

ASIA INSIDE OUT

ITINERANT PEOPLE

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A “South” Imagined and Lived

The Entanglement of Medical Things, Experts, and Identities in Premodern East Asia’s South

ANGELA KI CHE LEUNG

One merit of doing medical history is that epidemics, healing materials and practices, experts, and patients, because they are not confined by national boundaries, naturally define a region rather than a nation, revealing regional coherences often distorted by political divisions.

The “south” of East Asia connecting southern China to the Gulf of Tongking area, bearing old names such as Lingnan (嶺南, “south of the mountain ranges”), *Nan Yue* (南越, Southern *Yue*, becoming Vietnam, 越南, since 1803), Annam (安南, Pacified South), or *Jiaozhi* (*Giao Chi*, 交趾),¹ was not usually conceptualized as an integrated region. Its shifting political boundaries did not do justice to the region’s ethnic, linguistic, and cultural complexities or to its ecological coherence.² Chinese and Vietnamese nationalist historiography often disregards the temporal and spatial interconnectedness of the region for political reasons. Similar to the modern idea of the “tropics,” the “south” in the East Asian context would be a much more productive regional concept if framed not by political boundaries but by its ecological coherence—extreme and perennial warmth and dampness, unique flora and fauna, and epidemiological environment—that generated shared human experiences. The comparison with the Mediterranean region suggested by

Denys Lombard and Li Tana is another useful way of rethinking this region.³ This chapter aims to demonstrate the cultural coherence of this region by tracing the historical processes in which circulations of medical things, knowledge, practices, and especially experts were inextricably interwoven with the region's unique natural environment, complex ethnic configuration, and changing political mediation. The seemingly controversial "China" element in the construction of Vietnamese identity,⁴ in this context, was no more than one among many factors in the historical structuring of the region's rich culture.

The Chinese early imagination of the South as a region was nourished by a special literati genre, called records of *yiwu* (*yiwu zhi*, 異物志, Records of extraordinary things), or "exotic monographs"⁵ on plants, animals, and stones in the extreme south. The term *yiwu* highlights the exotic nature of "things" imagined to thrive in remote, untamed, and uncivilized regions with extreme climates,⁶ including antidotes to treat vile southern poisons.⁷ The first of these mostly lost texts was authored by Yang Fu (楊孚), a Cantonese of the Eastern Han (first century), and collated in the early nineteenth century with more than one hundred items.⁸ One later example, *Nanfang caomu zhuang* (南方草木狀, Plants of the southern region), attributed to Xi Han (嵇含, 263–306) but more likely a twelfth-century compilation,⁹ was cited by sinologists as the first botanical work on the region inclusive of today's southern China and northern Vietnam, describing more than seventy different herbs, trees, fruits, and bamboos. The *yiwu* genre proliferated after the fourth century with more than twenty known titles, describing items that eventually became part of China's *materia medica*. It disappeared after the twelfth century, by which time many of the most representative items, such as betel nuts and rhino horn, had become routine ingredients in Chinese medical recipes.¹⁰

The typical Sinocentric explanation of the disappearance of this literary genre is that, with the progressive penetration of Han Chinese civilization in the South, the "strangeness" of southern things and customs, or the marked "differences" between Han and southern cultures, was gradually erased or at least rendered insignificant for the civilized Chinese in the "north."¹¹ It assumed a straightforward Han cultural assimilation of this South.

This chapter unravels the complex process of cultural interaction between the politico-cultural center in the north and the South after the twelfth century by highlighting the role of human actors in the entanglement of medical things, knowledge, practices, and identity formation in this region in two

phases: the thirteenth through fifteenth centuries, and the sixteenth through eighteenth centuries.

Thirteenth through Fifteenth Centuries: Miasmatic Lingnan and Annam

Becoming more accessible, the miasmatic south was now depicted with human players: northern medical experts interacting with native patients. The experts began to scrutinize and describe the region's ecology, and its epidemiological situation characterized by ubiquitous miasmatic (*zhang*, 瘴) diseases and "uncivilized" native customs. The most representative medical text of this process is of course the *Lingnan weisheng fang* (嶺南衛生方, Life-preserving recipes for the Lingnan region, 1264), built on a collation of shorter, preexisting texts produced between the twelfth and the thirteenth centuries and compiled by Buddhist monk Jihong (繼洪) from northern China (Hebei) in the thirteenth century.¹² It is the culmination of a developing genre emerging in the Tang period.¹³

The eyewitness accounts reveal several developments in the South by the thirteenth century. They show that the region was by then easily accessible from the north: sojourning monks, scholar-officials taking up office in the region, and traveling doctors were the typical visitors. They made firsthand observations on local pathological conditions and offered preventive or therapeutic recommendations.¹⁴ However, *Lingnan weisheng fang* suggests that despite its greater accessibility, this "South" remained an alien land to northern visitors. Being a land of permanent *yang* (depleting warmth), it was considered dangerous for northerners (*beiren* 北人), whose bodies were more vulnerable to the *zhang* miasma, whereas the natives (*turen* 土人), or southerners (*nanren* 南人), were more resistant as "part of the *qi* of the (local) soil and water"¹⁵. The "South" was alien also because the natives were physically and culturally different and inferior: they were, in general, "emaciated with a sallow complexion". When sick they did not take medicines, but "made offerings to ghosts."¹⁶

We also learn from this book that by this time, native "southern" doctors, learned in medical classics, were present and active. But they were criticized by northern experts for being crude in their therapeutic skills, such as mindlessly applying purgative recipes using strong ingredients (particularly *mahuang* [麻黃, ephedra]) recommended by classics of the Cold Damage School, not

knowing that such methods would do more harm than good for bodies depleted of *yang*. Northern medical experts claimed that "the *zhang* miasma [of the South] may not kill the sick, but the [southern] doctors do"¹⁷(1: 5a). On the other hand, the authors of the thirteenth-century text no longer distinguished between northern and southern medicinal herbs, formerly known as *yiwu* (strange things). By the twelfth century these had already entered mainstream *materia medica* and even "domesticated" as part of "Chinese" medical culture:¹⁸ betel nuts and *agastache rugose* (藿香, *huoxiang*) for treating diarrhea and febrile conditions; rhinoceros horn for fevers; coix seed (薏苡仁, *yiiren*) for dispelling dampness; tangerine peel (陳皮, *chenpi*) for dissolving phlegm and toxic *qi*; and *Dichroa Febrifuga Lour* (常山, *changshan*) and *Herba Artemisiae Chinghao* (青蒿, *qinghao*) for recurrent fevers. Generally of warm nature with quick healing effects befitting northern elite doctors' preferred healing strategies, these southern *materia medica* were gaining currency in popular medicinal recipes published by the Song government.¹⁹

This book represents the northern Sinocentric perspective on southern healthcare. Dismissing the role played by native experts, the northern authors claimed with satisfaction that "northern doctors are gradually reaching this region, so that [correct medical methods] could be studied and transmitted here"²⁰ The complex process of interfertilization of medical knowledge and practices was interpreted as a one-way civilizing process. To a large extent, the Red River delta was similarly understood by northern Chinese as a region of *man* (蠻, "barbarian").²¹ Sinocentric interpretations of the "civilizing process" of this period could be read in historical sources written in Chinese.²² Fine medical skills were said to be slowly introduced by doctors from China, some being military doctors captured during the Song-Yuan dynastic transition in the late thirteenth century; even Chinese ritual healers were much sought after.²³

On the other hand, in the early fifteenth century when Jiaozhi was being brought under direct Ming control, the Chinese military was clearly unprepared for the toxic miasma as the Yongle Emperor remained greatly concerned with the epidemiological conditions of the region and suggested the deployment of native ethnic Miao troops who were more resistant to the endemics. At the same time, he summoned famed Viet medical doctors and ritual healers to be sent to the Ming court together with other skilled artisans and experts. In 1407, a well-known Jiaozhi doctor, Zou Dongxuan (鄒洞玄), was sent with imperial auspices.²⁴

Yongle's request was a continuation of early Ming policy of exchange of monks and other healthcare experts between China and Jiaozhi. In 1385, the Ming government began to request monks to serve in the Chinese capital of Nanking because, according to Đại Việt sources, they were better ritualists than the Chinese;²⁵ in 1395 the imperial court again summoned "monks, masseuses and castrated servants" to be sent from Jiaozhi, though only the eunuchs were definitely kept.²⁶ Castrating young boys of deprived or non-Han background in the South to be trained as servants in powerful households or the court was a custom common since the Tang.²⁷ It was banned by the Hongwu Emperor in 1372 in Guangdong and Fujian provinces,²⁸ but continued in Jiaozhi. Chinese official sources such as the Ming Veritable Records (*Ming shilu*, 明實錄) of the same period also recorded movements of Viet experts to the Ming capital. Zou Dongxuan was in fact one of 9,000 Jiaozhi experts, including outstanding scholars, talented fighters, craftsmen, ritualists, medical experts, and mathematicians, sent to the imperial court.²⁹ According to Chinese sources, these movements were part of the process of civilizing Jiaozhi as these experts were to undergo training in China before they were sent back to serve their own people as bureaucrats. Chinese-style local bureaus were actually set up in Jiaozhi in 1414 to regulate medical and ritual matters.³⁰

But in Vietnamese historical memory, these movements of experts, together with the burning and seizure of local books, represented blatant Chinese imperialist attempts to destroy Vietnamese indigenous culture. In the field of medicine, it is believed that most existing medical and religious expertise of value in Jiaozhi was confiscated or destroyed by Ming emissaries controlling the region in the early fifteenth century.³¹

It was precisely in this period that modern Vietnamese historians of medicine situate an icon in Vietnamese medical history, monk Tuệ Tĩnh (慧靖), known for coining the term *Nam dược* (南藥, southern medicine) for "authentic Vietnamese medicine" in a text attributed to him, *Nam dược thần hiệu* (南藥神效, Miraculous drugs of the South), considered the foundation of "authentic" Vietnamese medicine. His biographical details, however, are inconsistent and confusing. A nineteenth-century Vietnamese historical text described him as active during the twelfth century: "Lê Đức Toàn (黎德全), active between the Lý and the Trần dynasties (1010–1399) called himself Chan (Zen) master Tuệ Tĩnh. He collected southern herbal plants to cure southerners. He was well known in the [Chinese] Southern Song dynasty (1127–1279). When the Empress fell ill, an emissary was sent to take him into service. He

then lived in the Jiangnan region (in China) and died there. The Song Emperor buried him and set up a stone stele to commemorate his deeds." It was Emperor Lê Dụ Tông (黎裕宗, 1679–1731) who ordered the repatriation of the stele and granted him the honorific name Giác Tư (覺斯). A temple was built in his name in the mid-nineteenth century.³²

Other accounts of the monk's medical activities span from the eleventh to the nineteenth century. A popular version of his biography suggests 1330–1389 as his dates, and that he was sent to the early Ming court in Nanking as a tributary gift in 1385.³³ Dương-Bá-Bành, author of *the* "standard" history of Vietnamese medicine written in 1947–1950, on the other hand, considered Tuệ Tĩnh an eighteenth-century monk, while the Japanese medical historian Mayanagi Makoto thinks that a courtier in 1717 published a medical work in the name of Tuệ Tĩnh.³⁴ These conflicting dates suggest the likelihood that several monks bearing the religious name Tuệ Tĩnh might have merged in the popular imagination of the mythical founder of "authentic" Vietnamese medicine.³⁵ Because the treatise attributed to Tuệ Tĩnh was said to have circulated in manuscript form and did not appear in print until the eighteenth century, it is simply impossible to determine who first drafted it, when, and how it was reedited before it was fixed in print form.

Rather than trying to solve the impossible puzzle of the "authentic" Tuệ Tĩnh,³⁶ it may be more productive to use his story to deepen the understanding of the historical exchange of medical experts and knowledge between northern Chinese and Đại Việt in the period, especially during the early Ming occupation. The most obvious point to note is that medical monks played a key role in the circulation of medical knowledge and practice, as demonstrated by both Tuệ Tĩnh and Jihong, compiler of the thirteenth-century *Lingnan weisheng fang*. Monks were the most accessible medical experts on indigenous herbs and experts of ritual healing, an inseparable part of "Southern" medical culture up to the modern period.³⁷

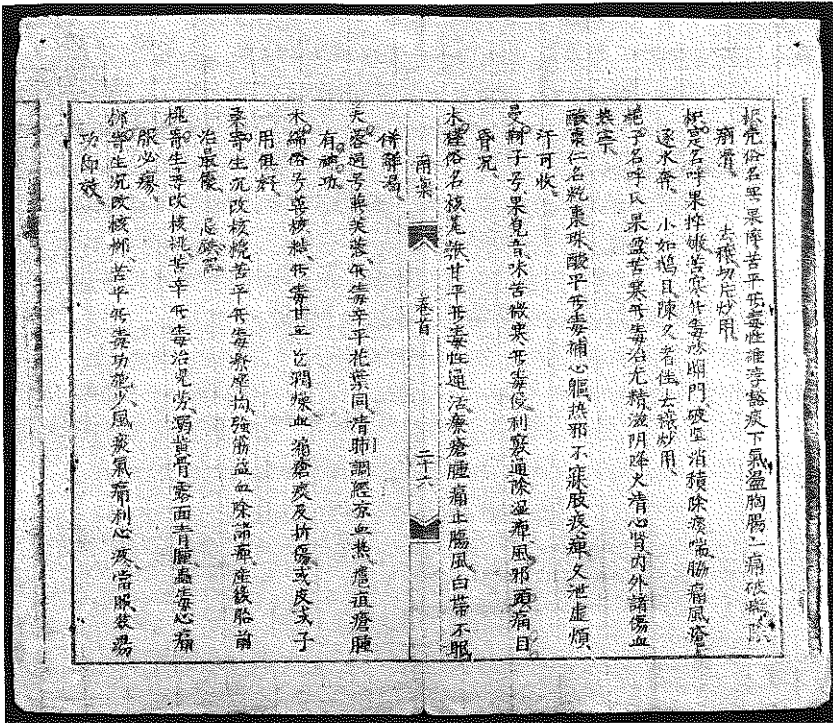
The episode of Tuệ Tĩnh being taken to the Chinese capital to treat the (Southern Song or Ming) empress, where he wrote his seminal medical treatise and died, could be read in the context of the early Ming requests for experts from Jiaozhi to Nanking. Tuệ Tĩnh's story highlights a defining feature of the premodern identity construction of the "South": political compliance in exchange for cultural empowerment, the north/south division being conceptualized on unequal cultural relations rather than political opposition.³⁸ This empowerment would eventually strengthen the Vietnamese (and southern

Chinese) pursuit of their own regional agenda, while elite Chinese scholars to the north would continue to revive tropes describing this region as relatively uncivilized.³⁹

But the most intriguing point in Tuệ Tĩnh's story is his being crowned the master of "Southern medicine," synonymous with "genuine" Vietnamese medicine. This system was the alternative of northern medicine (*thuốc Bắc*, 藥北), synonymous with "Sino-Vietnamese medicine,"⁴⁰ a system based on Chinese medical classics with greater theoretical sophistication, and using more expensive "Chinese" pharmaceuticals. These two categories are still used today to frame Vietnamese traditional medicine.⁴¹

What exactly was "genuine" southern medicine? David Marr's insightful interpretation of *thuốc Nam* as a practice of necessity, as "the poor man's medicine, generally using ingredients readily available nearby and involving a minimum of processing," is worth pondering. Marr's comment echoes an observation recorded in a late nineteenth-century Chinese text on Annam, "There are a lot of medicinal herbs in this country. However, the Annam people do not know how to process them. So [these herbs] are all sent to China to be processed. When [the processed] herbs returned to Annam, the natives call them northern medicine (*thuốc Bắc*)."⁴² This remark, not without exaggeration, reveals how Viet southerners would distinguish between southern and northern medicines by the degree of processing: raw ingredients were "genuinely" southern, but of less value than processed ones. Chinese pharmaceutical processing technology reaching a high degree of sophistication in the late imperial period⁴³ may symbolize Chinese culture in the South, where "raw" native herbs constitute the natural, or sometimes better, counterpart.

The authenticity of "southern" medicine was also constructed linguistically. Native names and local pronunciation of the names of truly "southern" medicinal ingredients were considered indicators of their native origin. The fact that Vietnamese medical writings, especially those attributed to Tuệ Tĩnh, are considered crucial in the historical development of Chữ Nôm (字喃), Vietnamese ideograms re-created from traditional Chinese characters, suggests that medical things and knowledge played a key part in the construction of the Viet identity. The treatise *Nam dược thần hiệu* was an important text in the history of the creation of Chữ Nôm ideograms that phonetically expressed local names of indigenous *materia medica*.⁴⁴ The textualization of *thuốc Nam*, therefore, was concurrent with an emerging sense of native and even proto-nationalist identity, and the critical question becomes: *When* exactly did the



A nineteenth-century print of *Nam dược thần hiệu*. Chapter on southern herbs showing ample use of Chử Nôm. Reproduced from a copy in the National Library of Vietnam.

South/North dichotomy attributed to *Nam dược thần hiệu* begin to shape “traditional” medicine as a knowledge system in the Vietnamese south? A look at Vietnamese medical texts in the following period, when the authorship became more individualized, may provide some clue to this question that the undatable *Nam dược thần hiệu* cannot answer.

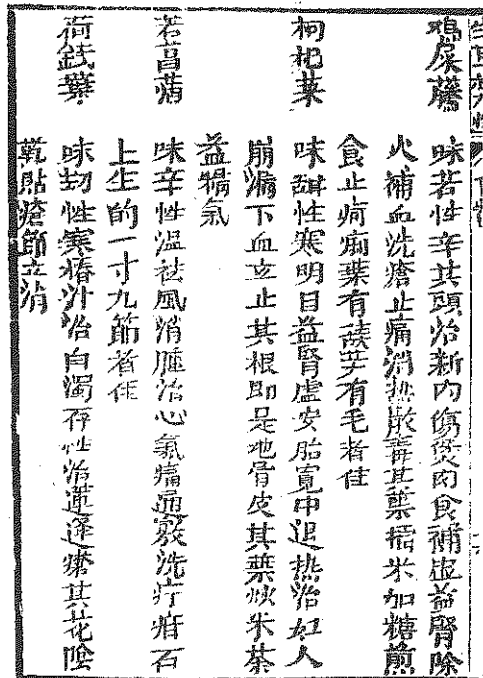
Sixteenth through Eighteenth Centuries: Indigenous Southern *Materia Medica*

Two entangled developments, one commercial and the other political, shaped East Asia’s “South” in this second period: the arrival of global traders and European missionaries in transoceanic vessels, and the traumatic dynastic change in China in the mid-seventeenth century where the Ming court found

refuge in this South, resisting Manchu forces for more than two decades before succumbing in 1668.

It was during this critical period of intensifying globalization that the first pioneering study on indigenous *materia medica* in Guangdong province was published.⁴⁵ He Kejian (何克諫, native of Panyu, Guangdong) did fieldwork and compiled *Shengcao yaoxing beiyao* (生草藥性備要, Essentials of medicinal quality of raw herbs)⁴⁶ in the mid-seventeenth century while socializing with a group of Ming loyalists. His loyalist identity⁴⁷ may have explained the text's late and less than elegant publication under a pseudonym.⁴⁸

This text listed 311 herbs native to Guangdong province, most of which were not registered in Li Shizhen's magnum opus of 1596, *Bencao gangmu* (本草綱目, Systematic *materia medica*).⁴⁹ The text circulated in manuscript form before



Late nineteenth-century edition of He Kejian's work on native herbal plants described in the Cantonese dialect. Reproduced from a facsimile copy of *Shengcao yaoxing beiyao* by He Kejian, published by Guangdong keji chubanshe, Guangzhou, 2009, in author's collection.

it was first printed in Guangdong in 1711, after the 1668 military pacification of the region, and probably after He's death. It had at least three nineteenth-century editions, four Republican editions, and two modern annotated editions (1995, 1999) and inspired numerous research articles in contemporary China. It formed the basis for subsequent compilations of Guangdong native *materia medica* in the Qing and Republican periods. This work was put under the spotlight in the late 1950s when the Guangdong government commissioned a province-wide survey of native plants and old recipes.⁵⁰

This first compilation of Guangdong *materia medica* is marked by the free use of the Cantonese dialect for plant names and descriptions of taste and nature, indicating that the printed text was very much in the form of field notes.⁵¹ Descriptions of herbs were sometimes followed by popular recipes, especially for external application to treat boils and skin diseases, snake bites, tumors, diarrhea, and other problems of the natives' everyday life. The author of this linguistically crude text nonetheless claimed this research as part of Confucian learning, demonstrated his knowledge in sophisticated processing (recommended for certain listed herbs), and in ritual healing as part of the local practice.⁵² The author was consciously building local knowledge in the Cantonese dialect, excluding ingredients already incorporated in standard *materia medica* such as tangerine peel. This book clearly articulated the idea embedded in the Viet notion of "Southern medicine" without mentioning the word "south."

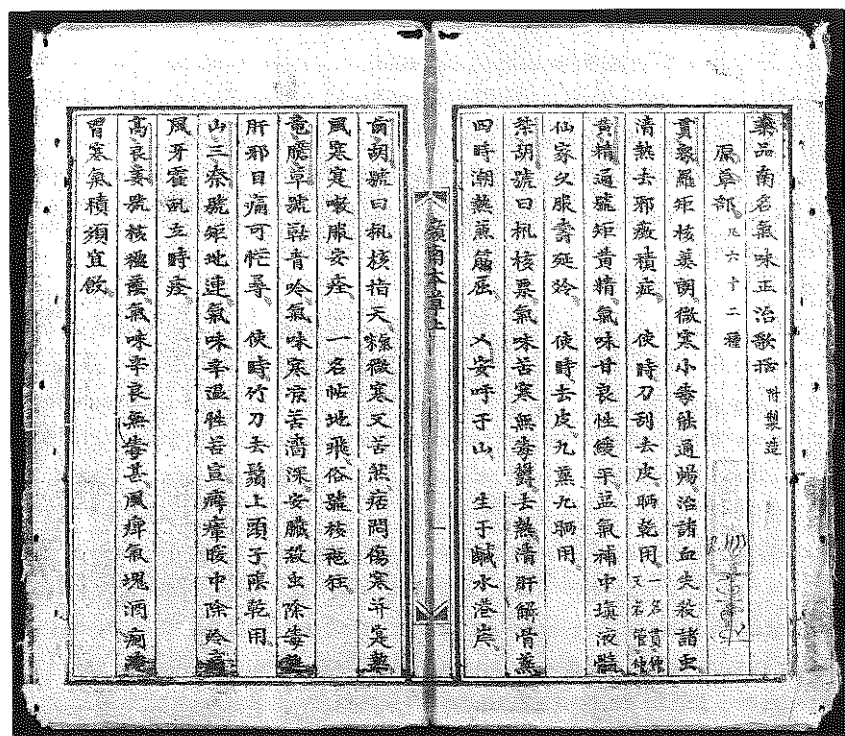
While He Kejian chose to lead a hermit's life in Guangdong in the face of the Manchu invasion, other Chinese southern loyalists opted for migrating to Jiaozhi given its political sympathy for the Ming regime.⁵³ These emigrants from southern China, many of whom were in the herbal trade, were known in Đại Việt as "people transmitting Ming rituals" (*Minh Hương*, 明香).⁵⁴ Văn Giang (文江) in the province of Hưng Yên (興安) in the Red River delta was famous for Chinese pharmaceutical trade dominated by a few Fujianese lineages that took advantage of the rich herbal resources in the region and their mastery of processing technology. They purchased raw herbs in nearby regions that they processed with tools brought from China.⁵⁵ The duly processed herbs that were actually grown and processed in the "South" became highly valued "Northern medicines." Other towns in the same region, such as Hải Phòng (海防), also became major trading ports where processed Chinese medicines were imported, a trade monopolized by the Cantonese.⁵⁶ Anecdotes in the official history of the Nguyễn Dynasty compiled in the mid-nineteenth century

also illustrate the economic and cultural importance of Chinese pharmaceuticals in the region,⁵⁷ which explains the appearance of new medical institutions in Hà Nội in the nineteenth century.⁵⁸

It is against this background that the Lãn Ông (懶翁) phenomenon emerged. Hải Thượng Lãn Ông (海上懶翁, a laid-back man from the Hải Thượng region) was the pen name of Lê Hữu Trác (黎有悼, 1724–1791), the second medical master in Vietnamese history. David Marr considered him the “Father of Vietnamese medicine, not only the traditional branch, but also as authentic home-grown precursor of the meticulous clinical approach underlying modern cosmopolitan medicine.”⁵⁹ From a literati family with both his grandfather and father as licentiates of the Vietnamese court examinations (*jinsbi*, 進士), Lãn Ông was the product of the Neo-Confucian culture planted in Đại Việt since the fifteenth century. His comprehensive medical work *Hải Thượng y tông tâm lĩnh* (海上醫宗心領) was a fine representation of the Jìngnan medical tradition. Written in a mixture of Chinese and Chữ Nôm, in twenty-eight volumes and sixty-six chapters, but published well after his death, in 1880–1885, this text notably contains two chapters on indigenous “Lingnan” *materia medica*.

Modern Vietnamese historians of medicine praise Lãn Ông mostly for his theoretical innovation: claiming the nonexistence of Cold Damage (*shanghan* 傷寒) clinical patterns in the South, and the danger of ephedra in treating local diseases.⁶⁰ In fact, the caution against ephedra, a northern ingredient, had already been pointed out in the thirteenth-century Chinese text *Lingnan weisheng fang* and was not a new idea.⁶¹ But Lãn Ông’s strong-worded claim that *shanghan* clinical patterns were totally irrelevant to the extreme South and that local ailments required a very different therapeutic strategy showed a clear southern subjectivity. The Vietnamese scholar Nguyễn Trần Huân, who translated into French Lãn Ông’s autobiographic chapter in this medical book, points out that the author was a pioneer in writing in the first person in the eighteenth century.⁶² In this case the first person in *Hải Thượng y tông tâm lĩnh* was flagged as a Lingnan native.

Lãn Ông’s presentation of native medicinal herbs in his book—the two chapters entitled “Lingnan” *materia medica*,⁶³ separate from the one on standard “pharmaceuticals” (藥品, *yaopin*)—was equally revealing. The list of 500 items, of which 241 are plants (others were animal- or human-based, minerals, or stones), is intriguing in two ways: First, the two chapters are identical to the chapter on pharmaceuticals of *Nam dược thần hiệu* (南藥神效) attributed



Nineteenth-century edition of Lingnan *materia medica* in Lán Ông's eighteenth-century treatise. Reproduced from a copy of *Hải Thượng y tông tâm lĩnh* by Lán Ông in the National Library of Vietnam.

to Tuệ Tĩnh. The classification of these ingredients was clearly post-*Bencao gangmu*, thus unlikely to be published before the seventeenth century. One can reasonably speculate that a common master list circulated among Vietnamese experts in the eighteenth century. Lán Ông, and not Tuệ Tĩnh, was a possible compiler. Second, the style of describing the herbs is similar to the slightly earlier work by the Cantonese He Kejian of the mid-seventeenth century: descriptions in dialect or *Chữ Nôm*, inclusive of processing methods and formulae for mostly "external" problems such as snake bites, skin diseases, diarrhea, and so forth. The list of 241 native plants was shorter than He's 311 with some 20 bearing exactly the same Chinese names, compared with the 610 "standard" ingredients listed in Chinese "elitist" *materia medica* texts by the late seventeenth century.⁶⁴ The two southern lists show that around the

mid-seventeenth century, native southern experts, Chinese and Vietnamese alike, began to be conscious of the importance of organizing local plant knowledge for better and more practical healthcare based on immediately available raw herbs. These activities were probably part of an intellectual trend inspired by the publication of *Bencao gangmu* in the late sixteenth century. In the South, moreover, they were also prompted by nascent local identities expressed in linguistic forms.

“Chinese” Medicine for Western Missionaries in the South

At the same time, trading and missionary activities dominated by the East India companies and the Jesuit Society added yet another layer of complexity to the circulation of medical things and experts in this “South.” These activities began by more tightly connecting different parts of East Asia’s south. One early actor was the Jesuits’ dispensary of St Paul in Macao (1562–1762). Being a key station for Jesuits working in Asia, Macao was visited by priests working in Vietnam, Hainan, southern China, and Japan. During the 200 years of the existence of the dispensary of St Paul, Portuguese Jesuits developed interest and knowledge in Chinese *materia medica* and imported Chinese ingredients from Canton for use with European ones, creating hybrid recipes.⁶⁵ It was the best-stocked dispensary for global travelers in the region where European missionaries also learned about Chinese medical things and practices. Seventeenth-century Portuguese Jesuits in Đại Việt, such as Christoforo Borri, also witnessed the abundance of native doctors who knew how to cure diseases unknown to European physicians.⁶⁶

Jesuit experts traveling in this southern maritime region wasted no time in publishing their versions of the region’s flora and *materia medica* considered as “Chinese”: the Polish Jesuit Michal Boym’s (ca. 1614–1659) illustrated *Flora Sinensis* (1656) depicts tropical fruits and animals such as mangoes and rhinoceroses as “Chinese”; *Les secrets de la médecine des Chinois* (1671) by an anonymous Frenchman working in Canton portrayed Chinese medical methods as unreliable; and Boym’s attempt to introduce Chinese pulse medicine to Europeans in *Specimen Medicinae Sinicae* (An outline of Chinese medicine, 1682) and *Clavis Medica ad Chinarum Doctrinam de Pulsibus* (Medical key to the Chinese doctrine on the pulse, 1686) were important examples.

Boym's cases, thoroughly studied by Hanson and Pomata,⁶⁷ deserve attention. Active in East Asia's south between 1643 and 1659, in Macao, Hainan, Guangdong and Guangxi provinces, and Tonkin⁶⁸ during the Manchu conquest of south China, Boym, son of a physician, developed great interest in Chinese medicine and *materia medica* based on what he could find as texts and pharmaceuticals circulating in the region.⁶⁹ Besides translating the Chinese text on pulse medicine, he was also building a catalog of Chinese pharmaceuticals that he could find in Macao. Boym was certainly not the only expert keen about the project. A list of 298 pharmaceuticals accompanying Boym's *Specimen*, called *Medicamenta simplicia quae a Chinensibus ad usum medicum adhibentur* (Simple medicine used by the Chinese for medical purposes), with medicinal names in Chinese characters, Romanization, and descriptions in Latin, was the likely work of the Belgian Jesuit Philippe Couplet (1627–1693), Boym's collaborator and editor.⁷⁰

Couplet's list of 298 Chinese pharmaceuticals of mostly southern herbs, excepting 22 minerals and 22 animal ingredients, is an excellent sample of local knowledge built in the seventeenth-century South that is worthy of further research.⁷¹ The Romanization of herbal names reveals southern pronunciation, and the explanations in Latin show local understanding of the ingredients, sometimes erroneous. One example is the item *awei* 阿魏 (*asafetida*), item 61 on the list, a Central Asian resin with a strong stench shipped to China via Canton since the Song.⁷² The item was Romanized as *ō gūej*, clearly a southern pronunciation, with the following descriptions: "I don't exactly know what it is. They say it is the excrement of a small animal of a certain plant. This medicinal substance comes from the province of Leão tum."⁷³ Probably, informants for the Jesuits included not only medical experts but also local merchants for the compilation of the list, which clearly is an assemblage of circulating medical things and knowledge mediated by various experts in this southern region, reflecting a complex medical culture integrating different medical traditions and breeding new regional identities.

We have seen the flows of medical things and experts in two phases. In the first phase, we saw the northern movement of southern medical ingredients (formerly known as *yiwu*) to become an integral part of the Chinese standard *materia medica*. We also saw the southern movement of experts (monks,

bureaucrats, doctors, etc.) into the miasmatic Lingnan region using southern ingredients to treat local ailments. These flows of things and people opened up Lingnan as an accessible space for medical observation and experimentation, still imagined in North/South hierarchical cultural relations. As noted by Liam Kelley, by the fifteenth century, “Southern envoys did not wish for any other differences to prevail between their domain and the one to their north. Instead, they endeavored . . . to ensure that their domain stay on ‘the same tracks’ as the Middle Kingdom. They did this out of a belief in the ‘benefit’ that participation in this larger world would bring . . . [to the southern kingdom].”⁷⁴ Political boundaries were not a major issue.

In the second phase, broader global flows of medical things and experts created a tighter southern network shaped by European commercial and religious interests and activities, and the political crisis in southern China in the mid-seventeenth century. These forces, facilitated by the ecological coherence and shared pathological environment of the region, seemed to have generated spaces of indigenization and emerging southern agency within the broad Lingnan region. New constructions of local medical knowledge based on native medical things in interaction with external commercial and political forces were dynamic and multisited. The spaces grew not only in response to the traditional political and cultural center to its north⁷⁵ but also increasingly in interaction with commercial and religious forces coming from its west.

Notes

1. On the significance of the names of the region, see Baldanza 2016, especially 1–6.

2. The cultural coherence of the region centered at Hanoi and Guangzhou has recently been treated in Cooke, Li, and Anderson 2011. See Li 2011. See also the rigidity of political terms of “China” and “Vietnam” that prohibits productive regional imaginations, in Kelley 2005, 27–28; for a *longue durée* treatment of the changing power relations between southern chieftains and China, see Anderson and Whitmore 2014.

3. Lombard 2007; Li 2011, 3.

4. See Woodside 1971, in which the notion of “Little China” for Vietnam is raised; more recently, Kelley 2005 (citing Keith Taylor 1992) provides a different view: “In contrast to the assertions of the little China theory—that it was the Chinese elements in society and government that made Vietnam strong—Taylor argued that these elements had led the Lê to alienate themselves from their own people, a phenomenon which in turn produced centuries of ‘prolonged civil wars’ and ‘internal divisions’” (15).

5. Term used by Métaillé (2015, 129) for a list of such texts.
6. A point well illustrated first by Schafer (1963).
7. Chen 2013, 430–433.
8. This text was first reconstructed in the first half of the nineteenth century by Cantonese literati, and the current version was fixed in print in 1851. See Wu 2010, 16–17.
9. See Ma 1978.
10. Betel nuts were introduced in China before the seventh century but for a long time were imported only as diplomatic gifts. See Chen 2013, 138–139.
11. Wu 2010, 9–10.
12. The extant text is based on a mid-nineteenth-century Japanese reedition of a sixteenth-century Chinese publication (with at least two editions in 1513 and 1576).
13. The official dynastic history of the Tang recorded a number of medical formulae for Lingnan ailments, some, judging from their titles, being travel guides. None of these texts are extant. This genre of medical texts on Lingnan medicine, contrary to the *yiwu* genre, continued to thrive after the Song period.
14. These medical experts included sojourning monks (Jihong, the compiler of the book), scholar-officials, and doctors: Li Qiu 李璆 and Zhang Zhiyuan 張致遠 (magistrate in Guangzhou in 1138), doctors Wang Nanyong 汪南容, Lo Andao 婁安道, and Zhang Jie 章傑, author of "*Lingbiao shi shuo*" (嶺表十說, Ten features of the southern pathological environment) *Lingnan Weisheng fang*, Beijing: Zhongyi guji chubanshe based on the 1841 Japanese edition, "Foreword," 1–3; see also He Shixi 1991, 624.
15. *Lingnan weisheng fang*, I: 10a.
16. *Ibid.*, II:1a-b; I:7b.
17. *Ibid.*, 1:5a.
18. The proliferation of encyclopaedic compilations on medical formulae using such *materia medica* since the tenth century witnessed this development. See the table showing increasing use of foreign ingredients in Chinese medical recipes from the Tang to the Song established by Hartwell (1989, 477–480).
19. This period was also marked by increasing use of spiced ingredients in recipes, which had swift effects; see Zheng 2005, 49, 151.
20. *Lingnan weisheng fang*, II:4a.
21. A region where rites and music were not established, as described by the first Ming emperor. See Baldanza 2016, 57.
22. Notably *Đại Việt sử ký toàn thư* 1984–1986.
23. *Đại Việt sử ký toàn thư*, entry on the Vietnamese need of silk and pharmaceuticals coming from China, I: 348–349 (year 1274); entry on ritual healing introduced, I: 391–392 (year 1310); entry on prominent captured Chinese military doctors during the Song/Yuan transition serving the Vietnamese court, I: 419, 425 (year 1339); see also Zhu 1981, 127–129.

24. Li 1996, 2: 706–707. Yongle suggested the deployment of the ethnic Miao troops to replace the Chinese.
25. *Đại Việt sử ký toàn thư*, I: 458 (year 1385).
26. *Đại Việt sử ký toàn thư*, I: 470 (year 1395), 483 (year 1403).
27. Rideout 1949, 54–56.
28. *Ming shilu* 1966, Records on Taizu, *juan* 73: 1353; *Đại Việt sử ký toàn thư*, I: 490 (year 1406). A few early Ming Jiaozhi eunuchs rose to prominence; see *Ming shigao* 1962 [1732], *juan* 178: 7a–b. See also Li Tana 2010, 96.
29. *Ming shilu*, Records on Taizong, *juan* 71: 997, 1001.
30. *Ibid.*, *juan* 68: 962–963; *Đại Việt sử ký toàn thư*, I: 496. See also Whitmore 1985, 121–131, on the establishment of Chinese institutions.
31. Dương Bá Bành 1947–1950, 38; Hoàng Bảo Châu, Phó Đức Thực, and Hữu Ngọc 1993, 12. Li 1996, 2: 707–708 on book burning and confiscation; Ong 2010 on the Ming emperor's motive to impose Neo-Confucian ideology; *Đại Việt sử ký toàn thư*, II: 516 (year 1418).
32. Phan 1965, book 3: 380. Mayanagi concurs with Dương Bá Bành that the major medical text *Hồng Nghĩa Giác Tư Y Thư* (洪義覺斯醫書) attributed to Tuệ Tĩnh was written by an eighteenth-century courtier in the name of Tuệ Tĩnh. See Mayanagi 2010, 275.
33. Thompson 2015a, 16–19.
34. Dương Bá Bành 1947–1950, 41–42.
35. Thompson (2015b: 3) proposes this hypothesis that seems plausible.
36. The late development of printing in Vietnam was part of the problem as manuscripts were copied, collated, edited, and reedited before most of them became fixed printed texts only in the nineteenth century. See McHale 2004, 12–17.
37. Zen Buddhism in Vietnam reached its apogee in the Trần Dynasty (1225–1399), and this version of Buddhism was considered to be the “Chinese version” of Buddhism in Vietnam. See Trần 1985, 3: 83. Religious training of indigenous doctors remained strong even in the twentieth century; see the autobiography of Quang Văn Nguyễn in Nguyễn and Pivar 2004.
38. Kelley 2005, 25–26.
39. The intensive human and cultural flows between Đại Việt and Ming China in the fifteenth century were crucial for the subsequent development of the Red River delta into a dense human hub comparable to the Pearl River delta. See Li 2010, 83–103. On Đại Việt's use of Neo-Confucian methods in the cultivation of indigenous beliefs and practices, see Whitmore 2014, 252–254. See Baldanza 2016, 10, on the growing political clout of Đại Việt between the fourteenth and sixteenth centuries despite the persistent Chinese view of the region as culturally inferior.
40. Dương Bá Bành 1947–1950, introduction: 2.
41. See Hoàng Bảo Châu, Phó Đức Thực, and Hữu Ngọc 1993. This book begins by indicating the two components of Vietnamese medicine as *thuốc Nam* and *thuốc*

Bác, but later admits that "there was no strict dividing line" between the two (7). Monnais, Thompson, and Wahlberg 2012; and chapter 1 by Thompson (2015a: 97–99). Marr 1987: 169.

42. Yao 1877–1897, 50: 74. The author of this text provides stereotypical descriptions of Vietnamese things and customs, considering the Vietnamese culture as comparatively crude and inferior, its people less hardworking and trustworthy, and so forth.

43. Zheng 2005: 212–213. Processing technology matured in the Song dynasty and peaked in the Ming/Qing period. Modern Chinese experts have the following definition for northern pharmaceuticals: northern medicines (*bei yao* 北藥) were those that needed processing before use, mostly grown in northern China, whereas southern medicines (*nan yao* 南藥) were those that could be used in their raw form, produced mostly in the south. See also Guan Peisheng 1995: 5.

44. Shi 1993, 2: 55–58. According to Ngô Đức Thọ 吳德壽 (2015), Vietnamese scholars' use of *Chữ Nôm* in their writings became more widespread in the thirteenth and fourteenth centuries.

45. Though a few earlier doctors who had sojourned in Guangdong province, such as Zhang Jike (張繼科 sixteenth century) and Chen Zhi (陳治 early Qing), continued the tradition of *Lingnan weisheng fang* in observing Lingnan miasmatic ailments in their writings as classically trained doctors from the "north." See Zheng 2009, 226–238.

46. The extant printed copies of this text are mostly dated late nineteenth to early twentieth century. It is uncertain that the title of the text was the original one given by He. It could be given by nineteenth-century publishers and printers.

47. His name is listed in Chen Botao's 陳伯陶 1919 *Compiled biographies of Ming loyalists in Guangdong* (Shengchao Yuedong yimin lu 勝朝粵東遺民錄). One of his close associates was the famous Guangdong loyalist Chen Gongyin 陳恭尹 (1631–1700); see preface of Guan 1995: 3–8; see also Xian 1980, 3: 21–22.

48. He's other work, published in a finer print, 增補食物本草備考 (1732) also had an unsigned preface. His notoriety as a Ming loyalist may be the reason for this anomaly.

49. This is stated in the preface (supposedly written by He himself) of the printed version; see the facsimile of the late nineteenth-century Shoujing tang edition, Guangzhou: Guangdong keji chubanshe 2009, 3.

50. A 1960 version of the survey was said to have been destroyed during the Cultural Revolution but can be found online.

51. Like the frequent use of the adjective *jie* (*kip* in Cantonese) 劫 to designate the "acrid" taste.

52. He Kijian 2009, 1a, preface on Confucian learning. His descriptions of steaming and sunning ingredients while maintaining their intrinsic nature were

frequent throughout the text. Ritual healing such as incantation was also mentioned (*juan xia*: 33a).

53. On the interdependence between the Southern Ming regime and Đại Việt during this political crisis, see Baldanza 2016, 204–206.

54. Choi 2004, 85–100; Yan 2007; Feng 2002.

55. Phan and Li 2002.

56. Yan 嚴璩 1983, 59.

57. For example, the biography of Nguyễn Kỳ 阮紀, a middle bureaucrat appointed in 1802, states: “When young, Nguyễn Kỳ lived in the house of a Northern visitor (Chinese *beike* 北客) and studied with him. He developed stomach ailments during this period but was cured after taking medicines provided by the Northern visitor. Later, the military commander of the region got the same ailment and Kỳ cured the commander by offering him the same medication. [After this, Kỳ] acquired the reputation of a “famous doctor.” The Northern visitor later returned to Qing China and entrusted his wife to Kỳ. After his death, Kỳ married the wife and started a business with the man’s estate. See Phan 1965, 135.

58. For example, in 1831 temples were built for the worship of mythical Chinese medical figures and famous historical doctors. See *Gudai Zhong-Yue guanxi shi ziliao xuanbian* (古代中越關係史資料選編) 1982, 626; Dương Bá Bành 1947–1950, 47–48.

59. Marr 1987, 171–174.

60. Zhang 1992, 166; Mayanagi 2010, 278–279; Nguyễn, Du, and Wang 2013.

61. Jihong discussed in length the unsuitability of ephedra in treating southern Cold Damage-like patterns; see *Lingnan weisheng fang*, 2: 25b–27a.

62. Nguyễn 1972, xvii.

63. Interestingly, the two chapters (in *juan* 13 of the work) were almost identical to the one supposedly authored by Tuệ Tĩnh on local (southern) herbs. From the format and system, I would judge that this chapter is more likely a post-eighteenth-century text than a fourteenth-century one, as it shows the influence of Li Shizhen’s classic in the classification of herbs.

64. The early Qing medical philologist Zhang Zhicong (1644–1722) claimed that by his time, a total of 610 herbs were named and used as medical ingredients, with an additional category of 153 named but unused (Zhang 1982 [1670], 99).

65. Amaro (1999, 116) noted that a 1625 letter sent by priests in Macau showed that many ingredients used in the dispensary were already imported from Canton. See also Amaro’s compilation of what she considered as hybrid recipes used in Macau society, *Mal-de-ar in Macau* (Macau: Instituto internacional de Macau, 2011).

66. Dror and Taylor 2006, 119–120.

67. See Hanson and Pomata 2017, 1–25 on Boym’s work, 4–6 on other contemporary works.

68. Pelliot 1934, 95–151.

69. Cook 2011, especially 215–219.

70. Hanson and Pomata 2017, 14–15, while Edward Kajdanski (1987, especially 174–175) thinks that the list was compiled by Boym himself.

71. Of the 252 plant ingredients circulating in this region and brought to the attention of European experts, at least 21 can be identified in He Kejian's (2009) book, and about 60 in Lân Ông's list of Lingnan *materia medica*.

72. See the study on the history of this ingredient by Leung and Chen (forthcoming).

73. I thank Gianna Pomata for showing me the list and for translating the Latin description for me.

74. Kelley 2005, 32–34, 197. Kelley considers that by the late fifteenth century, as shown by *Đại Việt sử ký toàn thư*, the South had identified itself as the domain of *wen* 文 civility but with ambivalence, as it was not on the same par as the Chinese North.

75. See Wang 2015, 1–15, for a discussion of the Sinocentric and northward-looking perspectives of southern histories.

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