

# Knowledge and the scholarly medical traditions

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## 9 Text and experience in classical Chinese medicine<sup>1</sup>

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### **Qualifications and lineages**

What were the qualifications of physicians in ancient China? Who judged them? Were they unique to medicine? Few records survive from the centuries in which medicine emerged from the domain of the hereditary artisan to become a cumulative tradition, with its doctrines, not merely its techniques, transmitted in books. This process hardly began earlier than the unification of China in 221 BC, and was not fully accomplished before the first century. I will begin with two sources, one from the second century BC and one from perhaps a century later, that throw light on what made a doctor.<sup>2</sup>

The first is a long memorial in the biography of Ch'un-yü I in the first of the Standard Histories, *Memoirs of the Grand Historian* (c. 100 BC).<sup>3</sup> Ch'un-yü was descended from a noble family of present-day Shan-tung province that claimed to have held its fief for a millennium. He was Director of Granaries for the state of Ch'i. This position, if typical, was not a career but a sinecure passed down in his family. Fond of medicine in his youth, in 180 he began three years of study that made him the successor of an eminent doctor of his own village. He wandered from one court to another doctoring aristocrats and their women 'rather than treating his home as a home' as people of good family were expected to do. The historian makes the point that 'in some cases he did not treat people's medical disorders, which aroused resentment in many sick people'. In other words, he took his

<sup>1</sup> Copyright N. Sivin 1994. I use the modern form of the Wade-Giles transcription to romanize Chinese, and translate dates directly into the Gregorian system. I acknowledge with gratitude suggestions by Marta Hanson. For bibliographic abbreviations, please see the list at the end of this chapter.

<sup>2</sup> The important unpublished Ph. D. dissertation of David Keegan, "'The Huang-ti nei-ching': The Structure of the Compilation; The Significance of the Structure", University of California at Berkeley (1988), has drawn attention to these sources and their connections.

<sup>3</sup> SC, *chüan* (hereafter ch.) 105, pp. 19-59.

prognoses seriously. Apparently practitioners did not have the luxury of refusing to care for those they could not help, at least not when summoned by the mighty. Ch'un-yü, in fact, excuses his peripatetic habits later in the memorial by arguing that his fear of being forced into the service of various monarchs made him in effect a refugee. He implies that rulers were often so dissolute that their ills were beyond curing.<sup>4</sup>

Resentment of his independence, the biography implies, led someone who had access to the palace *c.* 176 to charge Ch'un-yü with a serious offence. He was pardoned, not because he proved that he was innocent of this unspecified crime, but because his daughter wrote a moving plea on his behalf. His ordeal over, Ch'un-yü had already settled down in the capital when an imperial edict ordered a count of 'those who could determine correctly whether medical treatment [would result in] life or death. Which are the principal names among them?'

Ch'un-yü submitted a memorial claiming he belonged to this august group. His summary of the return edict's questions shows that the criteria went far beyond prognostic competence:<sup>5</sup>

What are my strongest skills? What illnesses can I cure?<sup>6</sup> Do I have books on [medicine] or not? Whence did I receive teachings on each [of them], and for how many years? Have these [teachings] been verified (*yen*)? Of what districts and villages [are my former patients]? What were the disorders? What was the state of [each] disorder after therapy?

He goes on to provide the first replies in the historical record to the questions with which this inquiry began. The qualifications itemized in the edict were partly artisanal, but they differ sharply from Western counterparts in their stress on the formal transmission of knowledge from master to disciple, especially in the form of written texts. The very existence of the memorial points to another significant difference. Evaluating formal credentials in early China is not the responsibility of other physicians, but of the emperor, or of the bureaucracy that acts in his name.

Written transmission is not merely the emphasis of the imperial edict, but also of Ch'un-yü's reply:

<sup>4</sup> Ibid., p. 54.

<sup>5</sup> The passages translated below are from *ibid.*, pp. 21–3 and 56–9; see Keegan (note 2), pp. 226–7, 230–1. Keegan refers to the physician as Ts'ang. That was, however, not his surname but part of his title.

<sup>6</sup> The verb *chih* does not correspond exactly to either 'cure' or 'heal', but means 'to order' medical – or social – disorder. On these concepts see Sivin, *Traditional Medicine in Contemporary China*, Science, Medicine and Technology in East Asia, vol. 2 (Ann Arbor, 1987), pp. 95–100.

When I was young I took delight in medicine. But the therapeutic formulas I tried were mostly ineffective.<sup>7</sup> In 180 I was fortunate enough to meet my teacher, Kung-sheng Yang-ch'ing of Yuan village in Lin-tzu district [modern Shan-tung province]. At the time he was over seventy, but I was able to meet and serve him. He said to me 'Get rid of all your formula books. They are all wrong. I have the Pulse Books of the Yellow Lord and Pien Ch'ueh (*Huang-ti Pien Ch'ueh mo shu*), and Diagnosis by the Five Colours (*Wu-se chen ping* or *Wu-se chen*, SC), transmitted from ancient predecessors. [Using these books it is possible to] know whether people will live or die. One can resolve doubtful cases and determine which are treatable. In addition [I have] books on the doctrine of drug therapy, most excellent ones. My family is well provided for. I love you, and intend to teach you all of my secret formularies.'

I replied with alacrity 'How fortunate I am! I had not dared hope for this.' I immediately left my mat<sup>8</sup> and made repeated obeisances.

He formally transmitted to me his Pulse Books (*Mo shu*, SC), Upper and Lower Canons (*Shang hsia ching*, SC, SW), Diagnosis by the Five Colours, Irregular and Regular [Disorders] (*Ch'i k'o shu*, SC), Gauging and Measuring (*K'uei-to*, SC, SW), External Transformations of Yin and Yang (*Yin-yang wai pien*, SC), The Doctrine of Drugs (*Yao lun*, SC), The God of Stone [Probes] (*Shih shen*, SC), and the Forbidden Book on Joining Yin and Yang (*Chieh yin-yang chin shu*, SC).<sup>9</sup> Receiving them, reading them, and getting a feel for them must have taken a year or so. The year after that I tried them out with some success. Still I had not yet mastered them. But by the time I had served him for three years or so, I was applying them to treat people's illnesses. In diagnosis and deciding whether the patient would live or die, their efficacy was most excellent.

Now Kung-sheng has been dead for more than a decade. I spent three years [with him]; at the time I was thirty-eight years old.<sup>10</sup>

<sup>7</sup> *Fang* may refer to drug formulas and procedures for acupuncture, moxibustion, diet, etc., in particular, or to techniques in general. I consistently translate it 'formulas' or 'formularies', but 'techniques' would be an equally defensible choice.

<sup>8</sup> A gesture of respect analogous to rising from one's seat today. At the time Chinese sat on mats rather than on chairs.

<sup>9</sup> '*Ch'i k'o shu*' occurs twice in the biography as *Ch'i k'o*, which might be translated 'Extraordinary Coughs', but is given as *Ch'i heng* in very similar lists of texts in SW, *p'ien* 46, sec. 8 and *p'ien* 77, sec. 3. As written in the late Chou or early Han, the two could easily be confused. The explanation at *p'ien* 46, sec. 8 (p. 130) supports the latter title but not the SC version. I provisionally follow Fuji Koretora, quoted by Takigawa, in emending to *Ch'i heng*. *Shang hsia ching* would normally refer to a book in two chapters. In translating *K'uei to* as two words rather than as a compound I follow Keegan (note 2), pp. 227, 359, n. 14; see also pp. 211-12. The meaning of *Shih shen* is highly problematic; *shih* may also refer to minerals. I tentatively follow Tamba no Motoyasu, cited in Takigawa.

For tables of books cited in the Inner Canon see Ma Chi-hsing, *Chung-i wen-hsien-hsueh* (The Study of Chinese Medical Literature) (Shanghai, 1990), pp. 63-5. Keegan, pp. 209-17, makes a good case that SW, *p'ien* 15 and 19 are descended from this tractate and the next, and reconstructs their complex lineage.

<sup>10</sup> Thirty-nine *sui*. Assuming 'at the time' refers to the year of Kung-sheng's death, Ch'un-yü was born c. 214, and the memorial was submitted not long after 167.

In reply to further interrogation, Ch'un-yü provides more details about his relations with Kung-sheng and describes his relations to another teacher.

I have been asked in what circumstances my teacher Kung-sheng received [his teachings], and whether he was renowned among the feudal lords of Ch'i. I reply that I do not know who Kung-sheng's [line of] teachers were.<sup>11</sup> His family was wealthy. Although he was skilled in medicine, he was unwilling to treat the illnesses of others [i.e., besides family and friends]. It must be due to this that he was not renowned. He also told me 'Take care that you do not let my sons and grandsons know you have studied my formulas.'

I have been asked how my teacher Kung-sheng met me and came to love me, so that he was willing to teach me all his formulas. I reply that I had not heard that my [future] teacher Kung-sheng was expert in the use of [medicinal] formulas. This is how I came to know about him.

When I was young I was fond of everything pertaining to [medicinal] formulas. When I tried them out, the results (*yen*) were for the most part excellent. I heard that in T'ang village, Tzu-ch'uan, there was one Kung-sun Kuang, who was skilled in the use of formulas transmitted from ancient times. I thereupon went to pay a formal call on him, and was fortunate enough to meet him and to serve him. He taught me his own formulas, Transforming Yin and Yang (*Hua yin-yang*, SC), and Methods to be Transmitted Orally (*Ch'uan yü fa*, §SC).<sup>12</sup> I received them and wrote them out. I wanted to receive all his other essential formulas, but Kung-sun said 'I have given you all the formularies I have; it is not that I begrudge you anything. My body is already worn out. I have no further use for them. These are the wonderful formularies that I received when I was young. I have given everything to you. Do not teach them to anyone!' I said 'It has been my great good fortune to meet you and serve in your presence, and to obtain all [your] secret formulas. I would die sooner than wrongly transmit them to anyone.'

I stayed on for some time with Kung-sun Kuang while he was living at leisure. I deeply discussed his formulas [with him]; I heard him say that they would be considered excellent for a hundred generations.<sup>13</sup> Kung-sun said with delight 'You are certain to become a national treasure. There are some [scholars of

<sup>11</sup> *Ch'ing so shih shou* is ambiguous. It might also be understood as 'what [texts] Kung-sheng learned from his teacher'.

<sup>12</sup> This sentence is problematic. Takigawa takes *Fang hua yin-yang* as a book title, but it makes no sense. I put the stop after *fang*, which makes the book title more comprehensibly *Hua yin-yang*. This remains a guess, since neither form of the title occurs in *Huang-ti nei ching* or in early bibliographies. The transmission of a text entitled *Yin-yang* is noted in SW, p'ien 77, sections 3/4 (p. 248). The final phrase, rather than being a book title, may mean 'and he transmitted to me some oral methods', that is, methods that had not been set down in writing. Books that purport to contain secret explanations meant only for oral transmission are not rare, but this one is exceptionally early. The commentators differ about whether the phrase is corrupt. See SC, ch. 105, p. 57. For an explanation of the symbol '§', see the Abbreviations, at the end of this chapter.

<sup>13</sup> Since the object of the verb is not stated, this may also be understood as 'I would be considered...'. The attribution of the next assertion makes this reading less likely.

medicine] with whom I have been on good terms, but I am out of touch with them. A colleague living in Lin-tzu is skilled in [medical] formulas; I do not compare with him. His formulas are exceptional, not the sort that the uninitiated know about. Once, when I was in my prime, I made an effort to receive his formularies. But Yang Chung-ch'ien was unwilling, and said that I did not seem to be the right person. I should go with you to see him. He is bound to notice the delight you take in formulas. He too is elderly, and his family is well off.'

But at that time we did not go. It happened that Nan-yin, the son of Kung-sheng Yang-ch'ing, came to present a horse [to Kung-sun]. Because Kung-sun Kuang [in turn] sent the horse to the temporary royal residence, I had an opportunity to make friends with Nan-yin. Kung-sun also commended me to Nan-yin, saying '[Ch'un-yü] I is devoted to studies of regularities.<sup>14</sup> By all means treat him judiciously. He is a consummate scholar.' He thereupon wrote a letter introducing me to Kung-sheng Yang-ch'ing. That is how I came to know Kung-sheng. I was assiduous in serving him. That is how he came to love me.

I have been asked whether there are officials or commoners who have served me and studied my formulas, whether [anyone] has obtained all of them, and [if so] to what district and village [these disciples] belong. I reply: Sung I of Lin-tzu; he studied with me. I taught him the Five Diagnoses (*Wu chen*, §SC) for more than a year.<sup>15</sup> The King of Chi-pei sent his Palace Physicians Kao Ch'i and Wang Yü; they studied with me. I taught them Circulation Vessels (*Ching mo*, §SC), Vertical Orientations (*Kao hsia*, §SC), and Congelations in the Extraordinary Reticular Tracts (*Ch'i lo chieh*, §SC).<sup>16</sup> I discussed the locations of the [acupuncture] loci and how the *ch'i* should travel up and down,

<sup>14</sup> Although *shu* literally means 'number', it was applied in the Han and earlier to any discipline that involved mastery of regular patterns, including methods of prognostication and other arts that were entirely qualitative. See, for instance, the passage in the Mencius: *Meng-tzu* (The Writings of Mencius), after 320 BC, HY, *p'ien* 6A.9, translated in D. C. Lau, *Mencius*, The Penguin Classics (Harmondsworth, 1970), p. 165, where it is applied to chess. On *shu* in science see Peng Yoke Ho, 'Chinese Science: the Traditional Chinese View', *Bulletin of the School of Oriental and African Studies*, 54 (1991), 506-19.

<sup>15</sup> *Wu chen* is possibly an abbreviated title for *Wu se chen*. *Shang hsia ching*, like a number of other phrases in these passages marked with '§', may be either book titles or references to doctrines. Some occur as book titles elsewhere; for instance, SW, *p'ien* 77, sec. 3/4 (p. 248, a list of books) and *p'ien* 79, sec. 1/2 (p. 250) mention the Upper and Lower Canons. SW, *p'ien* 46, sec. 8 (p. 130), explains the meaning of this and other titles. 'Normal and Abnormal' is the title of *p'ien* 55 of LS. It is concerned with the use of acupuncture in accord with the state of the *ch'i* circulation. 'Circulation Vessels' is the general title of chs. 8-10 of *Huang-ti nei ching t'ai su* (Inner Canon of the Yellow Lord: Grand basis), 666/683?, cited from Kosoto Hiroshi (editor-in-chief), *Tōyō igaku zempon sōsho*, 8 vols. (Osaka, 1981), vols. 1-2. Other phrases in this passage are in a form that suggests a book title; thus Correspondences of the Four Seasons to Yin and Yang resembles the title of SW, *p'ien* 5. It is a reasonable hypothesis that, if one or more of the phrases in a list are book titles, all are titles.

<sup>16</sup> It is impossible to be certain about the meaning of this last phrase. I take it in the sense of SW, *p'ien* 20, sec. 4/2 (p. 66): 'When the disorder is in the extraordinary reticular tracts (*ch'i hsieh*) . . . find the reticular tract in which there is a congelation and needle it to extract blood.' The sense of *Kao hsia* suggests that this text has to do with the relative positions of the body contents.

exit and enter, and its proper and pathological,<sup>17</sup> abnormal and normal behaviour, in connection with indications for the use of the stone needle and for determining the location for its use and for moxibustion. This took more than a year.

At that time the King of Lin-tzu sent his Director of Granaries, Feng Hsin, [who was assigned] to set his formulas in order(?).<sup>18</sup> I taught him the Method of Deliberation (*An fa*, §SC), the Discourse on Abnormal and Normal [Circulation] (*Ni shun lun*, §SC), the Method for Drugs (*Yao fa*, §SC), Determining the Five Savors (*Ting wu wei*, §SC), and Mixing Medicines (*Ho chi t'ang fa*, §SC).<sup>19</sup> Tu Hsin, Household Aide to the Marquess of Kao-yung, was an amateur of pulse diagnosis, and came to study it. I taught him the Upper and Lower [Canons], the Circulation Vessels, and the Five Diagnoses for more than two years.

T'ang An, of Chao village in Lin-tzu, came to study. I taught him the Five Diagnoses, the Upper and Lower [Canons], the Circulation Vessels, Irregular and Regular [Disorders], and the Correspondences of the Four Seasons to Yin and Yang (*Ssu shih ying yin yang*, §SC).<sup>20</sup> Before he was finished he was appointed Attending Physician to the King of Ch'i.

If read attentively, this document raises a number of interesting questions. For instance, what does Ch'un-yü mean when he writes of receiving texts, reading them, 'getting a feel for them', and practising them?

Receiving, we are clearly told, is a formal process, which begins only after one has been 'serving' the master as a disciple for some time. When a text is 'received' (*shou*) it is not simply handed over, but ritually transmitted and taught. At a certain point the disciple is allowed to copy it out and read it, not necessarily in that order. *Tu*, 'reading', does not imply reading quickly and silently. In ancient China, as in ancient Greece, prose and poetry normally were chanted aloud. Early writings use the word in a way that implies not just intoning, but studying and memorizing.<sup>21</sup>

Only after the words of a text are firmly lodged in one's mind does 'getting a feel for them' become an issue. This is the first stage that the

<sup>17</sup> I follow Wang Nien-sun, cited by Takigawa, p. 59, in adding *cheng* after *hsieh*.

<sup>18</sup> The meaning of *cheng fang* is unclear. I follow Tamba no Motoyasu (*ibid.*), in considering the graph *ma* an accidental intrusion. The meaning 'case record' for *an*, although common later, is not attested for the Han. I therefore accept the Takigawa variant. Feng's title is also not a standard one.

<sup>19</sup> *Yao fa* may be a variant title or text of *Yao lun*. The Five Savors are Five Phases correlations of drugs. See Sivin (note 6), pp. 181-4.

<sup>20</sup> The last character, *ch'ung*, does not fit the context. Takigawa cites a laboured explanation, but I suspect that the graph was erroneously introduced by a copyist. *Mo shu shang hsia ching* [Pulse Book Composed of Upper and Lower Canons] may be a single title, but *Shang hsia ching* appears as a separate title above (note 9).

<sup>21</sup> For reading in depth see the famous passage in the Mencius (note 14), ch. 5B.8 (Lau, p. 158). *Tu* can also mean 'to punctuate' a text as one reads it, but this sense (usually pronounced 'tou') is not attested so early.

master does not directly mediate. The Chinese word for this step is composed of *chieh*, 'comprehend', and *yen*, which means, among other things, 'verify'. The discussion of the final stage uses the same *yen* in three slightly different senses, 'try out', 'success or succeed', and 'efficacy'. Here the context is no longer study but application in medical practice. Verification does not necessarily involve first-hand experience, but in this final instance it apparently does.

A second issue is motivations for transmission. Kung-sheng answers a question too obvious for the source to raise: why does he intend to pass on his texts outside his own family? His answer suggests that like his disciple he is not a hereditary physician. A hereditary doctor, whose texts were the foundation of his family's livelihood for generations to come, could have answered this question in only one way, namely that he had no son (and was too conventional to transmit them to his daughter). But Ch'un-yü's teacher says instead that his own family does not need them as a source of income. He is free to make a favourite disciple his medical heir.

The theme of guarding the text arises more than once here, as in other early medical writings.<sup>22</sup> Kung-sun Kuang warns Ch'un-yü about passing on the books that he has taught him. The latter's answer and his subsequent activity as a teacher indicate that the issue was not whether to pass them on – they could not in any case be allowed to die out – but to make sure they are not 'wrongly' transmitted, that they go to 'the right people'. Kung-sun himself had been refused access to certain texts because he 'did not seem to be the right person'. The master physician was expected to choose intellectually and morally fit disciples and prepare them to receive the canons. Virtue, as always in traditional societies, reflects social standing, but that is not all it implies.

The purpose of this highly ritualized teaching was not to pass on texts for their own sakes. The Confucian canon had to be kept intact because its teachings made it possible to be a responsible member of society and to realize one's aspirations and those of one's family. Similarly, the medical teachings were not abstract bodies of theory, but keys to diagnosis, prognosis, and therapy (see p. 195). Mastering them was a necessary step on the way to becoming a good doctor.

At another point in his memorial Ch'un-yü replies to a query about why the same disease may have different diagnoses (more often analyses of whole-body dysfunctions than identifications of diseases) and

<sup>22</sup> See, among other examples, the Ms. of the first century AD excavated at Wuwei, Gansu, in 1972, in *Wu-wei Han tai i chien* (Han Medical Documents on Wooden Slips from Wuwei, Gansu, Beijing, 1975), pp. 3b, 9a, 11b, 13b, 15a. The last of these citations says 'Interdicted; do not transmit even for a thousand in gold.' On similar warnings in SW see note 33 below.



different outcomes. He explains that the ancient sages provided distinctions in terms of pulses, yin-yang, and other cosmic patterns so that physicians could discriminate more finely than the names of diseases permit. Books are essential because they embody such distinctions.

Now my diagnoses are all [derived] from diagnostic books. This is the basis for the distinctions I draw. Just when the process of receiving my teacher's formulas was completed, he died. I therefore set out<sup>23</sup> the diagnoses and prognoses in the books, contemplated which were successful and which erroneous, and combined their pulse techniques. That is how I know about such things by now.<sup>24</sup>

If I understand Ch'un-yü correctly, he is saying that books preserve the experience of one's predecessors in a line that goes back to the archaic sages, and that with the proper initiation one can find in them by what amounts to induction the patterns of judgement that make skilled practice possible.

The second source that throws light on the making of physicians is the Inner Canon of the Yellow Lord (*Huang-ti nei ching*), probably of the first century BC. A number of passages describe rituals of transmission in a way that is idealized but readily recognizable to early readers. David Keegan has found in the Divine Pivot (*Ling shu*) details of an initiation that cast substantial light on Pien Ch'ueh's account.<sup>25</sup>

The Thunder Duke inquired of the Yellow Lord: 'Insignificant though I am, since you permitted me to receive your patrimony I have gone through the sixty bundles of wooden slips [on which] the Nine Needles [is written], ardently applying myself to them from daybreak to dusk. The bindings of the older ones are broken, and the slips of the newer ones are grimy,<sup>26</sup> but still I chant and memorize, never setting [the book] aside. [Nevertheless its meaning] is not yet quite clear in my mind. Where External Evaluation speaks of "binding together into one", I do not understand what it is saying. "[Seen as] large there can be nothing beyond it; [seen as] small there can be nothing inside it; there is no limit to it, large or small; there is no dimension for it, high or low" – how can one bind all that together? The talent and vigour of scholars varies, and their wisdom and power of reasoning may be superficial and narrow. They may be incapable of breadth and depth, or of driving themselves to study like my insignificant self. I fear that [the teachings] will be scattered and become extinct in later generations, inaccessible to our descendants. I venture to ask if there is any way

<sup>23</sup> *Piao* may imply making a table or chart.

<sup>24</sup> SC, ch. 105, p. 53.

<sup>25</sup> LS, *p'ien* 48, sec. 1 (p. 396) = T'ai su, ch. 14, sec. 5, pp. 51–4 (vol. 2, pp. 107–10). The ritual content is omitted from the abridgement in *Huang-ti chia i ching* ('A–B' Canon of the Yellow Lord), between AD 256 and 282, in ITCM, ch. 4, sec. 1A, p. 1a. See Keegan (note 2), pp. 233–8, for this and a passage from LS, *p'ien* 28, sec. 1, that mentions oral transmission.

<sup>26</sup> In both SW and T'ai su 'older' and 'newer' are interchanged, so that the text does not make sense, but Yang Shang-shan's commentary to the latter makes the correct order clear.

to epitomize them?’

The Yellow Lord replied: ‘A most excellent question! There [is a synopsis that] my predecessors forbade to be wrongly and selfishly transmitted. An oath [must be sealed by] cutting the arm and smearing blood. If you really wish it, why not carry out the ritual purification?’

The Thunder Duke bowed repeatedly and then arose, saying ‘Please command me with respect to this.’ He purified himself for three days and then sought permission. ‘I venture to make a request. Insignificant though I am, I hope to take the oath today at high noon.’<sup>27</sup>

The Yellow Lord accompanied him into the room where he had done the purifications, and carried out the cutting of the arm and the smearing of the blood. The Yellow Lord himself recited this formula:

Today at the epochal time of yang  
We smear the blood, transmit the formulas  
He who dares defy these words  
Will surely suffer.

The Thunder Duke bowed repeatedly and spoke: ‘Insignificant though I am, I receive it.’ The Yellow Lord grasped his hand with his left hand, and with his right conferred the book on him, saying ‘Take care! Take care! I will now explain it to you.’<sup>28</sup>

This document reveals the structure of the transmission. After being granted access to the manuscript, the disciple has gradually read, memorized, and reflected on it. He sets the ritual in motion by professing concern for the survival of the teachings. At that point he undertakes demanding physical and mental preparations. Such preparations conventionally include bathing, changing clothing, and meditation, as well as abstaining from meat, pungent vegetables such as onions, and sexual intercourse. They are not specific to textual transmission, but precede almost all solemn ceremonies.

The blood oath in a purified precinct is a most solemn affirmation, used for centuries before that time to give weight to agreements. Here it is called ‘an oath [sealed by] cutting the arm and smearing blood’. The archaic form generally involved sacrificing animals and either sipping a bit of their blood or smearing it on one’s mouth.<sup>29</sup> Here instead of a sacrifice the disciple presumably lets a little of his own blood (actually

<sup>27</sup> Literally, at ‘the epochal time of yang’.

<sup>28</sup> The remainder of the chapter is, as promised, a summary of the External Evaluation text (*Wai ch’uai*, LS) from the Nine Needles (*Chiu chen*, SW) book, outlining pulsology and its applications. The title *Chiu chen* was often applied to the precursor of the extant LS.

<sup>29</sup> The oldest record known to me is for 547 BC, in *Tso chuan* (The Tso Tradition of Interpretation of the Spring and Autumn Annals), compiled between the third and first centuries BC, HY, Duke Hsiang, year 25/2, translated in James Legge, *The Ch’un Ts’ew with the Tso Chuen*, The Chinese Classics, vol. 5 (Hong Kong, 1872), p. 514b. It does not give details of the ritual.

the document does not specify whether one or both participants does this). This is less probably a peculiarity of the author's lineage than a local usage.<sup>30</sup> The significance of the oath is obvious. Blood as the agent of the ritual binds the teacher and his pupil as father and son, and establishes their relationship as one link in a lineage.

What is the disciple being prepared for? To possess the book, of course, in the sense that the master's copy (which he has already memorized) is entrusted to him so that he may make his own copy.<sup>31</sup> But beyond that, he has been designated a legitimate successor in the line of scholars who will keep the text in use, protecting it and teaching it to the next suitable person. The ritual does not complete his incorporation, for he has not yet fully internalized the revelation. That can happen only through the verbal guidance of his teacher.

Once the oath has been sworn, the teacher hands over the physical text and begins the oral teachings that allow the disciple to master the arcana. Another chapter in the *Divine Pivot*, in which the Yellow Lord asks Ch'i-po for an oral explanation of the Nine Needles canon, makes it clear that his teaching is not at all informal: 'It is what the former masters [of the lineage] have orally transmitted.'<sup>32</sup> Eventually many of these oral teachings were set down and themselves transmitted in writing, often accompanied by dire warnings against letting them fall into the hands of the unworthy.

The fundamental point of this is the continuity of the lineage, as the passage of the *Basic Questions* (*Huang-ti nei ching su wen*) that reveals the numerological basis of pulse lore affirms: 'I wish to learn the essential Way [of reading the pulse] in order to instruct my sons and grandsons and transmit it to later generations. I will inscribe it in my bones and marrow, store it in my lungs and liver. What I receive after the smearing of blood I will not dare to betray.'<sup>33</sup>

<sup>30</sup> In the second century the *Huai-nan-tzu* notes that 'the Hu [people of the north] drink wine from a skull cup, the Yueh [people of the south] cut their arms, and the people of the Central States smear blood [of an animal]. Although the means differ, the fidelity they imply is the same': *Book of the King of Huai-nan*, presented to the throne 139 BC, *Huai-nan hung-lich chi-chieh* edn, ch. 11, p. 8b. There is no reason to connect the Inner Canon text directly with Yueh traditions, but in the century or so between the two books the Yueh usage may have spread.

<sup>31</sup> Keegan (note 2), pp. 245-6, argues plausibly that the two medical scrolls excavated at Ma-wang-tui in 1973 were copies made in connection with initiations, and that two slightly different versions of the same text, one on each scroll, were buried in the same tomb because they were transmitted, presumably to the same recipient, by different masters.

<sup>32</sup> LS, *p'ien* 28, sec. 1. For the whole passage see Keegan (note 2), p. 236.

<sup>33</sup> SW, *p'ien* 20, sec. 1. A few fragments of the corresponding *T'ai su* (note 15) passage survive in ch. 14. For a solemn warning against teaching the doctrine to 'the wrong person' and teaching inauthentic doctrines to anyone see SW, *p'ien* 4, sec. 3.

The opening sentences of the 'A-B' Canon of the Yellow Lord (*Huang-ti chia i ching*, late third century) make the same point by referring to the account in the Divine Pivot:

What medicine has accomplished is due to a long evolution. In high antiquity the Divine Husbandman first tasted plants to attain a knowledge of materia medica. The Yellow Lord consulted with Ch'i-po, Po-kaio, Shao-shih, and their like . . . and from this the Way of Needling was born. Their discourses were most remarkable. The Thunder Duke received his patrimony and transmitted it to his successors

whom the text goes on to enumerate. Medicine begins, in other words, with revelations by two legendary monarchs, the Divine Husbandman's canon of materia medica, and the medical doctrines of the Yellow Lord and his interlocutors in the various treatises gathered in the Inner Canon.<sup>34</sup> Medicine can continue its essential work only if these teachings are transmitted to practitioners in every generation.

Nothing in this account is peculiar to medicine. To take a single example, in the Mathematical Canon of the Chou Gnomon, also attributed to high antiquity, we find a similar account, in which one Jung Fang inquires after the secrets of mathematics that allow the cosmos to be measured.<sup>35</sup> His master refuses twice to teach him, ordering him each time to go home and let his thoughts on the subject mature. He returns after some days, admitting that, although he has exhausted his inner resources, his spiritual vitality and wisdom are insufficient to let him master the art without help. Only at this point, when the disciple confronts the limits of individual intellectual striving, does the teacher begin his explanations.

The pattern of transmission I have just described pervaded Chinese book learning. Confucius began philosophy by representing the few surviving texts of the early Chou dynasty (eleventh century BC) as relics of the archaic sages, containing all the wisdom needed for a good life in a good society. The truths were too deeply embedded in these texts; in the degenerate present only those initiated by a master could hope to comprehend them. As the sciences began separating out of philosophy, from the late third century BC on, they adopted a similar pattern, each claiming descent by direct transmission of a similarly revealed canon. Practitioners placed the founding revelators of some traditions, such as medicine, in the misty period before chronology began. This reach

<sup>34</sup> Author's preface, p. 1a. This pattern does not begin with the Inner Canon, but is already visible in the Ma-wang-tui Mss.

<sup>35</sup> *Chou pi suan ching* (Mathematical Canon of the Chou Gnomon), first century BC or first century AD, reproduction of 1213 Fukien edition in *Sung k'o suan ching liu chung*, 6 vols. (Beijing, 1981), vol. 1, ch. 1, pp. 11a-13a.

toward a legendary past in part reflected Confucius' success in encouraging veneration for antiquity, and in part aligned these technical traditions with the very popular Huang-Lao intellectual movement of the Han.<sup>36</sup> At the same time, Han scientists and physicians asserted that they were linked with their semi-divine founders by an unbroken chain of transmission.

### Sovereigns as innovators

The curious idea of sovereigns as technical innovators was not ancient. Traditional datings of classics assigned such ideas to the early Chou dynasty or earlier. Critical research has re-evaluated such dates almost across the board in the past decade or so. It now appears that accounts of legendary sages as culture-givers seldom predate the Han.<sup>37</sup> They reflect, in fact, a crucial transition in Chinese political, social, and intellectual life.

An effectively unified and centralized political order arose for the first time in the last three centuries BC. This first empire gradually ended the old system of patronage that distributed intellectuals, strategists, and other experts through the courts of ambitious rulers, competing for places but free to argue for very diverse points of view. By a hundred years into the Han, thinkers were officials. Those who spoke for the state were expected to portray cosmic order and state power as mirror images. The state, like the body, became a microcosm, resonating with the rhythms of the cosmos. This ideology portrayed the good society, the good life, and the arts of civilization as imperial grants.

Its foundations were being laid before the Ch'in state finished wiping out its rivals. In the Springs and Autumns of Lü Pu-wei (*Lü shih ch'un-ch'iu*, c. 239 BC), yin-yang has already become the order that drives the universe. This epochal book and its early Han successors provide a model for political order, which depends on creating hierarchical distinctions of authority – of those above and those below – and maintaining the unity of the state. Lü's book has transformed the soon-to-be emperor from a conqueror to a life-giver, to the maintainer of the only order that can survive. It can survive because it is not arbitrary but based on Heaven, the eternal standard. Dissidence or refusal to obey imperial regulations is thus unnatural.

<sup>36</sup> See the discussion of the Huang-Lao movement in Benjamin I. Schwartz, *The World of Thought in Ancient China* (Cambridge, Mass., 1985), pp. 237–54.

<sup>37</sup> For an excellent digest see Michael Loewe (ed.), *Early Chinese Texts. A Bibliographical Guide*, Early China Special Monograph Series, 2 (Berkeley, 1993 [publ. 1994]). A.C. Graham, *Disputers of the Tao, Philosophical Argument in Ancient China* (La Salle, Ill., 1989), gives other current datings and sources. See also note 2.

The idea that cognitive and technical innovation came from sovereigns, although the product of a special time and specific political circumstances, became deeply ingrained in medicine. It was repeated through the ages, especially but not only by medical authors who were the recipients of state support. Here, for instance, is the preface of Sun Ssu-mo to his *Formulas Worth a Thousand*, the most important medical handbook of the seventh century:<sup>38</sup>

Pure and impure parted; above and below separated;<sup>39</sup> [the division of] heaven, earth, and man was founded; that of the Five Phases fell out; the myriad things [were formed, all] pristine: [this process of cosmic formation is] indescribable.

The Firemaker Lord (Sui-jen) came forth, contemplating the Dipper and the North Star and thence naming the directions, initiating the metamorphoses of fire. Lord Fu-hsi arose and followed [the Firemaker Lord's precedent] by drawing the Eight Trigrams and instituting [the work of] the kitchen. Once the culinary arts [lit., 'the flavours'] were practised, illness burgeoned. The Divine Husbandman, that great sage, pitying the black-haired people [i.e., the masses of his subjects] on account of their many illnesses, tasted the hundreds of herbs so that he could cure them, but [medicine] was still not perfected. When the Yellow Lord received the Mandate [of Heaven to rule], he invented the nine needles [used in acupuncture] and discussed the circulation system with Ch'ipo, the Thunder Duke, and other masters of techniques. Becoming conversant with [the nuances of medicine through] the questions and challenges he put to them, mastering the patterns of meaning, he put [all that he had learned] into the canonical discussions [i.e., of the Inner Canon]. Thus later generations [of physicians] could follow it and thrive.

In the Spring and Autumn era there were the excellent physicians Ho and Huan;<sup>40</sup> in the time of the Six States, Pien Ch'ueh; in the Han, the Director of Granaries [i.e., Ch'un-yü I] and Chang Chi; and in the Wei, Hua T'o. All of them investigated the arcana and penetrated the subtleties [of medicine]. They used only two or three herbs, and not more than six or seven charges of moxa, but there was no disease they failed to cure. From the Chin and Liu Sung dynasties on, although eminent physicians have continued to appear from time to time, they have been unable to cure five or six [patients] out of ten. This is because the passions of people today are overwhelming, their resolution inconstant. Their behaviour is abandoned; they lack self-cultivation.

This is a thoroughly mythical account of the origins of medicine, beginning with a cosmogony packed into the first sentence (possible because all the themes that appear in this excerpt were familiar to every

<sup>38</sup> Sun Ssu-mo, *Pei chi ch'ien chin yao fang* (Essential Formulas Worth a Thousand in Gold, for Urgent Need), completed 650/659, reprint of Edo igaku edn of 1849 (Taipei, 1965), prefaces, p. 6. For his biography see Sivin, *Chinese Alchemy: Preliminary Studies*, Harvard Monographs in the History of Science, vol. 1 (Cambridge, Mass., 1968), ch. 3.

<sup>39</sup> This phrase implies social as well as cosmic distinctions.

<sup>40</sup> Cited in *Tso chuan* (note 29), Duke Chao, year 1/appendix 8 and Duke Ch'eng, year 10/5.

reader by Sun's time). Once the universe has attained its final shape, legendary emperors invent the arts of civilization. As civilization – especially gastronomy – spawns illness, they perfect medicine and grant it to their subjects. Only after the Yellow Lord reveals the Inner Canon do physicians come into their own. When the golden age is over, China, bereft of sages, is abandoned to history.<sup>41</sup>

Lineages of eminent physicians gradually illuminate the truths that without them could barely be glimpsed in the murky depths of the Inner Canon. Theirs is an effort not of innovation but of recovery. But physicians can never literally reinstate the medicine of high antiquity. Living in a debased order, their patients lack the effortless self-discipline that, as the opening chapter of the Basic Questions emphasizes, made health and longevity the norm when society was young. Perfect bodies, in other words, require perfect politics. And that doctors do not control.

### The persistence of revelations

The theorists of the new state in the Ch'in and Han periods – Lü Pu-wei (d. 235), Liu An (?180–122), Tung Chung-shu (c. 179 – c. 104), and others – were highly catholic in their use of sources. Between the mid-third and late second century they drew on all of the influential intellectual currents of their time, from Huang-Lao thought to Confucianism, despite the antipathy of the Ch'in First Emperor and the initial disdain of the Han's founder for the literati ritualists. Tung succeeded c. 136 in restricting imperial support to five Confucian classics. But he and his predecessors, in the process, had transformed Confucianism from the humanism of Confucius, Mencius, and Hsuntzu into a synthesis that kept one eye on the family and the state and the other on the cosmos.<sup>42</sup> They drew on what they found useful in all the intellectual trends of the transitional period, even on the statist doctrines that had encouraged the Ch'in regime's contempt for Confucius' values. Despite that catholicity, this first neo-Confucianism was not in practice tolerant of its rivals. The orthodoxy that Tung and his successors demanded left no room for alternative teachings.

<sup>41</sup> It was customary in orthodox writing to call the present emperor, no matter how wretched his rule, a sage, but this courtesy was not necessarily extended to the ruling houses of previous dynasties.

<sup>42</sup> Michael Nylan and Nathan Sivin, "The First Neo-Confucianism, An Introduction to the "Canon of Supreme Mystery" (T'ai hsuan ching, ca. 4 BC)", in Charles le Blanc and Susan Blader (eds.), *Chinese Ideas about Nature and Society, Studies in Honour of Derk Bodde* (Hong Kong, 1987), pp. 41–99.

Despite its yearning for a single orthodoxy, the new Confucianism of the Western Han was not a single, consistent doctrine. The synthesizers mentioned above took very different tacks.<sup>43</sup> Their constituencies varied.

Many orthodox scholars ignored the trend, more concerned with the preservation of the classic texts than with their sociopolitical significance. The First Emperor's attempt to confiscate the Confucian classics in private hands, and the general destruction at the Ch'in-Han transition, had led to the loss of several canons, prompting an abiding fear that more would be lost. Most of these texts lost before the Han were eventually recovered in more than one version, but the upshot was continuing arguments, and recurrent polarization of the scholarly world, over which version was authentic. Attempts 'to re-establish the lost unity (or effect the unification) of the Confucian classics, to reintegrate the fragmented canon', and to impose 'visions of completeness and perfection' on ancient works both narrow in scope and markedly imperfect, were in large part responsible for the flood of commentaries from the Han to the last days of imperial China.<sup>44</sup>

That deep urge to build a seamless canon out of tattered remnants of an imagined Golden Age was equally formative in medicine. We know little about the origins of the Inner Canon, and practically nothing about its relation to the lost Outer Canon that accompanied it, or to the several other paired inner and outer canons of medicine that circulated in the Han.<sup>45</sup> It has been widely understood for about a decade that the Inner Canon is not a book with a single point of view but an unintegrated compilation of short writings. Some sections duplicate or rearrange parts of others; some provide conflicting explanations of the same concept or phenomenon; some explicate or take issue with others.<sup>46</sup>

Through the history of medicine there has been a tension between the

<sup>43</sup> For instance, Charles Le Blanc, *Huai-nan tzu. Philosophical Synthesis in Early Han Thought. The Idea of Resonance (Kan-Ying). With a Translation and Analysis of Chapter Six* (Hong Kong, 1985), shows that the juxtaposed doctrines in the *Huai-nan-tzu* were meant to demonstrate the superiority of Taoist (or, as we would say today, Huang-Lao) teachings as a pattern for the emperor's self-cultivation.

<sup>44</sup> John B. Henderson, *Scripture, Canon, and Commentary. A Comparison of Confucian and Western Exegesis* (Princeton, 1991), pp. 45, 105.

<sup>45</sup> The best starting point on this vexed topic is Li Po-ts'ung, *Pien Ch'ueh ho Pien Ch'ueh hsueh-p'ai yen-chiu* (A Study of Pien Ch'ueh and the 'School of Pien Ch'ueh') (Xi'an, 1990).

<sup>46</sup> Keiji Yamada, 'The Formation of the Huang-ti nei-ching', *Acta Asiatica*, 36 (1979), 67-89, and Keegan (note 2). For comprehensive lists of inconsistencies see Maruyama Masao, *Shinkyū igaku to koten no kenkyū, Maruyama Masao tōyō igaku ronshū* (Studies in Medical Acupuncture and Moxibustion and their Classics. Collected Essays of Maruyama Masao on Oriental Medicine), 2nd edn (Osaka, 1977, 1979), pp. 268-74 *et passim*, and Ma Chi-hsing (note 9), pp. 65-6.



'visions of completeness and perfection' that gave force to its classicism, and the need to resolve obtrusive contradictions in the canons. This tension was reinforced by the conviction that with the passing of time the true significance of this legacy was slipping away. The outcome, over about three hundred years, was a succession of new writings meant to reassert the integrity of the ancient ones, while explaining how to understand what seems contradictory as actually consistent. For the Inner Canon there were several such syntheses in the second and third centuries AD. Three of these survive, the Canon of Eighty-one Problems [in the Canons] of the Yellow Lord, the 'A-B' Canon of the Yellow Lord, and the Canon of the Pulse.<sup>47</sup>

That the word *ching* occurs in even the earliest citations of the three titles implies that these too are canons; the original titles put them in the Yellow Lord tradition.<sup>48</sup> But their forms differ considerably. The Canon of Eighty-one Problems takes a new dialogue form, apparently the sequel of an initiation: a teacher imparts oral explanations in response to a disciple's questions about difficult points and disparities in the Inner and possibly the Outer Canon. In resolving these questions it is innovative in a number of ways – most of them clinical, as Maruyama has pointed out.<sup>49</sup> The 'A-B' Canon continues the form of the Inner Canon, as a series of dialogues between the Yellow Lord and his courtier Ch'i-po reconciling the content of the Basic Questions and two other books in the same tradition that have not survived. The Canon of the Pulse sets out in the form of a systematic handbook an account of the ch'i circulation system and the diagnosis of its malfunctions, drawing on sources from the Yellow Lord and other textual traditions.<sup>50</sup> We can readily see that these *ching* are canons not by virtue of mere age or form, but because they claim to belong to – to preserve, restore, and reveal – archaic traditions.

Later medical handbooks, even those similar in form, gave up this emphasis on revelation to identify themselves with what began to evolve as a genre. Nevertheless the production of *ching* did not end in the third

<sup>47</sup> *Huang-ti pa-shih-i nan ching* (Canon of Eighty-one Problems [in the Inner Canon] of the Yellow Lord), probably second century AD, in *Nan-ching pen i; Huang-ti chia i ching* (note 25); and *Wang Shu-ho, Mo ching* (Canon of the Pulse), c. 280, ITCM.

<sup>48</sup> Henderson (note 44), p. 50, reminds us that the word '*ching*' was used very loosely in the Chou and Han dynasties. In Ch'in and Han texts it usually implied scriptural authority connected with a lineage of transmission.

<sup>49</sup> Maruyama Masao (note 46), pp. 281–9. As Ma Chi-hsing has pointed out, of quotations from 'the canon' in the *Nan ching*, nine are found in the extant SW, thirty-eight in the extant LS, and seventeen in neither: note 9, p. 102.

<sup>50</sup> The Canon is explicitly a pastiche. See the detailed study in Kosoto (note 15), vol. 8, pp. 333–402. According to their count, 56 per cent of the text is quotations from extant precursors, and the remainder is probably taken from lost books. What was added by eleventh-century editors remains uncertain.

century. 'Canons' that situate themselves in the Yellow Lord tradition appear as late as the T'ang. The last medical scripture in the grand style could claim imperial origin with complete confidence. The brief Canon of Sagely Benefaction (*Sheng chi ching*) was compiled by command of the Emperor Hui-tsung (which made it in effect his composition), and was promulgated for use in the medical schools in 1118. It is, like the Inner Canon, a work of fundamental doctrine underlying practice. It begins, in fact, with a definition of health that resembles Aristotle's definition of virtue:

One yin and one yang [i.e., their constant alternation] are called the Way; bias toward yin or bias toward yang is called disease. Those who fail clearly to understand the Way have never been able to cure man's diseases. Yin and yang illuminate each other, overlap each other, order each other; the four seasons succeed each other, give rise to each other, kill each other; the Five Phases in turn become sovereign, are set aside, serve as minister.<sup>51</sup>

Human beings, born and living in their midst, conform to yin and yang, are attentive to the four seasons, and regulate [themselves?] by the Five Phases. With the median comes felicity; with excess comes calamity; with licence comes disease.

The emperor's surrogates digested the clinical details of medicine in a companion work, the General Record of Sagely Benefaction (*Sheng chi tsung lu*), twenty times as long. Its preface recapitulates the theme of imperial innovation, with some interesting thoughts on the relation between political and medical reform:<sup>52</sup>

In archaic times the Divine Husbandman and the Yellow Lord . . . tasted the diverse plants in order to distinguish [the medicinal uses of] each, and studied the diverse ailments in order to preserve life. In determining names [for the former?], in choosing classifications [for the latter?], in establishing correct relations between monarch and minister and instituting the functions of assistants and emissaries [in drug formulas], in making these apparent in the writings in the Grand Basis and the Jade Tablets, and in the inquiries of the Thunder Duke and Ch'i-po, it would seem that they have revealed the hidden treasures of the gods. Fathoming the transformations of yin and yang, they have traced to their origins the patterns of inborn nature and destiny. Thus [the legacy of these sages] partakes in the powers of heaven and earth that spread over and bear up [humanity] . . . In the Sage [emperor]'s reforming of the world, the root is above and the ramifications below. If [the reforming impulse] is not manifested above, the Way of Therapy will not be

<sup>51</sup> *Sheng chi ching* (Canon of Sagely Benefaction), compiled by imperial order and issued 1118, in *Chen pen i shu chi ch'eng*, vol. 9, preface. The point is that each phase predominates during part of a cycle, then giving way to its successor, and carries out ancillary functions when it is not predominant.

<sup>52</sup> *Cheng-ho sheng chi tsung lu* (General Record of Sagely Benefaction of the Regnant Harmony Era), compiled by imperial order 1111-17, issued 1122, 2 vols. (Beijing, 1952) (reprint, 1982), preface, p. 1.

established. If it is not manifested below, the tools of therapy will not be put to use. What the Canon [of Sagely Benefaction] discusses is the Way. When the physician masters it, he can fully manifest his divine powers. What this General Record contains is the tools. When the physician uses them he stops illness.

In the language of this document, to an even greater extent than in those already quoted, familiar elements of political and medical discourse intersect. Monarch and minister, assistant and emissary are classifications of drugs that organize their use in prescriptions.<sup>53</sup> In this hierarchy of functions, all are equally necessary and each has its place, but order and health emanate from the top. 'Root and ramifications' in medicine implies therapeutic priority; the physician treats the fundamental imbalance, not peripheral symptoms. In politics the root is the unique place of the sagely emperor – sagely by definition. Most striking, the compilation of medical books, from the viewpoint of a flesh-and-blood emperor, is not a mere technical act, but an essential aspect of social reform. The state is concerned with every aspect of order. *Chih*, as I have already remarked, is the verb for imposing order on both the chaos of human impulse and on the innumerable disorders of physiological function.<sup>54</sup>

I have argued so far that formal medical qualifications mainly had to do with ritual induction into fictive lineages that existed to transmit from one generation to the next charismatic revelations in writing, accompanied by explanations that might be either written or oral. Founding revelations were generally ascribed to royal figures of high antiquity. The writings of those who founded segmented lineages might eventually be given practically equal status. This happened because the claims of their successors, sometimes several generations later, prevailed. The most famous instance of this segmentation, which spawned four important traditions between the late twelfth and mid-fourteenth centuries, was typical in that the founders drew on Han and pre-Han classics to temper the novelty of their own therapeutic emphases rather than seeking to supersede the classical doctrines.<sup>55</sup>

<sup>53</sup> The *locus classicus* is SW, *p'ien* 74, sec. 5.5. *P'ien* 74 is widely regarded as a T'ang addition to the Inner Canon. On the use of these rubrics in the formulary literature see Watanabe Kōzō, 'Tso wei p'ei fang yuan-tse te "chün ch'en tso shih"' ('Monarch, Minister, Assistant and Emissary' as Principles of Prescription), *Chung-hua i shih tsa-chih*, vol. 3 (1954), pp. 187–90.

<sup>54</sup> See note 6.

<sup>55</sup> See Jutta Rall, *Die vier grossen Medizinschulen der Mongolzeit*, Münchener ostasiatische Studien, vol. 7 (Wiesbaden, 1970), Li Ts'ung-fu and Liu Ping-fan, *Chin Yuan ssu ta i-chia hsueh-shu ssu-hsiang chih yen-chiu* (Studies of the Academic Thought of the Four Great Physicians of the Chin and Yuan Periods) (Beijing, 1983), or, better, [Jen Ying-ch'iu], *Chung-i ko-chia hsueh-shuo* (Doctrines of the Schools of Classical Chinese Medicine) (Shanghai, 1980). See also Yiyi Wu, 'A Medical Line of Many Masters: A Prosopographical Study of Liu Wansu and his Disciples from the Jin to the Early Ming', *Chinese Science*, 11 (1994), 36–65.

All of my examples have come from élite medical teachings. As one would expect, they reflect the world view and values of China's educated few, a largely hereditary office-holding group before the present millennium, but one based increasingly on wealth and achievement from the eleventh century on. It was doctors and literati from the upper social strata who could leave records, so most physicians about whom we know anything at all belong to them rather than to the ranks of the hereditary doctors. There is every reason to believe that the latter remained the great majority of physicians. We know practically nothing about the practitioners who could not be called physicians – the priests and other popular healers – who actually were the peasant majority's only source of therapy.

In the early imperial period we rarely find traditions of medical practice spanning more than one generation in scholar-official families. Their orientation toward civil service tended to discourage other careers. Medicine became considerably more popular among the privileged, however, from the thirteenth century on, as they became more numerous and their access to official appointments more uncertain.<sup>56</sup>

Variiegated though this picture of health care is, it does not limn a profession. Medical authors do not speak for even a coherent occupation, for therapy was diffused through every level of society. The common universe of discourse that they defined was not shared by all those who healed the ill. It drew, rather, on the cosmology that physicians shared with other members of the élite. Concepts changed not just as health care changed, but as the élite changed. When physicians said, as they frequently did in late imperial China, that someone who cannot serve as a good minister of state can at least be a good doctor, they made a connection central to their system of values.

### Theory and practice

Finally I will argue that if we wish to understand how Chinese physicians before modern times understood what they were doing, the notion of 'theory' may be more distracting than helpful. It becomes problematic when it is considered without reference to practice, as frequently happens in modern writing on the history of science and medicine. Theory was not unrelated to practice even in the era of the Scientific Revolution in Europe.<sup>57</sup> It is not valid in any ancient civilization. In

<sup>56</sup> Documented for one region of China in Robert P. Hymes, 'Not Quite Gentlemen? Doctors in the Sung and Yuan', *Chinese Science*, 8 (1987), 9–76.

<sup>57</sup> Lesley B. Cormack, "'Good Fences Make Good Neighbors': Geography as Self-Definition in Early Modern England', *Isis*, 82 (1991), 639–61.

Greece, for instance, what mainly determines the level of abstraction and the concern with therapy in a given document is audience; a Hippocratic book that originated as a popular oration will be slanted differently from one arguing a point for colleagues. Galen does not divide theory and practice. They were first separated, as Andrew Cunningham has shown, in the institutionalized teaching of Galen during a period of social collapse 'round about the sixth century'.<sup>58</sup>

No closely analogous break occurred in China. The consistency with which medical authors were practitioners is remarkable by Occidental standards. In many years of searching I have found only a handful of exceptions, almost entirely in the last three hundred years.

Authors by and large agree on what the literature is for. All medical writings, including canons, were meant to be applied as we saw Ch'un-yü I applying them (p. 179). Physicians at first distinguish two kinds of writing. The first is canonical works. They convey the fundamental doctrines, including spiritual and moral doctrines, that make good practice possible. The second is books that supplement these classics with detailed explanations, therapeutic methods, and so on. The General Record of Sagely Benefaction, for example, called these two categories 'the Way' and 'the tools' (p. 194 above). They correspond to the scripture that the teacher transmits in a line that begins with the archaic sages, and his explanations to the initiate (p. 186). Early writings specify that the explanations be oral, but many extant formularies and handbooks undoubtedly record such explanations. They become increasingly monographic, their topics narrowing from the ch'i vessels used for moxibustion (second century BC) to broad classes of medical disorders (c. AD 200) and finally to diseases of the throat (late eighteenth century), etc.<sup>59</sup>

In late imperial China, largely from the sixteenth century on, textbooks that provide a systematic curriculum, incorporating the gist of canons and explanations alike, become an important medical genre. The reasons for this transition are not at all clear. Rising population meant

<sup>58</sup> Andrew Cunningham, 'The Theory/Practice of Medicine: Two Late-Alexandrian Legacies', in Ogawa Teizo (ed.), *History of Traditional Medicine, Proceedings of the 1st and 2nd International Symposia on the Comparative History of Medicine - East and West* (Osaka, 1986), pp. 303-24.

<sup>59</sup> Examples of the three types are *Tsu pi shih-i-mo chiu ching* (Moxibustion Canon for the Eleven Foot and Arm Circulation Vessels), before 168 BC, in *Ma-wang-tui Han mu po shu* (Documents on Silk from the Han Tombs at Ma-wang-tui), vol. 4 (Beijing, 1985); Chang Chi(?), *Shang han tsa ping lun* (Treatise on Cold Damage and Miscellaneous Disorders), 196/220, critical edn of *Shang han lun* in Ôtsuka Keisetsu, *Rinshô ôyô Shôkanron kaisetsu* (Osaka, 1966); and Cheng Hung-kang, *Ch'ung lou yü yüeh* (Jade Key to the Storeyed Tower, a Monograph on Throat Disorders), before 1787, printed 1839 (Beijing, 1956).

fewer official appointments for examination graduates, and blurred the career boundaries between élite and *hoi polloi*. It is certainly due in part to the ready availability of printed books, which make study without a teacher feasible, and which are attractive to teachers with many pupils. Textbooks in the Ch'ing are not peculiar to medical education, but can be seen in every field of instruction.

Keeping in mind that the various genres of early medical writing were complementary, we can see that the canons were not meant to be, nor were they, used as bodies of theory to be studied apart from therapeutic work. A better word for them is 'doctrine'. They were not learned as preparation and set aside. To the contrary, we can see from the beginnings to the present day that clinical work gradually reveals to the physician the meaning of canons memorized before his career begins. But this is a reciprocal process. Understanding of the canons, as it deepens, organizes and gives meaning to diagnostic and therapeutic acts.

It is interesting that this ideal survives in the educational system of 'Traditional Chinese Medicine' since the 1950s. This major component of China's contemporary health care system superimposes Western institutionalization on classical medicine, moving it in decidedly non-classical directions. In 'colleges of TCM' career instructors – who may or may not be seasoned practitioners – now teach standardized curricula of five years or longer, which include substantial anatomy, biochemistry, etc. These courses generally include only excerpts from the classics, or translations of two or three canons into modern vernacular. Most students encounter the ancient language for the first time in such schools, and cannot learn much of it. Many young graduates freely admit (at least to a foreigner) that they do not comprehend yin–yang, Five Phases, Six Warps, and so on, deeply enough to base diagnosis on them. Many, after they begin practice, rely instead on modern nosology and diagnostics.<sup>60</sup>

Despite these portentous changes, which prompt the question of whether traditional medicine can survive, the basic doctrines that medical students are taught remain tightly bound into practice. Judith Farquhar, an anthropologist whose field work made her a student at a college of Traditional Chinese Medicine, puts it thus, 'medical discourse is consequential discourse. It is not idle speculations or descriptive rhapsodies emitting from philosophers in mountain retreats, rather it is concrete action with the simple goal of relieving specific forms of

<sup>60</sup> See Sivin (note 6), p. 176, and Sivin, 'Reflections on the Situation in the People's Republic of China, 1987', *American Journal of Acupuncture*, 18 (1990), 325–43.

suffering.' In other words, concepts cannot be applied in textbook fashion, even though they have come to be taught in textbooks.

Doctors seek *guidance* from the experience recorded in the archive [i.e., in writing] and accumulated in the clinic rather than as an authoritative or cut-and-dried solution ... Once medical action is seen as a complex operation of evaluation, intervention, observation, and re-evaluation ... experience can present itself as the only stable reality of medicine and as hierarchically encompassing both 'knowledge' and 'method'.

What doctors taught in a given tradition are expected to agree on is not knowledge of such matters as diagnosis, which develops only through individual experience, but patterns of planning therapy once the imbalance of vital functions is identified. 'Knowledge is individual but therapy is social.'<sup>61</sup>

The values underlying the modern curriculum thus assume that the reciprocal relation of doctrine and practice will somehow allow further generations, despite the demise of traditional world views in the society at large, to continue making the living connection between canon and clinic – if not when newly graduated, then as experience accumulates over the course of a career. Whether that is wishful thinking only time will tell.

### Conclusion

Elsewhere in this volume G.E.R. Lloyd has summed up what our joint research suggests are significant differences between Greek and Chinese answers to these questions. Can medicine be called an art or a branch of knowledge, and if so, why? What distinguishes the true practitioner from the layman or the quack? What justifies the doctor's claim to truly know? Let me make the basis of these comparisons clearer by adding to Lloyd's conjectures about the Greek answers my working hypotheses about early China.

First, in China medicine's status as an art was not in question. It did not depend on parallels with philosophy or conscious epistemology, which remained occasional but marginal indulgences. This status was warranted by long traditions of practice. That of hereditary servitors served a social purpose too useful for their aristocratic clients to question; later the unified Ch'in and Han states acknowledged it by incorporating Imperial Physicians in their bureaucracies.

Medicine was often called 'the way of benevolence', which character-

<sup>61</sup> Judith Farquhar, 'Knowledge and Practice in Chinese Medicine', unpublished Ph.D. dissertation, Univ. of Chicago (1986), pp. 201–7.

istically emphasizes not the cognitive but the moral character of its foundation. This usage was not medical in origin. It was borrowed from political thought; the philosopher Mencius first uses it to describe the ruler's natural concern for a living animal.<sup>62</sup> It and many equally complimentary descriptions – comparisons of the physician to a minister of state, analogies with the redemptive mercy of *bodhisattvas* – are potent clues. They insist that clinical practice is an altruistic calling, and never admit that it can be a mere livelihood. They indicate a self-consciousness very different from that of the hereditary servants of noble houses who first shaped medicine as an occupation.

These claims of elevated ethical status suggest a reply to the second question: the basic Chinese distinction was between the relatively few literate, well-born physicians who left the enormous written record, and the plebeian practitioners of every stripe, generally illiterate for most of Chinese history, who cared for the overwhelming majority of the population. The early social transformation of medicine that produced scholar-physicians has often been overlooked on the ground that medicine did not become a respectable career for members of the *élite* until the second millennium AD. But the fact remains that most of the physicians who left written records before AD 500 were, like Ch'un-yü I, learned aristocrats, and that their emphasis on textual transmission indicates some fledgling solidarity. Physicians certainly never formed a discrete occupational group, but the Greek model of public battles between individuals and schools never took hold either.

That solidarity survived the larger metamorphoses of the Chinese *élite* away from an aristocracy of birth that turned it in the eleventh century AD into an increasingly mobile class based on literacy, wealth, and office-holding. This is not to say that the scholarly lineages I have described agreed with each other on questions of doctrine and practice, but that they stood together against the majority, the illiterate and marginally literate practitioners, empirics, religious healers, and others, especially those who dared appropriate the dignity of the physician. As time passed there were few disputes between peers on technical or epistemologic issues, but many accusations that others, definitely not peers, were quacks.<sup>63</sup>

The criterion of the true practitioner is thus inseparable from that of true knowledge. As I have suggested, both are settled by membership in

<sup>62</sup> *Meng-tzu* (note 14), *p'ien* 1A.7; tr. Lau, p. 55.

<sup>63</sup> Paul Ulrich Unschuld, *Medical Ethics in Imperial China. A Study in Historical Anthropology*, trans. M. Sullivan (Berkeley, 1979), judiciously selects but unreliably translates documents rife with such accusations. He interprets them oddly as attempts by 'Confucian thinkers' to deny 'scarce resources' to physicians 'outside Confucianism'.



a lineage of properly initiated masters who transmit authentic, written medical revelations.

This social form, by no means confined to medicine, is founded on the pattern of the family. It made possible the move from a society where birth largely determined livelihood to a diverse and flexible system of occupations. We may see it in medicine as an adaptation of the hereditary family's transmission of a patrimony. This was not a monolithic pattern, for the privilege of serving went not only from father to son but occasionally to son-in-law or disciple. Its transformation was responsible for a new medicine, a free-for-all between every conceivable variety of practitioner, but with medical prestige newly concentrated at the top of the social scale, and the ranks of the doctors at the apex increasingly closed against incursions by the lower orders. The signs that such conflict increased even though the scholar-physicians retained all the advantages are an index of social mobility.

From the point of view of the élite physicians – the only point of view about which we are well informed for the Han – epistemology was not necessary to true knowledge. That was settled once and for all by initiation. As a familiar saying puts it, 'those who study it are as the hairs on an ox; those who succeed are as the horn of a unicorn. This is purely a matter of whether one has received the transmission'.

<sup>64</sup> Ts'ui Hsi-fan(?), *Ts'ui Kung ju yao ching chu chieh* (Master Ts'ui's Canon, the Mirror of Emplacing the Elixir, with Annotations), tenth century, TT 60, S135, preface, p. 1a; see also *Huang-ti chiu ting shen tan ching chueh* (Canon of the Nine-vessel Divine Elixir of the Yellow Lord, with 'Oral' Explanation), TT 584–5, S885, ch. 3 (c. AD 1000), pp. 2b–3a. The first sentence entered the Standard Histories, applied to *belles lettres*, in Li Yen-shou et al. (eds.), *Pei shih* (Standard History of the Northern Dynasties), 659, in Chung-hua Book Co. edn of standard histories, ch. 83, p. 2779.

#### GLOSSARY

*an* 案

*An fa* 案法

*Chang Chi* 張機

*Chang Yü-ch'u* 張宇初

*Chen pen i shu chi ch'eng* 珍本醫書集成

*cheng fang* 正方

*Cheng-ho sheng chi tsung lu* 政和聖濟總錄

*Cheng Hung-kang* 鄭宏綱

*Cheng-t'ung tao tsang* 正統道藏

*Ch'i heng* 奇恆

- ch'i hsieh* 奇邪
- Ch'i k'o* 奇咳
- Ch'i k'o shu* 奇咳書
- Ch'i lo chieh* 奇絡結
- chieh* 解
- chieh-yen* 解驗
- Chieh yin-yang chin shu* 接陰陽禁書
- chih* 治
- Chin Yuan ssu ta i-chia hsueh-shu ssu-hsiang chih yen-chiu* 金元四大醫  
家學術思想之研究
- ching* 經
- Ching mo* 經脈
- Ch'ing so shih shou* 慶所師受
- Chiu chen* 九鍼
- Chou pi suan ching* 周髀算經
- chüan* 卷
- Ch'uan yü fa* 傳語法
- Ch'un-yü I* 淳于意
- ch'ung* 重
- Chung-hua i shih tsa-chih* 中華醫史雜誌
- Chung-i ko-chia hsueh-shuo* 中醫各家學說
- Chung-i wen-hsieh-hsueh* 中醫文獻學
- Ch'ung lou yü yueh* 重樓玉鑰
- fang* 方
- Fang hua yin-yang* 方化陰陽
- Ho chi t'ang fa* 和齊湯法
- hsieh cheng* 邪正
- Hua yin-yang* 化陰陽
- Huai-nan hung-lieh chi-chieh* 淮南鴻烈集解
- Huai-nan-tzu* 淮南子
- Huang-ti chia i ching* 黃帝甲乙經
- Huang-ti chiu ting shen tan ching chueh* 黃帝九鼎神丹經訣
- Huang-ti nei ching chang-chü so-yin* 黃帝內經章智索引
- Huang-ti nei ching ling shu* 黃帝內經靈樞

*Huang-ti nei ching su wen* 黃帝內經素問

*Huang-ti nei ching t'ai su* 黃帝內經太素

*Huang-ti pa-shih-i nan ching* 黃帝八十一難經

*Huang-ti Pien Ch'ueh mo shu* 黃帝扁鵲脈書

*I t'ung cheng mo ch'üan shu* 醫統正脈全書

Jen Ying-ch'iu 任應秋

*Kao hsia* 高下

Kosoto Hiroshi 小曾戶洋

*K'uei-to* 揆度

Kung-sheng Yang-ch'ing 公乘陽慶

Kung-sun Kuang 公孫光

Li Po-ts'ung 李伯聰

Li Ts'ung-fu 李聰甫

Li Yen-shou 李延壽

Liu An 劉安

Liu Ping-fan 劉炳凡

Lü Pu-wei 呂不韋

*ma* 馬

Ma Chi-hsing 馬繼興

*Ma-wang-tui Han mu po shu* 馬王堆漢墓帛書

Maruyama Masao 丸山昌朗

*Meng-tzu* 孟子

*Mo ching* 脈經

*Mo shu* 脈書

*Nan-ching pen i* 難經本義

Nan-yin 男殷

*Ni shun lun* 逆順論

Ôtsuka Keisetsu 大塚敬節

*Pei chi ch'ien chin yao fang* 備急千金要方

*Pei shih* 北史

*piao* 表

*p'ien* 篇

*Pien Ch'ueh ho Pien Ch'ueh hsueh-p'ai yen-chiu* 扁鵲和扁鵲學派研究

*Rinhō ôyō Shokanron kaisetsu* 臨床應用傷寒論解說

- Shang han tsa ping lun* 傷寒雜病論
- Shang hsia ching* 上下經
- Sheng chi ching* 聖濟經
- Shih chi* 史記
- Shih shen* 石神
- Shiki kaichū kōshō* 史記會注考證
- Shinkyū igaku to koten no kenkyū, Maruyama Masao tōyō igaku ronshū* 鍼灸医学と古典の研究、丸山昌朗東洋医学論集
- shou* 受
- shu* 數
- Ssu shih ying yin yang* 四時應陰陽
- Sun Ssu-mo* 孫思邈
- Sung k'o suan ching liu chung* 宋刻算經六種
- Takigawa Kametarō* 瀧川龜太郎
- Tamba no Motoyasu* 丹波元簡
- Ting wu wei* 定五味
- Tōyō igaku zempon sōsho* 東洋醫學善本叢書
- Tso chuan* 左傳
- Tso wei p'ei fang yuan-tse te chün ch'en tso shih* 作為配方原則的君臣佐使
- Tsu pi shih-i-mo chiu ching* 足臂十一脈灸經
- Ts'ui Hsi-fan* 崔希範
- Ts'ui Kung ju yao ching chu chieh* 崔公入藥鏡註解
- tu* 讀
- Tung Chung-shu* 董仲舒
- Wai ch'uai* 外揣
- Wang K'en-t'ang* 王肯堂
- Wang Nien-sun* 王念孫
- Wang Shu-ho* 王叔和
- Watanabe Kōzō* 渡邊幸三
- Wu chen* 五珍
- Wu-se chen* 五色診
- Wu-se chen ping* 五色診病
- Wu-wei Han tai i chien* 武威漢代醫簡

Yang Chung-ch'ien 楊中倩

*Yao fa* 藥法

*Yao lun* 藥論

*yen* 驗

*Yin-yang wai pien* 陰陽外變

#### BIBLIOGRAPHIC ABBREVIATIONS AND CONVENTIONS

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- ITCM Wang K'en-t'ang (ed.), *I t'ung cheng mo ch'üan shu* (Main Artery of the Orthodox Medical Tradition, a Complete Collection), 1601, reprint of Beijing 1907 edn (Taipei, 1975)
- LS *Huang-ti nei ching ling shu* (Inner Canon of the Yellow Lord: Divine Pivot), probably first century BC, in Jen Ying-ch'iu (editor-in-chief), *Huang-ti nei ching chang-chü so-yin* (Beijing, 1986)
- S Item number in K.M. Schipper, *Concordance du Tao-tsang. Titres des ouvrages*, Publications de l'Ecole Française d'Extrême-Orient, vol. 102 (Paris, 1975)
- SC *Shih chi* (Memoirs of the Grand Astrologer), completed c. 100 BC, in Takigawa Kametarō, *Shiki kaichū kōsho*, 10 vols. (Tokyo, 1932-4)
- SW *Huang-ti nei ching su wen* (Inner Canon of the Yellow Lord: Basic Questions), probably first century BC, in Jen (see above, explanation of LS)
- TT Chang Yü-ch'u et al. (eds.), *Cheng-t'ung tao tsang* (Taoist Patrology of the Regnant Concordance Era), promulgated 1444, Commercial Press edn

Authors of books in Chinese or Japanese are given in the notes with surname first.

In references to lost books, phrases in the translation that may be the names of doctrines rather than book titles are preceded by '§'. Other sources in which the same titles occur are noted.

## Corrigendum

On p. 179ff, "Kung-sheng Yang-ch'ing" should be "the Grandee of the Eighth Order Yang Ch'ing." *Kung-sheng* 公乘 is an honorary title of nobility.