed by two final chapters on the principles of medication written in rhyme form (*yongyaofu*). One original feature of this work is that it included a long and detailed sub-section on acupuncture in the chapter devoted to channels and collaterals, as well as another one on external medicine in the chapter on female and infant illnesses.²⁰ These two aspects of medical practice were marginalized in the scholarly tradition after the Song, as they required mostly manual skills. That they were included showed the book's pragmatic approach, especially when compared to Liu Chun's primer of two centuries earlier, even though this latter served as its model.²¹

After an introductory chapter on the basic theoretical and historical aspects of medicine, the primer described and explained in the following chapter diagnostic techniques in a lively manner. During the "interrogation," the second of the four steps of diagnosis,²² the doctor should ask questions like "Do you have a headache?," "Can you distinguish the taste of food?," "Do you feel heat in your palms?," "Any pain in your heart?," "Do you have good appetite?,"

¹⁸ Wang Ji, *Yidu*, *op. cit.*, "fanli": 3b.

¹⁹ *Quanguo zhongyi tushu lianhe mulu*, 321.

²⁰ Liu Chun's work also contained a section on acupuncture, but it was very brief—merely a verse quoted from *Classic of the Needle* (*Zhenjing*), a work that is no longer extant. There were works bearing this title in the Sui, Song, and Jin periods. Liu Chun's work contained no discussion of surgery.

²¹ Li claimed at the beginning of the work that Liu Chun's primer was "comprehensive in methods and simple in language, truly good as an introductory book." In "jili", *Yixue rumen*, Tianjin: Kexue jishu chubanshe, 1999, 1.

²² The four steps are: observation, auscultation, and olfaction, interrogation, pulse-taking, and palpation. These are still valid today.

and so on, depending on the complaints of the patient. Each question was followed by different possible answers suggesting likely problems. The whole section was written in a simple, almost vernacular style and here one can almost hear Li's voice in a teaching session.²³ Such clarity was a major strength of this textbook.

But the book's reputation was not built only on its stylistic simplicity. Its concluding section on the basic principles in medical study and practice (*xiyi guige*) fully revealed its "Confucian" background. It is in this section that we can see the continuous influence of Liu Chun's *Yijing xiaoxue*. Ancient classics like *Suwen* and *Nanjing*, and medical works by the four Jin-Yuan masters, were cited as the tradition on which this textbook was based. Moreover, according to Li Chan, a perfect memorization of this primer only made one a "small doctor" (*xiaoyi*). One had to study Confucian classics on an everyday basis in order to have the right approach to the practice and become a great doctor. As a model of a "reader friendly" introductory medical text with a clear Confucian ideological background, Li Chan's work had tremendous success in the book market. After its two initial editions in 1575, it was re-edited at least five times during the Ming and thirteen times during the Qing. Its influence was also marked in Tokugawa Japan, where it had at least sixteen editions.²⁴

These three Ming medical introductory texts were representative of the Confucianization of the scholarly medical tradition in the Yuan-Ming period, and revealed the changes within this tradition towards a more clinical approach in the Ming dynasty. All three authors had studied Confucian classics and had aimed at a career in officialdom before they turned to medicine for various reasons. All consciously designed their introductory works on the model of Confucian study, based on the memorization of simplified texts derived from classics. Of the three works, Liu Chun's was most heavily marked by the Jin-Yuan *wuyun liuqi* theory. Li Chan's was the most comprehensive and probably the most eclectic. Both were clearly designed for students who already had some basic training in Confucian scholarship prior to taking up medicine. Li's work was the most clinically oriented of the three, containing sections on acupuncture and external medicine. Its practical approach probably explained its great success in later periods. A later successful introductory textbook, *Wanbing huichun* (The healing of ten thousand illnesses, 1587) by the palace doctor Gong Tingxian (Jinxi of Jiangxi province, late sixteenth century), also

²³ *Yixue rumen*, 1999 edition, 166–169.

²⁴ *Quanguo zhongyi tushu lianhe mulu*, 702–703. Jin Shiying and Jin Pu, "Mingdai liu bu zonghexing yishu di chuan Ri ji qi yingxiang," (The transmission of six general medical works to Japan and their influence), in *Zhonghua yishi zazhi* 29.3 (July 1999), 133.

a popular book in China and Japan with a similar approach, was influenced by Li's work.²⁵ Wang Ji's primer was the simplest of the three. Despite its moderate success, not quite comparable to the author's popular book on medical cases, this introductory book announced a new model of medical primers that would be easier for beginners, and more competitive on the book market in the following Qing period.

Medical primers in the Qing period were characterized not only by further simplification of language and content but also by an increasingly pragmatic and clinical approach, with less emphasis on the theoretical aspects. This does not imply, however, a decline of the "Confucian" ideological influence in these texts.²⁶ The idea of a progressive medical course for beginners appeared in the primer by the early Qing doctor from Nantong (Jiangsu province), Zhang Rui (1662–1722), once a palace doctor. The introductory medical text he wrote and published in 1704 was thus called *Yixue jieti* (Initial steps in medicine). In this introductory book in two *juan*, Zhang Rui, like his Ming predecessors, underscored the similarity between the ways to study medicine and those to study Confucianism, even though, compared with Confucianism, medicine was only a "small way" (*xiaodao*). What was new in his method was the emphasis on a "first step" from which one advanced progressively. This introductory textbook, unlike most of the others, was not written in verse but essentially in prose form. In the first chapter Zhang gave introductory explanations to several essential notions in medicine: Yin and Yang, pathogenesis, environmental influences on the body, and patients' different attitudes toward medication. The second chapter was on the importance of the six areas of medical study: the nature of drugs, recipes, channels and collaterals, the pulse, circuit phases and atmospheric influences, and the cold-damage category of illnesses, correlating medical classics in the six areas to Confucian classics, explaining how a beginner should study each of the classics step by step, and the correct way to read a text in general.²⁷

²⁵ Gong's work, in 8 chapters, began with verses on vessels and pulse, followed by discussions on common illnesses, then by therapeutics and recipes. It also included a chapter on surgery. According to a preface to the work, this book was circulated as an introductory text, so that beginners would know where to start. See Wanbing *huichun*, Beijing: Renmin weisheng chubanshe, 1994, 3 and 8. This book had at least three Ming editions and seventeen Qing edition, plus at least eighteen Japanese editions between 1611 and 1714. See *Quanguo zhongyi tushu lianhe mulu*, 324; Jin and Jin, 133.

²⁶ For instance, well into the late Qing period, elite doctors still claimed their Confucian affiliation in order to distinguish themselves from vulgar doctors. Zhao Liangcai wrote in the preface to his textbook *Yimen xiaoxue* (Primary Learning in Medicine, 1887) that "How could one understand medicine without any knowledge in Confucian studies?" and he compared the role of medical classics to Confucian classics. See his preface, 2a.

²⁷ Zhang Rui, *Yixue jieti*, 1704 edition, preface to the first *juan* by author: 3a; second *juan*: "yishuo" (On medicine); "yeyi gendi lun" (On the fundamentals of the medical profession): 1a–3b.

Zhang's text, despite its prose form, was easy to understand. This was a book that was meant to be used as an introductory textbook but not necessarily to be memorized. The structure of the book shows clearly the concerns of the author to be more empirical than theoretical. In this text, one can easily detect a practicing doctor's enthusiasm in transmitting his clinical experience to beginners, and also his deep concern in justifying medicine as a worthy learning, only second to the study of Confucianism. This book was re-edited at least once, in 1731.²⁸

The ultimate representative of Qing medical primers was in fact one of the textbooks assigned to the above-mentioned Qiu Xiaomei in the 1920s, *Yixue xinwu*, first published in 1732. Its author, Cheng Guopeng (1679? –1735?, native of Shexian, Anhui province), like many Ming-Qing doctors, was once a student of Confucianism before he turned to medical studies.²⁹ In the preface of this book, Cheng clearly stated that he wrote the work “in order to teach my students.” The first of the six chapters of this book began with a poem which was to become very popular throughout the Qing and until today: “Rhymes on a hundred mistakes in medicine” (*Yizhong baiwu ge*).³⁰ The aim of the poem was to warn students at the very beginning of the most common errors in medical practice. Cheng categorized these errors into five types: mistakes made by doctors, by the sick, by their family and relatives, by drug-sellers, and by those preparing medical recipes. Of the five categories of mistakes, those made by doctors were the most numerous (twenty-one kinds), those made by the sick were of twelve types, and the remaining three categories of mistakes included only seven kinds in all. Doctors' mistakes consisted mainly of those related to diagnosis and prescribing, as a result of misjudgment or ignorance about the basic principles in matters like pulse-reading, seasons, Yin/Yang relations, the nature of drugs, and so on. Each kind of mistake was described in several rhythmic verses of three to seven characters each. Cheng clearly considered medicine as first and foremost a clinical practice that had to take human weaknesses into account. In this verse, he artfully knitted the various areas of medical learning into a set of frequent errors that all doctors should avoid.

The book goes on in the first chapter to provide simple concepts of principles concerning diagnosis, healing, and epidemics, with particular emphasis on the Cold-Damage and “Wind Attack” (*zhongfeng*) categories of illnesses

²⁸ *Quanguo zhongyi tushu lianhe mulu*, 28–29.

²⁹ See the preface by Rao Zhaoxiong to *Yixue xinwu*. Tianjin: Kexuejishu chubanshe 1999 edition, based on the 1732 Cheng Shuzi edition, 1.

³⁰ There is even a very recent edition of the rhyme: *Yizhong baiwu ge qianshuo* (An easy reading of “The rhyme on a hundred mistakes in medicine”), annotated by Ma Youdu. Beijing: Renmin weisheng chubanshe, 1989, 1993 (third printing). In the preface of this edition, it is said that this text is especially useful for beginners in clinical Chinese medicine.

that the author further elaborated in the second and third chapters. The fourth and fifth chapters were respectively on men's and women's illnesses. The book initially ended here, limited to discussions on internal medicine. An appendix on the "ten methods of external medicine" (*waike shifa*) including sections on acupuncture, moxibustion, and other surgical techniques, an area snubbed by most elite doctors, was added in 1732 when Cheng was retiring in a Buddhist monastery as a monk.³¹ As in the rest of the book, the most common disorders and their treatments were categorized and discussed in a straightforward manner, without much theoretical elaboration. Not surprisingly then, this textbook had tremendous success: it was re-edited at least twenty-six times during the Qing after its first publication in 1732, and was particularly popular in the late nineteenth century. In the Republican period, there were at least seven new editions prior to 1934.³²

Cheng was also precise and systematic in his pedagogic approach. According to one of his disciples, his students were required to study medical texts by reading them aloud in the early morning, assist in clinical classes during the day, and take part in discussions on diagnostic difficulties in the evening.³³ While Cheng's principles remained loyal to the Yuan-Ming medical orthodoxy, his method fully reflected the practical and clinical concerns of the medical trade. In this respect, medicine as a profession in the Qing was not only justified by a strong scholarly tradition, but also by clearer technical content.

The basic corpus of introductory medical education within the Jin-Yuan scholarly orthodoxy seemed to be fixed by the mid-eighteenth century. It is not an accident that the imperial medical encyclopedic handbook *Yizong jinjian* (Golden Mirror of the Medical Tradition, 1742) was published in this period. This handbook, in ninety chapters, had similar classical references and a very pragmatic clinical approach, integrating a large number of rhymes and verses. It combined, somewhat unusually, the functions of being an introductory textbook and a reference book to general medicine.³⁴ This imperial effort did not

³¹ Cheng wrote that in 1732 he treated skin and other external problems of many monks and workers during the renovation of the monastery in which he was living, which inspired him to add a final chapter on *waike* to his primer originally devoted only to internal medicine. See the introduction to this last chapter, 234.

³² *Quanguo zhongyi tushu lianhe mulu*, 336–337.

³³ Wu Tingren, in the preface he wrote for the master's textbook. See 4.

³⁴ The book begins with an annotated edition of Zhang Ji's classical work, summarizes essential clinical methods in works of earlier periods, and ends with chapters on clinical discussions on subjects like ophthalmology, surgery, variolation, and musculoskeletal disorders. It is interesting to note that this imperial enterprise, beginning in 1739, initially aimed at editing two separate books: one "smaller and simpler, is to facilitate reading for beginners; the other, bigger and broader, is to serve as a reference for those who have completed their studies." See the edict of 1739, *Yizong Jinjian*, Beijing: Renmin weisheng chubanshe, 1963 (1990), 4. However, for unclear reasons, the project was reduced into one single handbook, obviously attempting to combine the two functions together.

set the model for medical teaching; rather, it was a synthesis of already existing influential medical works. In a sense this work, still widely used today as a textbook, represented the state of professional medical instruction in the eighteenth century.

Medicine Made Easy for Adult Learners: Verses and Rhymes

The growth of medical introductory textbooks not only reflects the development of medicine as a trade during the Ming-Qing period, but was also the result of a booming printing industry. This is best illustrated by a parallel trend in the popularization of medical knowledge: the flourishing of easy verses and rhymes on various aspects of medicine. These writings were either published as individual texts, or incorporated in introductory medical textbooks, or even in popular family encyclopedias or almanacs (*leishu*). While some of these verses, especially the more influential ones, were authored by well-known doctors for teaching their students, many others came out of an old oral tradition. There were, for instance, at least several such verses concerning the diagnosis of pregnancy, incompatible drugs for pregnant women, and the diagnosis of difficult births recorded in Chen Ziming's Southern Song *Furen liang fang* (Good recipes for women) first published in 1237.³⁵ However, it was after the Ming that such verses were further elaborated and published widely, often independently.

Most verses and rhymes were about the nature and uses of drugs, directly related to treatment by recipes.³⁶ One example of such writings was "Verses on the nature of drugs" (*Yaoxing fu*), written in the mid-fifteenth century (ca. 1436–1449), which was probably the text required by Qiu Xiaomei's master. This popular text, known in its long form of four chapters as *Zhenzhu nang zhizhang buyi yaoxing fu* (Appendices to Verses on the nature of drugs in the work "Bag of Pearls"), attributed to Li Gao (1180–1251, Zhending, Hebei province), or more often as *Leigong yaoxing fu* (Leigong's Verses on the nature of drugs), attributed to Li Zhongzi (1588–1655), had more than thirty

³⁵ Chen Ziming, *Furen liang fang*. Shanghai: Kexue jishu chubanshe, 1995, based on several Yuan, Ming, Qing, and Japanese editions, 333–334, 337–338, 470. It is unclear that Chen was the author of these verses, which might have circulated before his work. I am grateful to Charlotte Furth for drawing my attention to this point.

³⁶ Wang Ji in his primer *Yidu* told us that though verses and rhymes on symptoms of *shanghan* disorders for easy memorization were many, they could not include everything one should learn, whereas those on recipes treating such disorders were quite exhaustive and should be memorized by students. This was probably the view of most elite doctors. See *Yidu*, "fanli," 2a.

Qing editions, or more than fifty editions before 1949.³⁷ The verses were in fact written and rewritten in the Ming period by various doctors for commercial reasons, one of whom was Xiong Zongli (fifteenth century, Jianyang, Fujian province). Xiong was a doctor and also a prolific compiler, editor, and above all publisher of various medical texts including classics and more popular texts. His publishing house “Zhongde tang,” one of the many in Jianyang during the Ming, reprinted classics and published a number of medical primers that he himself had written, including *Yaoxing fu*.³⁸ The set of verses, including 248 drugs, was divided into four parts corresponding to the four categories of drugs: cold (*han*), hot (*re*), warm (*wen*), and neutral (*ping*). Each line of the verses corresponded to a drug, and the text was written for students to have some preliminary ideas on the principles of drug application. Though the lines of the verses varied in length, making them not too easy to memorize, the text, contained in one single chapter, would be widely studied by students throughout the Ming-Qing and the Republican periods, and even today.³⁹ Despite or because of its success on the market, the text was not esteemed by every mainstream medical doctor and was often criticized for being too shallow.⁴⁰

Indeed, despite elite skepticism, primers on drugs and recipes continued to be popular in the Ming-Qing period. Many doctors required their students to learn these at the beginning of their study. Another rhyme on the nature of drugs that was to become extremely popular in later periods was *Yaoxing ge* (Verses on the nature of drugs), in fact a part of *Wanbing huichun*, the above-

³⁷ See *Quanguo zhongyi tushu lianhe mulu*, 166–7, 191–192. There were certainly quite a number of different verses on the nature of drugs written in the Ming-Qing period. Liu Chun recorded in his *Yijing xiaoxue* a work called “Ninety verses on the nature of drugs” that he claimed to be an expanded version of Li Gao’s “Bag of Pearls” (1:1–10). But this work was quite different from the popular version of the verses in the Ming-Qing period and is still being published today; see Dong Lianrong ed., *Lidai zhongyi gefu jingxuan* (Selection of medical verses of past dynasties), Beijing: Kexue jingshu chubanshe, 1991, 66–71. Ma Jixing has written a systematic history of the verses; see his *Zhongyi wenxian xue*. Shanghai: Kexue jishu chubanshe, 1990, 289.

³⁸ Fan Xingzhun thought that Xiong, for lucrative reasons, wrote the text and attributed it to earlier masters; see Fan’s “Yijia xunmeng shu: wuzang lun di yanjiu” (A medical primer: a study on the “Five Viscera”), *Yishi zazhi*, 1951, 3/1, 51. For Xiong’s career as a publisher, see Ye Dehui, *Shu lin qing hua* (Notes on the history of book-publishing), Taipei: Shejie shuju, 1983 reprint of the 1911 edition, 131–2; Zhang Xiumin, *Zhongguo yinshua shi* (The history of printing and publishing in China), Shanghai: Shanghai renmin chubanshe, 1989, 484.

³⁹ Ma Jixing, 1990, 289. Besides the example of Qiu Xiaomei, one often sees the text included in medical primers published in present day, for instance, *Lidai zhongyi gefu jing xuan*, 66–71. See also *Leigong yaoxing fu*, a facsimile edition of a Qing edition, Beijing: Zhongguo shudian, 1986 (1991). The remaining three chapters are in prose form on the functions of each drug.

⁴⁰ The editor of the *Siku quanshu* called it “shallow, vulgar, and not worth reading,” see *Siku quanshu cunmu congshu* (Collection of enlisted books of the *Siku quanshu*). Taipei: Zhuanyan wenhua shiye, 1995, 3/41, 126. Even Fan Xingzhun, the modern scholar, did not think highly of this text. See note 38.

mentioned popular introductory book by Gong Tingxian. This text was sometimes renamed as *Yaoxing gegua siba wei* (Verses on the nature of four hundred drugs) in later periods. Written entirely in lines of four characters, the 240 verses on the nature of drugs were apparently an easier text for memorization than Xiong Zongli's,⁴¹ and was often used independently of Gong's textbook in later periods.

As for primers on recipes, the one that Qiu Xiaomei had to learn as a beginner, *Tangtou geju* (Recipes in rhyme, 1694), was one of the most typical and popular examples. Its author, Wang Ang (1615–ca.1695, Xiuning, Anhui province) divided recipes into twenty-one types according to their uses, and described them in verses composed of seven-character lines, making a total of more than two hundred verses. Although the verse form could not express the exact composition of the various recipes, it provided the principles of the combination of various drugs in recipes for different purposes. This text was so popular that it was reprinted individually at least thirty times in the Qing, especially during the Guangxu reign (1875–1908). These editions did not include those with appendices or other texts, additional new verses, or those incorporated in family encyclopedias.⁴²

These primers on drugs and recipes could be considered as the elaboration of shorter verses on similar topics of earlier periods. Notable examples were the short rhymes that systematically followed as appendices to longer verses, such as Gong Tingxian's *Yaoxing ge*, and *Yaoxing fu: shiba fan yao ge* (Eighteen incompatible medicaments) in two couplets of seven-character lines that described eighteen drugs which, if used in combination, would have harmful effects; *Shijiu wei yao ge* (Nineteen medicaments of mutual restraint) in six couplets of seven-character lines that mentioned nineteen drugs which, if used in combination, could restrain or neutralize each other's action; and *Renshen jinji yao ge* (Medicaments not to be taken during pregnancy), of the same form as *Shijiu wei yao ge*, gave thirty-three drugs to be avoided by pregnant women. Of these three short rhymes, *Shiba fan yao ge* first appeared in *Rumen shiqin* (The Confucian scholar's way of caring for his parents) by the Jin master Zhang Congzheng (1156–1228, native of Suizhou, Henan). This verse is found in the fourteenth *juan* of the work, a chapter that is essentially in verse forms on various aspects of medicine,⁴³ probably for the purpose of

⁴¹ For a modern annotation of this text, see *Yaoxing ge kuo siba wei baihua jie* (Annotation in *lingua franca* of the Verse on the Nature of the Four Hundred Drugs), Beijing: Remin weisheng chubanshe, 1962 (1994).

⁴² *Quanguo zhongyi tushu lianhe mulu*, 238–239.

⁴³ The verses are on different topics, from pathogenesis to the ways to judge a patient's chances of survival, to principles of drug use, to circuit phases. See *Rumen shiqin*, in *Zihe yiji* (Medical works of Zhang Congzheng), Beijing: Renmin weisheng chubanshe, 1994, 323–336. The verse *Shiba fan* is on 334.

teaching his students. The origin of *Shijiu wei yao ge* was more obscure. Liu Chun recorded it in the above-mentioned *Yijing xiaoxue* without stating its origin.⁴⁴ One can only be sure that this verse was already used to teach beginners in the early Ming period. The origin of *Renshen jinji yao ge* was quoted by Liu Chun to be from a slightly earlier work *Bianchan xuzhi* (What one should know about easy childbirth, author uncertain),⁴⁵ though in fact it was obviously derived from the much earlier poem recorded in Chen Ziming's work of the thirteenth century.⁴⁶ In other words, medical works of the thirteenth and fourteenth centuries already contained a number of short and easy verses on drugs and recipes for the purpose of facilitating the memorization of basic principles.⁴⁷ Later Ming-Qing medical primers reprinted these verses, and further elaborated longer verses for the purpose of instructing beginners.

Besides matters related to materia medica, easy verses for beginners were also written on channels and pulse. The fourth medical primer that Qiu Xiaomei had to study was the verse on channels and pulse by the famous Li Shizhen (Qizhou, Hubei, ca. 1518–1593). This work, *Binhu maixue* (Li Shizhen's study on vessels and pulse, preface dated 1564), was in two parts. The first part was composed of seven-character verses on twenty-seven phenomena of the pulse; the second part consisted of four-character verses on the basic meanings of channels and pulse, the ways to take the pulse, and the basic principles in interpreting pulse-reading, including that of women and children.⁴⁸ According to Li himself, this text was written to "facilitate learning and to be an introduction to [the study] of vessels and pulse."⁴⁹ Of the two parts, the sec-

⁴⁴ See Liu Chun, 11. In fact, another very short verse in two meters called *liu chen* (Six drugs which turn more effective when aged) often preceded *Shiba fan* and *Shijiu wei*. This short verse was already quoted by Liu Chun, 10.

⁴⁵ This work is often attributed to Yan Han, supposedly of the Ming dynasty and about whom we know almost nothing. A Ming printing of the work was dated 1500. According to the preface of the printed work, the manuscript was kept by the publisher's family for generations before its publication. See *Zhongguo yiji kao* (Studies of Chinese medical works), 1956 reprint of the work *Yiji kao* compiled by Tamba no Mototane, 1826. Beijing: Renmin weisheng chubanshe, 976. Since this work is quoted in Liu Chun's work of the fourteenth century, it is likely that *Bianchan xuzhi* was a Jin-Yuan or Song-Yuan work.

⁴⁶ See above and note 26. Chen Ziming's poem, entitled "Yunfu yaoji ge" (Poem on drugs prohibited for pregnant women), 337–8, was longer than the one in Liu Chun's book, and contained more drug names. There are always slight differences in the content of the various versions of this poem published in the Ming-Qing period and even today, but their length was often similar to Liu's version.

⁴⁷ One other example of the increasing use of verses in medical books in the Yuan is Zeng Shirong's *Huoyou ko yi* (Advice on nurturing the young). Beijing: Zhongyi guji chubanshe, 1985 facsimile of the 1820 edition. The author wrote parts of chapter six, concerning characteristics of the infant in verse form.

⁴⁸ One recent reprinting of the whole work is *Binhu maixue jiesuo* (Explanations of Li Shizhen's study on vessels and pulse), Li Shimao and Tian Shuxiao eds., Beijing: Zhongyi guji chubanshe, 1994; see also *Lidai zhongyi gefu jing xuan*, 21–41.

⁴⁹ See his preface dated 1564, quoted in *Zhongguo yiji kao*, 1956, 216.

ond part was the more elementary text, clearly written for beginners.⁵⁰ It was therefore quite usual for teachers to ask beginners to first learn the second part by heart, as did Qiu Xiaomei's master. This work had at least two different editions during the Ming, and was republished at least twenty-three times during the Qing.⁵¹

The uses of these verses and rhymes that made the learning of medicine look easy were multiple. No doubt many of these were written by doctors to train their students, or for the benefit of beginners in medicine in general. That three of the texts assigned to Qiu Xiaomei were of this type shows such use of these texts. Another illustration could be found in a mid-seventeenth century vernacular novel, *Hu zhong tian* (Heaven inside the jug), about the fate of a late Ming doctor. The hero of the story, Gong Xin, like many of his kind in real life, was originally a scholar in search of a bureaucratic career. After years of failure in the examination system, he decided to learn medicine as a trade. The first two texts that were given to him to study by his medical master were again verses on the nature of drugs, and on vessels and pulse.⁵² Moreover, these, and many other lesser known verses of similar form and content were also published in popular almanacs and family encyclopedias from the Ming onward. These publications were kept as handbooks by literati, who would treat themselves and their family in case of illness with remedies and according to methods described in these verses. Ming-Qing encyclopedias containing long chapters on medical matters included the most popular ones like *Shilin guangji* (Broad record of many matters), *Wanbao quanshu* (A complete book of a myriad treasures), *Wuche bajin* (Collection of excerpts from all kinds of books), *Jujia biyong shilei* (Complete collection of matters necessary for household use), *Santai wanyong zhengzong* (Orthodox teaching for a myriad uses), and so on.⁵³ These encyclopedias contained not only verses on drugs and recipes, vessels and pulse, including those described above, but also brief descriptions of common illnesses and "ready formulae" (*huotao*) for illnesses frequently seen in different seasons, mostly in verse form. Clearly, these verses were also studied in order to be applied directly in

⁵⁰ Although Li wrote the entire text to facilitate the initial learning of the principles of vessels and pulse-reading, according to his preface to the text. See *Zhongguo yiji kao*, 215–216.

⁵¹ *Quanguo zhongyi tushu lianhe mulu*, 113–114.

⁵² *Hu Zhong tian*, anon., in *Gu ben xiaoshuo jicheng*. Shanghai: Shanghai guji chubanshe, 1990, reprint of the seventeenth-century edition, 7a.

⁵³ For a preliminary study on this genre of publications, see Tadao Sakai, "Confucianism and popular educational works," in Wm. Theodore de Bary et al., *Self and Society in Ming Thought*, New York: Columbia University Press, 1970, 331–366, which is a short version of his original paper in Japanese, "Mindai no nichiyō ruisho to shomin kyoiku" (Ming family encyclopedias and popular education), in Hayashi Tomoharu ed., *Kinsei chūgoku kyōikukushi kenkyū*, Tokyo: Kokudōsha 1958, 27–154

real life cases. Though the spread of medical knowledge through such encyclopedias should be the subject of a separate study, it is necessary to mention them here in connection with verses and rhymes that constituted an important part of the corpus of introductory medical primers in the Ming-Qing periods.

The growing popularity of verses and rhymes and the success of certain pre-nineteenth century introductory medical primers written by famous doctors mentioned above paved the way for a new form of primer for an ever-increasing number of self-taught readers in medicine in the nineteenth century. These are general primers in rhyme form, best represented by the works of Chen Nianzu (1753–1823, native of Changle, Fujian province), the most prolific writer of the genre. His influential primer, significantly entitled *Yixue Sanzijing* (Medical Trimetrical Classic), first published in 1804, was well-known for its extreme simplicity as it imitated the style of the Confucian primer “Trimetrical Classic” of the early Yuan period. In fact, of the four chapters, only the first two—the part that traced the medical tradition from antiquity until the early Qing, and the simple descriptions on common categories of illnesses—were in three-character verses. The last two chapters on recipes, and the appendices on the viscera, the four methods of diagnosis, and the *wuyun liuqi* theory were still mostly in prose form. Despite the new simplified form, there was nothing innovative about the content or approach of this text as a medical primer, though its author’s acute sensitivity to the book market turned it into a great commercial success. There were at least twenty-nine editions during the Qing after its first publication in 1804, with a great number of modern editions.⁵⁴

This work, like most of Chen Nianzu’s other easy primers, were written not so much for the teaching of his own students. They were market-oriented, popular, inexpensive printed texts for all those who had different interests in medicine. To make the book competitive on the market, *Yixue sanzijing* had been “falsely attributed to Ye Tianshi” (i.e. Ye Gui, native of Suzhou, 1736–1820), the most prominent medical master of the time, before its publication in 1804 under the name of its real author. By that time, the text had probably known some success, and above all Chen himself had gained enough fame to make works under his own name marketable. Chen used the same publication strategy for some of his other easy primers.⁵⁵ Indeed, Chen’s reputation was significantly built upon his many easy, short medical primers that were best

⁵⁴ *Quanguo zhongyi tushu lianhe mulu*, 342.

⁵⁵ See the introduction to *Yixue Sanzijing*. For a modern edition of this work, see the one annotated by Tao Xiaohua. Beijing: Zhongguo shudian, 1993. Chen’s other primers that had also been published as works by Ye Gui included *Yixue congzong lu* (A record of medicine for the populace, 1845), which had 24 editions in the Qing.

sellers and are still used today by amateurs and beginners. His primers epitomized the popularization of the medical scholarly tradition.

The imitation of the Confucian primer model, however, should not obscure a major distinction between it and medical primers. While the former were clearly aimed at children, the latter were for adults. The principles in Confucian primary education were that simple primers were only for young children of less than eight; older ones should directly memorize the classics. Primers usually contained much simplified facts that provided merely a basic background for further classical studies.⁵⁶ Medical verses, on the other hand, were to help adult learners internalize essential and often esoteric knowledge that was normally difficult to retain. The confession of Dai Baoyuan (1828–1888?, native of Wuyuan, Jiangxi), a doctor who also compiled a set of medical verses, clearly described their necessity: “The compilation of these verses on recipes was really due to the fact that I was slow and not gifted, and I put myself in the shoes of [other beginners]. I was ashamed that I had not been successful in [Confucian] study. That was the reason why I took up medical studies with my late father. I was then already over thirty, and had lost the sharpness of the youthful mind. . . . Things in [medical] classics were forgotten almost as soon as they were learned, and it was not because I did not concentrate, but because of my age.” Dai thus compiled a book of simple verses so as to “facilitate memorization” of medical knowledge by old beginners like himself.⁵⁷ Wu Tiren, Cheng Guopeng’s student who wrote a preface for his *Yixue xinwu* in 1732, only started to study medicine with him three years earlier. From his elegant style and the fact that Cheng asked him to write a preface, we can tell that he was already a scholar with some local fame when he started to learn medicine.⁵⁸ In the above-mentioned novel, *Hu zhong tian*, Gong Xin only started to learn medicine when he was close to forty.⁵⁹ Even youthful Qiu Xiaomei of the modern period began her studies when she was no longer a young child. Indeed the proliferation of medical verses in textbooks and as primers after the Yuan, as well as the inclusion of them in encyclopedias, very much reflected this common feature: medical beginners were adults and often unsuccessful candidates of the civil examinations, and increasingly so during the Qing. Such verses were indeed the main vehicles

⁵⁶ For the principles of elementary education in the Ming-Qing period, see my “Elementary education in the Lower Yangtze Region in the 17th and 18th centuries,” in B. Elman and A. Woodside eds., *Education and Society in Late Imperial China, 1600–1900*, Berkeley: University of California Press, 1994, especially 391–400.

⁵⁷ Dai Baoyuan, *Jiaquan kedu* (Readings transmitted within my family), 1878 edition. Preface dated 1873 by author, 2b; “fanli,” 1a.

⁵⁸ *Yixue xinwu*, 1999 edition, 4, preface by Wu Tiren.

⁵⁹ *Hu zhong tian*, 5a.

for the wider spread of medical knowledge which, aided by popular encyclopedias and handbooks, reached an ever growing non-specialized readership.

Popularization of Medical Knowledge and the Medical Profession

Eighteen year-old Qiu Xiaomei passed the test set by her master three months after the introductory texts were given to her. She then went on to study under the master for several years, during which time she copied recipes and served as an assistant during the day, and studied medical books assigned to her during the evening. She finally succeeded her master as the principal doctor of a major dispensary in Hangzhou when she was twenty-three.⁶⁰ Wu Tiren, the disciple of Cheng Guopeng, also tells us that after one year of daily text reading and discussion with the master he began to have an understanding of medical practice.⁶¹ However, Wu would probably have to study another few years before Cheng would allow him to practice. The common term of apprenticeship in the traditional period was around three years, with the first year or so devoted mainly to the memorization of texts, followed by the learning of the use of drugs, assistance in clinical visits, and discussions on diagnosis and prescription.⁶² A rather similar but fictive version was given in our seventeenth-century novel, *Hu zhong tian*. Gong Xin, our hero, was given two primers that he managed to learn well within half a day, though without much understanding. Master Tao, impressed by his intelligence, decided to teach him. Gong was assigned a number of medical books to study everyday, and was taught to recognize drugs. He got to know the nature of most drugs, and understood the principles of recipe preparation within half a year. Gong was said to have obtained a thorough understanding of medical principles after one year, by which time Master Tao began to test him on diagnosis and prescription with his own patients, and was pleasantly surprised to find him often reaching the same conclusion as the master himself. After two years of training, Master Tao finally allowed him to practice.⁶³

The accounts of Qiu Xiaomei, Wu Tiren, in gazetteers, and in the seventeenth-century novel reveal a common pattern of occupational medical training. All these cases involve adults studying medicine not as an intellectual pursuit, but in order to earn a living. All studied medicine in the scholarly tradition that emphasized knowledge of channels and pulse, methods of diag-

⁶⁰ Zhu Lin, 1989, 1. Her master died from a stroke in that year and Qiu succeeded him, probably as his best student.

⁶¹ *Yixue xinwu*, 1999 edition, preface by Wu Tiren, 4.

⁶² Accounts of traditional medical teaching can be found in certain modern local gazetteers compiled usually on the basis of texts and oral records. See, for example, *Hunan sheng zhi*, vol. 21 *Yiyao weisheng zhi*. Changsha: Hunan renmin chubanshe 1988, 237–239.

⁶³ *Hu zhong tian*, 7a–b, 8b–9a, 10b, 12b.

nosis, and prescription with an understanding of the nature of drugs. Such medical knowledge, as an intellectual matter and a set of techniques, was from the early Ming onwards taught through specialized primers and textbooks at the initial stage. Original classics were to be learned only later.

Moreover, many of these primers contain precepts on medicine as a trade. Liu Chun, author of *Yijing xiaoxue* of the early fifteenth century, wrote a set of precepts for doctors based on the teaching of Zhu Zhenheng, advising them to respect market prices of drugs, not to rely on their assistants for outpatient service, and not to prescribe “secret formulae.” The concern for economics was foremost: doctors were advised not to accept appointments in the medical bureaucracy, as such positions only satisfied vanity and diminished real profit, and to keep a minimum number of assistants whose living costs could be considerable for the clinic.⁶⁴ The open concern with such practical aspects of the medical trade reveals the gradual transfiguration of the ideal, moralistic model of the “Confucian doctor,” emerging in the Song and maturing in the Yuan,⁶⁵ into the more pragmatic, realistic, and “professional” medical practitioner, albeit still “Confucian” in his ethical convictions and intellectual background.

Such a development of the medical trade in Ming-Qing China had nothing to do with any “corps medical” that was central to the development of the medical profession in Western Europe, nor with teaching in state medical institutions, typical in most Western countries.⁶⁶ On the contrary, medicine as a state institution underwent a long process of decline after the Song. The Ming and Qing governments selected and trained doctors at the central level only to serve the imperial household. The “medical bureau” that used to train doctors at the local level lost most of its functions soon after the fall of the Yuan.⁶⁷ The

⁶⁴ Liu Chun, “Lanshi ji-yijia shiyao” (Ten precepts for doctors, in the Collection of the Orchid Chamber), in *Zabing zhili* (Examples of Miscellaneous Illnesses), with a 1408 preface. Siku quanshu cunmu congshu edition, Taipei: Zhuangyan chubanshe, 1995 reprint of the 1479 edition. The rest of the precepts concern mainly orthodox Neo-Confucian principles like frugality, respect for the senior, and so on.

⁶⁵ On the model of the “Confucian doctor” (*ruyi*) see Chen Yuan-peng, “Liang Song di shangyi shiren yu ruyi, jian lun qi zai Jin-Yuan di liubian” (Literati well-versed in medicine and Confucian doctors in the Northern and Southern Song—also on their development in the Jing-Yuan periods), Masters thesis, National Taiwan University, 1996; also R. Hymes, “Not quite Gentlemen?—Doctors in Sung and Yuan,” *Chinese Science* 8, 1987.

⁶⁶ For a discussion of the various definitions of “profession” and their influence on the writing of particular Western medical history, see John Burnham, *How the Idea of Profession Changed the Writing of Medical History*, London: Wellcome Institute for the History of Medicine, 1998. Burnham concludes that the sociological approach to the analysis of the “profession” proves to be of little help to medical historians, especially to non-Western ones. The idea of profession is best left deliberately vague.

⁶⁷ For the decline of this institution, see Liang Qizi (Angela K.C. Leung), “Song-Yuan-Ming di difang liliao ziyuan chutan” (A preliminary study on local medical resources in the Song-Yuan-Ming periods), *Zhongguo shehui lishi prelungun* 2001/3, 223.

Ming medical bureaucrat became a sinecure of little prestige, explaining Liu Chun's warning to his disciples not to accept such jobs. From the early Ming onwards, we can see that such posts, originally reserved for practitioners from medical families, were often sold to people without any expertise but wanting a title.⁶⁸ This absence of state or national control or protection of the medical trade was typical in the Chinese case. While elite doctors manifested an increasing consciousness of their shared occupational interests, identities, and values, it did not translate into any large-scale, self-regulating professional institutions, or need to collaborate with the state, for enhancing their influence. That consciousness was articulated rather in precepts by individual doctors and in the organization of small local groups. Besides the early examples of Zhu Zhenheng and Liu Chun, later doctors like Gong Tingxian, Li Chan, Zhang Jiebin, and many others all showed similar awareness, values, and pride of their trade in their writings.⁶⁹ From the mid-Ming onwards, one also sees local formation of medical associations. Around 1568, a "Medical Society for Harboring Kindness" (*Zhairesn yihui*) was organized in Beijing by the famous doctor Xu Chunfu. In Qiantang of Zhejiang province, an "Association of Heavenly Medicine" (*tianyi she*), grouping together famous doctors of the region, was also organized by a certain Zhu Yuling during the Wanli era (1573–1620). Like Neo-Confucian scholars, doctors of the late Ming and early Qing tended to hold discussion groups on medical texts, both to enhance the prestige of the group and their native and occupational identities. One outstanding example was the Qiantang group led by Zhang Suichen (1589–1668) and his disciple Zhang Zhicong (1610–1680). The latter organized seminars on medical topics in his study, the Lüshan tang, that became the most famous center for medical studies in the early Qing.⁷⁰ Although these and probably many other lesser known sporadic efforts were never integrated into any local or central public institutions, they nonetheless showed the growing consciousness of elite medical men of the scholarly tradition in sharing common occupational identities and interests. This consciousness was central in constructing infor-

⁶⁸ For the original purpose of the institution see *Xu Wenxian tongkao* (General history of institutions and critical examination of documents and studies, 1748 version), Siku quanshu edition, 42:7b–9a. For the selling of the office, see for example *Ming shilu* (The veritable records of the Ming), Taipei: Institute of History and Philology, Academia Sinica, 1984, reign of Xianzong (1465–1587), *juan* 148, 2709; *juan* 165, 2995; *juan* 226, 3871.

⁶⁹ See Gong's *Wanbing huichun*, 489–491 on his advice for doctors; see also Li Chan's *Yixue rumen*, 635–636; Zhang Jiebin, *Jingyue quanshu* (Complete works of Zhang Jiebin), Shanghai: Kexue jishu chubanshe, 1959 (1991), 75 for his arguments that medicine is not a small way (*dao*), but a major one.

⁷⁰ Xiang Changsheng, "Woguo lishi shang zuizao di yixue zuzhi - zhairesn yihui" (Medical Society for Harboring Kindness, the earliest medical organization in our history), *Zhonghua yishi zazhi* 11.3, (1981), 144–146; *Chixiu Zhejiang tong zhi* (Imperially edited General Gazetteer of Zhejiang province), 1736 ed., 196:11b; Zhu Jianping and Hu Bin "Shilun Qiantang xuepai" (A preliminary study of the Qiantang school [of medicine]), *Zhejiang zhongyi xueyuan xuebao*, 9.4 (1985), 36–39.

mal “norms” within the trade, such as the reputation of a “good” professional doctor.

At the same time, one witnessed the popularization of medicine through the kinds of textbooks and primers described above, as well as verses and rhymes, and popular family encyclopedias and almanacs. Elementary medical knowledge, as shown by the many editions and re-editions of an increasing number of popular publications, spread more widely than before among the literate classes from mid-Ming onwards. In other words, these verses, as independent texts or integrated into family encyclopedias, were consumed by literate general readers, as well as by those who planned to undertake medical practice as a profession or as a hobby. Qiu Xiaomei’s father, who encouraged her to study medicine with a professional, was himself an amateur, giving medicines to friends and neighbors suffering from minor illnesses.⁷¹ He probably trained himself by studying primers and verses.

Popularization of medical learning and the consolidation of the medical trade in Ming-Qing China, therefore, went hand in hand. Neither the state nor the medical profession itself played the role of controlling or monopolizing medical knowledge and training. The medical orthodoxy that crystallized in the Jin-Yuan period did not create a professional corps that would dictate norms and distinctions, as in the case of contemporary Western European countries like England and France.⁷² Any literate person in late imperial China could have easy access to a reasonable amount of medical knowledge by reading inexpensive texts including verses, primers, and textbooks, and could apply his or her knowledge on the sick. Some even did it for a living. The danger of this popularization process was often mentioned by the elite and officials, and frequently formed the subject of derision in popular literature.⁷³ At the same time, rigorous professional instruction continued from the period of Liu Chun to that of Qiu Xiaomei. When the Ming official Lü Kun (1536–1618)

⁷¹ Zhu Lin, 1989, 1.

⁷² For the increasingly difficult cohabitation of professionalization and popularization in modern England and France, see Andrew Wear, “The Popularization of Medicine in Early Modern England,” and Matthew Ramsey, “The Popularization of Medicine in France,” both in R. Porter ed., *The Popularization of Medicine, 1650–1850*. London: Routledge, 1992, 17–41 and 97–133.

⁷³ Examples of these are numerous. Elite doctors such as the above-mentioned Zhao Liangcai of the late nineteenth century accused those who “only knew one area of study, or were only versed in old medical cases, and could recite a few verses” but dared to practice. “They are totally helpless when facing an urgent case . . . and should not complain that people despise and scorn them.” *Yixue rumen*, 1887, preface, 2a. The section on “doctors” in the early twentieth-century book on Beijing, *Yanshi jibi* by Dai Yusheng, also mocked practicing doctors who had little formal training. See the 1995 edition by Beijing guji chubanshe, 66–67. Wilt Idema has done a preliminary study on the negative image of such doctors; see his “Diseases and Doctors, Drugs and Cures: A Very Preliminary List of Passages of Medical Interest in a Number of Traditional Chinese Novels and Related Plays,” *Chinese Science*, 1977. 2: 37–63.

considered improving the provision of local health care for the population, he came up with two suggestions. First, requiring all practitioners of various literacy levels to have thoroughly studied at least one introductory medical book (as he was convinced that these practitioners would be confused if they studied too many), and their wives to have memorized simple relevant verses before they were allowed to treat women and children. Second, a senior doctor of good reputation was to supervise their training and practice through a re-invigorated local medical bureau.⁷⁴ His suggestions, which never had the opportunity to be implemented, may be criticized for giving a free hand to ill-prepared practitioners. Such a solution was nonetheless highly rational in the sense that it was probably the only feasible way of improving the quality of medical care, as it took full advantage of the existing situation where elementary medical knowledge was accessible and widely diffused, but it was the truly professional and mainstream doctors, easily identifiable by reputation, who dominated the trade.

Glossary

bencao	本草	Dai Baoyuan	戴葆元
Bencao gejie	本草歌訣	fang	方
Bianchan xuzhi	便產須知	Furen liang fang	婦人良方
bingji	病機	furen, xiaoyer, waike	婦人 小兒 外科
Binhu maixue	瀕湖脈學	Gong Tingxian	龔廷賢
Binhu siyan maijie	瀕湖四言脈訣	Gong Xin	龔信
Chao Yuanfang	巢元方	han	寒
Chen Nianzu	陳念祖	Hu zhong tian	壺中天
Chen Yan	陳言	Hua Shou	滑壽
Chen Ziming	陳自明	huotao	活套
Cheng Guopeng	程國彭	jingluo	經絡

⁷⁴ Lü Kun, “Zhenju yixue” (To reinvigorate the medical bureau), *Shizheng lu*, in *Lüzi quanshu* (Complete works of Lü Kun), early Republican edition, 2: 47a–53a.

Jujia biyong shilei	居家必用事類	Shiba fan yao ge	十八反藥歌
Leigong yaoxing fu	雷公藥性賦	Shijiu wei yao ge	十九畏藥歌
leishu	類書	Shilin guangji	事林廣記
Li Chan	李梴	Shishan yian	石山醫案
Li Gao	李杲	Shuyuan	叔淵
Lingshu	靈樞	Suwen	素問
Li Shizhen	李時珍	Sun Simiao	孫思邈
Li Zongzi	李宗梓	Tangtou gejue	湯頭歌訣
Liu Chun	劉純	tianyi she	天醫社
Liu Wansu	劉完素	waike shifa	外科十法
Lü Kun	呂坤	Wanbing huichun	萬病回春
Lüshan tang	侶山堂	Wanbao quanshu	萬寶全書
mai	脈	Wang Ang	汪昂
Maijing	脈經	Wang Ji	汪機
Nanjing	難經	Wang Shuhe	王叔和
ping	平	Wang Tao	王燾
Qiu Xiaomei	裘笑梅	wen	溫
Renshen jinji yao ge	妊娠禁忌藥歌	Wuche bajin	五車拔錦
re	熱	wuyun liuqi	五運六氣
Rumen shiqin	儒門事親	xiaodao	小道
Santai wanyong zhengzong 三台萬用正宗		xiaoyi	小醫
shanghan	傷寒	Xiong Zongli	熊宗立

xiyi guige	習醫規格	yongyaofu	用藥賦
Yang Shiqi	楊士奇	Yukui jinyao	玉匱金鑰
Yang Shiying	楊士瀛	yunqi	運氣
Yaoting fu	藥性賦	zabing	雜病
Yaoting ge	藥性歌	zhairen yihui	宅仁醫會
Yaoting gegua sibai wei	藥性歌括四百味	Zhang Congzheng	張從正
Yaoting zongfu	藥性總賦	Zhang Ji	張機
Ye Gui	葉桂	Zhang Jiebin	張介賓
Ye Tianshi	葉天士	Zhang Rui	張叡
Yidu	醫讀	Zhang Suichen	張遂辰
Yijing xiaoxue	醫經小學	Zhang Zhicong	張志聰
Yixue jieti	醫學階梯	Zhenzhu nang zhizhang buyi yaoting fu	珍珠囊指掌補遺藥性賦
Yixue rumen	醫學入門	zhifa	治法
Yixue Sanzijing	醫學三字經	Zhongde tang	種德堂
Yixue xinwu	醫學心悟	zhongfeng	中風
Yixue zhinan zongjue	醫學指南總訣	Zhu Yuling	諸餘齡
Yizhong baiwu ge	醫中百誤歌	Zhu Zhenheng	朱震亨
Yizong jinjian	醫宗金鑒		