

EASTM 17 (2000): 66-93

The Ideal Physician in Late Imperial China: The Question of *Sanshi* 三世¹

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The Issue of "Profession" in Traditional Chinese Medicine

It has been more than half a century since historians of medicine heeded the call of Henry Sigerist to break out from a narration of great physicians and important discoveries to emphasize the social history of medicine.² As the history of medicine flourished as a field, it also began to incorporate the works of sociologists, particularly those on professions in the mid-twentieth century. For many studying the history of professions, medicine, together with law, was seen as the ideal profession.³ Accounts of the professional status of physicians thus came to dominate research in the history of medicine in the second half of the twentieth century. Later, historians of medicine were "emancipated" from sociology and came to be in charge of the field from the late 1970s.⁴ The importance of this

¹ This paper was prepared with support from the Joint Committee on Chinese Studies of the American Council of Learned Societies and the Social Science Research Council, and the Faculty Research Program of Middle Tennessee State University. I wish to thank the anonymous reviewers for their very useful comments. Earlier versions were presented at the Association for Asian Studies, March 1997, and UCLA's "New Directions in the History of Chinese Science," May 1997. I would also like to acknowledge the support my colleagues in the History Department at MTSU gave me in the preparation of this paper.

² In early twentieth century, Henry E. Sigerist had called for a new trend toward social history in the field of the history of medicine. See Sigerist 1960: 25-33.

³ Eliot Freidson was probably the most prominent in discussing the sociology of medicine. See Freidson 1961-62: 123-192 and Freidson 1988.

⁴ Burnham 1998: 10 and chap. 5, "Medical historians take over the concept: the late twentieth century."

concept to historians of medicine is reflected in the number of articles and reviews appearing in journals.

In studying the history of medicine in China in late imperial times,⁵ one of the questions that arises is whether one can speak of the emergence of a "profession" of medicine in China such as had occurred in Europe. The medical landscape in late imperial China was a diverse one with different groups of physicians offering a variety of options in healing. But was there the emergence of a "profession" in medicine? Was there a similar process of professionalization that produced a group of professional physicians in late imperial China? There is no term in Chinese that truly corresponds to the term "profession" during the late imperial period. The term *zhiye* 職業, which is used to refer to profession in modern Chinese, did not come into use until much later.⁶

The term "profession" is a changing historical concept,⁷ and terms such as "profession" and "professionalization" have gone through several transitions in the historiography of the history of medicine.⁸ According to Burnham, "The whole idea of 'the profession' in fact became urgent only as the Eurocentric countries became industrialized and organized or bureaucratized and (after some delay) thinkers began to believe that the professions were central to civilization and progress."⁹ The emerging dominance of the profession is thus closely tied to the formation of a modern state apparatus, for legal regulations that were established to protect the monopoly of the physicians came from the state and were enforced by the state. For most sociologists, professionalization is generally taken as the presence of legal regulations, a systematic body of knowledge, authority derived from monopolization of specialized knowledge, recognition by society in the form of privileges and power, a code of ethics, and a sense of community.¹⁰

As historians moved away from the ahistorical studies of sociologists, there was increasing interest in examining historical cases operating within a socio-cultural context outside of the Anglo-American milieu, and also of adopting a comparative approach. For example, Thomas Broman in studying the process of how German physicians became a respected professional group referred to three developments in the nineteenth century that propelled this. The first was the

⁵ By late imperial times, I am referring to the late Ming and Qing dynasties, approximately 1600-1850.

⁶ Similarly in Japan, Shigeru Nakayama points out that there was no corresponding term in Japanese for profession. See Nakayama 1987.

⁷ The issue of the medical profession is discussed extensively by Toby Gelfand in "The history of the medical profession" (1993). See also Burnham 1998.

⁸ See John C. Burnham, "How the concept of profession evolved in the work of historians of medicine" (1996). This article represents abstracts from his book *How the Idea of Profession Changed the Writing of Medical History* (1998).

⁹ Burnham 1996: 2.

¹⁰ Freidson 1983.

growth of a modern bureaucratic state that enabled physicians to appeal to an authority that could impose effective legal sanctions against unlicensed practice. Second, the advancement of industrialization and urbanization disrupted traditional patterns of community life where there was much personal interaction. In cities and towns, where these traditional ties did not exist, people came to rely on experts whose legitimacy was sanctioned by institutions such as universities. Third, the rapid advance of scientific knowledge during the nineteenth century increased physicians' efficacy, which gave them new prestige.¹¹

The emergence of professions and the concept of professionalization are, however, still seemingly closely tied to the European experience. The question is whether the concept of professionalization can transcend cultural boundaries. Can there be a universal concept of professionalization? Can it be applicable to other cultural traditions such as China, India, or Africa? When we speak of medicine, can we speak of a profession emerging in China prior to the introduction of Western biomedicine?¹²

I argue that, in traditional China, despite the absence of factors such as licensing laws, formal medical instruction, and the growth of the political and social power of physicians, the increasing participation of elites in medical practice in late imperial China contributed to efforts at demarcating boundaries of inclusion and exclusion. This was accomplished by defining the qualities of an ideal physician - that of a Confucian physician (*ruyi* 儒醫).¹³ It emphasized an ethical model, intellectual intelligence shaped by training in the classics, and membership based upon specialized knowledge that came from the classical tradition.¹⁴ This fostered the development of a group consciousness, facilitated by social and literary networks among the elite.

Both hereditary physicians and Confucian physicians wanted to distinguish themselves from folk healers. The emphasis on benevolence and a sense of moral superiority enabled them to elevate themselves above other practitioners. Within this elite group of physicians, debates over the character and knowledge required enabled them to demarcate boundaries of inclusion and exclusion. They established criteria of legitimacy based upon the classical tradition of learning. The literary networks provided them with the opportunity to foster a sense of identity among themselves. Therefore, I would argue that the late imperial phy-

¹¹ Broman 1996: 2.

¹² One such attempt to compare East and West was the symposium organized by the Taniguchi Foundation in 1978. The results were published as *History of the Professionalization of Medicine: Proceedings of the 3rd International Symposium on the Comparative History of Medicine - East and West*, edited by Teizo Ogawa (1987).

¹³ The term Confucian (*ru* 儒) here refers to those with classical training.

¹⁴ Scholars have also looked at other groups in late imperial China for evidence of professionalization. For example, Benjamin A. Elman studied the evidential research (*kaozheng* 考證) community in late imperial Jiangnan, which he found underwent a process of professionalization (Elman 1984: 96-100).

sicians were establishing a professional identity for themselves, not through institutional or legal means, but through cultural and social means.

This paper focuses on the debate over the proper interpretation of a passage in the Chapter on *Quli* 曲禮 (Hidden rituals) in the *Liji* 禮記 (Book of Rites). The passage reads "One should not take the medicine of a physician who does not come from three generations" (*yi bu sanshi, bu fu qi yao* 醫不三世不服其藥). The question is what this "three generations" referred to. It was generally taken to mean that one should not take the prescription of someone who did not come from a family with at least three generations of practicing physicians. The term *sanshi* here thus referred to a family tradition in medical practice. Emphasis here was placed on the medical knowledge and practical experience that has been passed down through the generations.

Other scholars as well as some physicians, however, objected to this interpretation. They argued that it referred instead to three traditional medical classics attributed to legendary ancient sages. These were the *Huangdi zhenjiu* 黃帝針灸 (The Yellow Emperor's Canon on Acupuncture), *Suwen maijue* 素問脈訣 (Classic of the Pulse of the *Suwen*),¹⁵ and the *Shennong bencao* 神農本草 (The Divine Husbandman's *Materia Medica*). These Three Classics represented the three major traditions of traditional Chinese medicine concerning acupuncture, *materia medica*, and the study of the pulse.¹⁶ Instead of experience, they were, rather, pointing to the acquisition of classical knowledge as the essential training of a physician. Medical knowledge was thus linked to book learning. The ideal physician shared a common heritage with scholars, since the Yellow Emperor and the Divine Husbandman were legendary sages who were considered cultural heroes of Chinese civilization.

The issue here, however, is much more than simply the appropriateness of text versus experience, for neither side rejected the importance of the other. Many scholars and physicians who advocated studying the medical classics also emphasized the importance of experience. Classical texts were also used to point to the importance of experience. I argue that this discourse, rather than reflecting a dichotomy between text and experience, was an attempt to elevate the social standing of physicians by creating an identity that was associated with classical

¹⁵ Instead of *Suwen maijue* 素問脈訣 (Classic of the Pulse of the *Suwen*), some scholars referred to *Sunü maijue* 素女脈訣 (Classic of the Pulse of the *Sunü*). The latter probably followed the annotation of the *Liji* by Kong Yingda 孔穎達 during the Tang Dynasty.

¹⁶ The inclusion of the acupuncture text here is interesting, because in late imperial times acupuncture was often regarded as less than an ideal form of treatment. In a study of medical practices in the novel *Jinpingmei*, Christopher Cullen points out that it was never prescribed by the *taiyi* group, but was considered the domain of physicians with low status (Cullen 1993: 99-105). However, we must note that here it was the ancient text of the Yellow Emperor that is cited, not a reference to the practice of acupuncture. It is therefore the authority of the text that is important here.

learning and expertise based on classical training in medicine. It was also arguing that the training of the ideal physician should include theory, diagnosis, and therapy. The attempt to create the image of a "Confucian physician," similarly, was an attempt to elevate the status of the physician from a mere artisan (*gong* 工) to that of a learned scholar.

My paper is divided into four sections. The first section examines the actual discourse on the text from the *Book of Rites* itself, exploring the different interpretations of the text and the arguments of commentators on it. Much of this originates from the different annotations of the text by Han (202 B.C. to 220 A.D.) and Tang (618-907) scholars. The second section looks at the training and qualifications of the physician, what kind of knowledge was required, and how it was obtained. I also look at the applicability of textual study to the practice of medicine. Section three discusses the development of the textual tradition in medicine, and the concept of the *ruyi* 儒醫 (Confucian physician) as the image of the ideal physician. The fourth section examines how the debate helped to shape medicine and medical practice in late imperial China, and in particular, how it helped to create the idea of a group identity of physicians based on classical learning and training in medicine.

Interpretations of the Term *Sanshi* 三世

In examining the different interpretations of the term *sanshi*, we will first look at the annotations and commentaries made by scholars in the Han and Tang dynasties, and then explore the reactions of the different interpretations by Ming and Qing scholars and physicians.

The *Liji*, also known as the *Xiaodai liji* 小戴禮記 (Book of Rites compiled by Dai the Lesser), contains a collection of essays and treatises on rituals, such as funerals, mourning, and sacrifices, with explanations of the meanings and functions of these rituals. These were thus useful for later dynasties to appropriate for their own purposes. During the Later Han Dynasty, Zheng Xuan 鄭玄 (127-200) wrote commentaries on the Five Classics, including the *Liji*, elevating its importance among the classics. Although Zheng was an Old Text scholar, he did not ignore New Text scholarship, and his commentaries thus came to be considered as a synthesis of Han scholarship.

It was during the Tang Dynasty that the *Liji* gained imperial patronage when it was included in the *Wujing zhengyi* 五經正義 (Correct Significances of the Five Classics). Under the sponsorship of emperor Taizong, Kong Yingda 孔穎達 and other Confucian scholars produced this collaborative annotation, which included the *Liji zhengyi* 禮記正義 (Correct Significances of the Book of Rites), incorporating the commentaries already made by Zheng Xuan. The contribution of this great project was that, as Peter Bol has argued, "it integrated, ranked, and summarized an extensive tradition in a single set of works. It was a

kind of encyclopedia of Classical studies."¹⁷ During the Song Dynasty, the *Wu-jing zhengyi* was incorporated into the *Shisan jing zhushu* 十三經注疏 (Commentaries and Annotations to the *Thirteen Classics*). These *Thirteen Classics* became the core of classical studies for those who aspired to an official career through the civil service examination system. Evidential research scholars during the Qing Dynasty still admired the *Shisan jing zhushu*.¹⁸ The annotations and commentaries by these Song and pre-Song scholars were referred to repeatedly in the discourse on the term *sanshi* in late imperial China.

Most of the discussion on this passage of "*yi bu sanshi, bu fu qi yao*" 醫不三世不服其藥 (One should not take the medicine of a physician who does not come from three generations) in late imperial times focused only on the interpretation of the term *sanshi* within this sentence. When one reads it closely, it becomes clear that the concern expressed was not only for the experience of the physician, but also for the safety of the medicine. This latter concern is manifested more clearly in the preceding sentence, which stated that, "When a ruler is ill and [needs to] drink medicine, the minister first tastes it; when a parent is ill and [needs to] drink medicine, the son first tastes it" (*jun you ji yin yao chen xian chang zhi, qin you ji yin yao zhi xian chang zhi* 君有疾飲藥臣先嘗之、親有疾飲藥子先嘗之). Thus the filial son and loyal minister will first try a medicine before offering it to the parent or ruler. This is crucial to the understanding of Zheng Xuan's annotation of this passage in the *Liji*.

In his annotation Zheng Xuan did not specify any explanation for the term *sanshi* in this particular passage, but noted only "*shen wu qi ye*" 慎物齊也 (caution with the substances concocted) When Zheng Xuan wrote this, he probably had in mind the problem of the preparation and safety of medicine. The lack of annotation on the term *sanshi* indicates that Zheng did not feel it needed additional explanation.

It was during the Tang Dynasty that we first encounter a shift from concern for the safety of the medicine to that of the proper training and experience of physicians. This is reflected in the concern over the correct interpretation of the term *sanshi*. Kong Yingda et al. in their annotation of this particular passage in the *Liji* state that it referred to three practising generations of physicians.¹⁹ The *Liji Zhengyi* 禮記正義 (Correct Significances of the Book of Rites) explained that:

¹⁷ Bol 1992: 79.

¹⁸ For example the Xuehai tang 學海堂 (Sea of Learning Hall) in Canton during the Qing reprinted the *Shisan jing zhushu* and followed it with the publication of *Huangqing jingjie* 皇清經解 (Qing Exegesis of the Classics), which was chiefly concerned with evidential scholarship. See Elman 1984: 90.

¹⁹ *Shisan jing zhushu* 十三經注疏 (Annotations and Commentaries to the *Thirteen Classics*), ed. by Ruan Yuan 阮元, 1815 reprint of Song edition, Shanghai: Jinzhang tushuju, 1926, *Liji* 5, *Quli xia*, p. 6b.

All people's illnesses are due to the imbalance of the *jin xue* 筋血 (tendons and blood), therefore [people] take medicine to cure them. If these medicines [are made] without caution as to the ingredients used, there will be no symptoms [to show it]. Thus it is better to guard against [the use of these medicines]. Select those who have passed on the tradition from father to son for three generations. This is caution in materials [used in] the mixing of medicinal preparations (*shenwu tiaopi* 慎物調齊).²⁰

Kong continued to refute the contention that the term "*sanshi*" could refer to the Three Classics of *Huangdi zhenjiu* 黃帝針灸 (The Yellow Emperor's Canon on Acupuncture), *Sunü maijue* 素女脈訣 (Classic of the Pulse of the Sunü), and the *Shennong bencao* 神農本草 (The Divine Husbandman's *Materia Medica*), claiming that electing to take only the medicine of physicians who had studied these Three Classics was "inappropriate according to principle, and wrong in its meaning" (*yu li bu dang, qi yi fei ye* 於理不當、其義非也).²¹

Kong here was probably referring to Jia Gongyan 賈公彥, a Tang official and scholar, when he wrote this, for the latter said, "For the three generations, the first is *Huangdi zhenjiu*, the second is *Shennong bencao*, the third is *Sunü maijue*, also referred to as *Fuzi maijue* 夫子脈訣. If [a physician] does not study the books of these three generations, [one] should not take his medicine."²² The discussion thus had shifted from concern for the safety of medicine to that of the proper training of physicians. This attempt to lay down a textual foundation for the training of physicians reflected an attempt to challenge the authority of hereditary physicians whose power was based upon the proven efficacy of their medicine. By shifting to the knowledge and training needed, they could gain ascendancy over hereditary physicians. However, Kong Yingda's insistence on its interpretation as three practicing generations of physicians shows that to see it as referring to the Three Classics was still not widely accepted.

The ascendancy of the Confucian tradition had been established under Han Wudi (reigned 141-87 B.C.) when he made Confucianism the state orthodoxy. But throughout the turmoil after the downfall of the Han, the division of the country into the north and south was also reflected in scholarship, where northern and southern schools developed. Kong's *Wujing zhengyi* 五經正義 (Correct Significances of the *Five Classics*) was "above all a sorting out of traditions of scholarship on texts fundamental to civilized life. While recognizing the diversity of past scholarship, it identified some commentaries and modes of inter-

²⁰ *Shisan jing zhushu*: 6b.

²¹ *Shisan jing zhushu*: 6b.

²² Quoted in *Zhongguo yiji kao* 中國醫籍考 (A Study of Chinese Medical Texts), compiled by Tamba no Mototane 丹波元胤, published in 1826, Beijing: Renmin weisheng, 1983: 187.

pretation as most authoritative and brought northern and southern traditions of interpretation together."²³

In medicine, a similar trend can also be found in attempts to sort out the different traditions. Chao Yuanfang 巢元方 et al., under imperial patronage, compiled *Zhubing yuanhou lun* 諸病源候論 (On the Origins and Symptoms of Medical Disorders). The importance of this work in medicine is sometimes compared to that of *Wujing zhengyi* within the classics. The patronage of the imperial court in the compilation of medical texts such as *Zhubing yuanhou lun* and the publication of therapies and formulae, such as Wang Tao's 王燾 (670-755) *Waitai miyao* 外臺秘要 (Arcane Essentials from the Imperial Library), helped to consolidate a canonical tradition in medicine that emerged as the tradition with the highest prestige. Other works that aided in systematization and consolidation of the various traditions can be represented by Sun Simo's 孫思邈 *Qianjin yaofang* 千金要方 (Essential Prescriptions Worth a Thousand).

Imperial interest in and patronage of medicine heightened during the Mongol Yuan Dynasty, while at the same time elite participation in medicine increased.²⁴ As will be discussed in later sections, elite participation steadily intensified during the Ming and Qing dynasties. Thus it was during this time that we begin to hear a more spirited discussion over the proper interpretation of the term *sanshi* (three generations). Many Ming and Qing scholars criticized Kong Yingda for confusing the meaning of this term. For example, Song Lian 宋濂 (1310-1381), in his *Zeng yishi Ge mou xu* 贈醫師葛某序 (Preface Presented to Physician Ge), believed that the correct interpretation of the phrase should be the Three Classics.²⁵ During the Ming, Sheng Yin 盛寅, in his *Yijing mizhi* 醫經秘旨 (Secret Guide to the Meaning of the Medical Classics) first cited Song Lian on the issue of *sanshi* and further says:

There are too many heroes and self-made men from antiquity to list them all. For example, people like Li Dongyuan 李東垣, Zhu Danxi 朱丹溪, Hua Boren 滑伯仁, Dai Yuanli 戴元禮, [whose skills] were all not passed on from [earlier] generations; yet they had brilliant accomplishments in medical techniques, reviving those in grave danger numerous times, wrote books and established teachings, and became models for those who came after them. From the beginning I have not heard of [them] transmitting [their knowledge] from father to son. This shows that [the training

²³ Bol 1992: 79.

²⁴ See Hymes 1987: 9-76.

²⁵ Song Lian 宋濂, in his *Zeng yishi Ge mou xu*, in *Song Wenxian gong quanji* 宋文憲公全集 (Complete Essays of Mr. Song Wenxian), *Sibu beiyao* edition, Taipei 1965, *juan* 44: v.116.

of] physicians resides in the reading of books and not in the [transmission over] three generations.²⁶

Similar sentiments can also be found in Pan Ji's 潘楫 *Yideng xuyan* 醫燈續焰 (Continuing Burning the Flame of the Light of Medicine) where he says that:

For the way of medicine, [one must] ponder the profound and subtle, brightly illustrate the cleverness of the mind, and then can [one] be allowed to become [a physician]; even fathers are not able to compel their sons to have these attributes.²⁷

The discourse also attracted the attention of evidential research scholars who included the classics of medicine among their subjects of investigation. One example was the *Shanghan lun* 傷寒論 (Treatise on Cold Damage Disorders).²⁸

Hang Shijun 杭世駿 (1696-1773), a noted historian and a major figure among the Han Learning scholars, also wrote several treatises on medical classics.²⁹ In his *Yi sanshi shuo* 醫三世說 (Discourse on Three Generations in Medicine), he traced the different interpretations of the term *sanshi*, and believed that in the *Neijing*, the term *shanggu* 上古 (high antiquity) probably referred to Fuxi, and *zhonggu* 中古 (middle antiquity) probably to Shennong. Therefore, Fuxi should be the *yishi* 一世 (first generation), and Shennong the *ershi* 二世 (second generation), the *erhuang* 二皇 (two emperors) in the *Neijing* referring to them. This, he thought, was proof that during the time of the Yellow Emperor the example of Fuxi and Shennong was already followed, and the works of both Fuxi and Shennong were already available. It was through the study and consul-

²⁶ Sheng Yin 盛寅, "Yi bu sanshi bian" 醫不三世辨 ("An Analysis of [the saying] 'A physician doesn't come from three generations.'"), in *Yijing mizhi* 醫經秘旨 (Secret Guide to the Medical Classics), preface 1418, Jiangsu: Jiangsu kexue jishu, 1984: 35-36.

²⁷ Pan Ji, *Yideng xuyan*, first printed in 1652, current volume based on 1652 edition, with 1664, 1742 editions as references, Beijing: Renmin weisheng: 524. This work originated in the Song as *Siyang maijue* 四言脈訣 (Four Character Rhyme on the Pulse) by Cui Jiayan 崔嘉彥. It was edited in the Ming by Li Yan 李言. In the Qing, Pan Ji added commentaries and formulae to produce *Yideng xuyan*.

²⁸ This work was attributed to Zhang Ji 張機 and possibly written sometime between 196 and 220 A.D. Lost during the disruption that occurred at the end of the Han Dynasty, it was recompiled by Wang Shuhe 王叔和 during the Jin. Much of the later debate concerned whether Wang's editing was true to the original work or not.

²⁹ Most of his writings on medicine were collected in *Daogu tang wenji* 道古堂文集 (Collected Essays of the Daogu Hall).

tation of these works that the Yellow Emperor was able to establish his own legacy.³⁰

Hang also went on to endorse the studying of the Three Classics, saying that:

I am puzzled by today's physicians. [Their] eyes do not see the books of *Ling* [*Lingshu* 靈樞], *Su* [*Sunü maijue* 素女脈訣], [their] ears do not hear the discourse of Que [Bian Que 扁鵲] and Fu [Yu Fu 俞跗]. They boast that it is better to attend to actual cases than to study books. But cases today are not any different from [those in] antiquity. They are narrated completely in the books. Those [physicians'] natural endowments are mediocre, [so that] even if they study they will not be able to explain, and if they can explain it is difficult for them to understand ... How can [the term] *yi bu sanshi* 醫不三世 be devised for "three generations of physicians"!³¹

However, not all scholars and physicians agreed that the term *sanshi* should refer to the Three Classics; there were still those who believed that it referred to three generations of practicing physicians. For example, Xu Chuanpei 許傳霈, who wrote the essay "Yi bu sanshi bu fu qi yao jie" 醫不三世不服其藥解 (Explanation of "One should not take the medicine of a physician who does not come from three generations") in *Gujing jingshe* 詁經精舍 (Studio for the Philological Exposition of the Classics)³² returned to Zheng Xuan's annotation and his focus on the safety of medicine. Xu Chuanpei believed that in that text the term *sanshi* did not refer to the Three Classics, but rather referred to three generations of practicing physicians. Even if this were not the case, one should also follow conventional explanations and regard one *shi* 世 (generation) as thirty years. He also pointed out that elsewhere in other texts Zheng had already annotated *sanshi* as three generations, therefore, he believed that this explanation should also apply to this passage. As to the meaning of *shen wu qi* 慎物齊, he says:

... The Zhou official *shiyi* 食醫 (Food Physician) says, "Solid food medicinal preparations should be considered during spring time, thick soup medicinal preparations should be considered during summer time, paste medicinal prepara-

³⁰ Hang Shijun 杭世駿, "Yi sanshi shuo" 醫三世說 (Discourse on Three Generations in Medicine), in *Daogu tang wenji* 道古堂文集 (Collected Essays of the Daogu Hall), in *Daogu tang quanji* 道古堂全集, Shanghai: Shaoye shanfang, n.d. 10b, 13a-b.

³¹ Ibid: 14a.

³² Xu Chuanpei, "Yi bu sanshi bu fu qi yao jie," in *Gujing jingshe*, edited by Yu Yue 俞樾, *juan* 8: 137a-b. My thanks to Ryan S. Boynton and William Alspaugh for their help with this essay.

tions should be considered during autumn time, decoctions should be considered during winter time." All use the harmony of drinking and eating [with the seasons] as medicinal preparations. *Qi* 齊 is [therefore] the same as *ji* 劑 (medicinal preparations). The "Chapter on [Bibliography of] Art and Literature" (*Yiwenzhi* 藝文志) of *The History of the Former Han Dynasty* (*Qian Han shu* 前漢書) says, "The hundred medicines are mixed medicinal preparations." This refers to medicines being mixed as medicinal preparations and [one can] no longer examine the categories of ingredients. These consist of varieties of herbs, tree, fruits, grains, metal, stone, animals, and insects. When they are mixed into medicinal preparations, then the ingredients cannot be known. Therefore [one] should not take it. ... Therefore the physician must [have practiced] for as long as three generations, only then can people believe their medicine is harmless, and perhaps will dare to take it. Without the passage of this long period of time then [one] should not take the medicine. This is what is meant by *shen wu qi* 慎物齊 (caution with the substances concocted).³³

Xu was here going back to the concern for the safety of medicine that was expressed by Zheng Xuan. Although most Ming and Qing physicians and scholars focused on the term *sanshi*, there were those who took note of the issue of medicine. For example, Qing scholar Zhu Cun 朱夙 also noted Zheng's annotation of *shen wu qi* 慎物齊, but he differed from Xu's interpretation. Instead he believed that it agreed with the contention that effective medicinal preparations were embedded in the teachings of sages like Shennong.³⁴

The lack of a discussion on the dangers of medicine as raised by Zheng Xuan's annotation and Xu's essay should not be seen as an indication of apathy regarding medicinal drugs. The rich and long pharmaceutical tradition in China attests to a strong interest in the formulation of effective and safe medicinal therapies for the curing of illnesses.³⁵ Rather, this lack of an apparent interest highlights the spirited contention over the issue of *sanshi*, for it touched upon the very heart of the issue of what the characteristics of an ideal physician were.

The interpretation of the term *sanshi* as "three generations of practicing physicians" was probably one that was more widely accepted among ordinary people. It was an interpretation that was also supported by many physicians and scholars. They pointed to the commentaries on the *Liji*, especially to the annota-

³³ Ibid.

³⁴ Zhu Cun 朱夙, "Yi shuo zeng Zhao Li'nan" 醫說贈趙禮南 (An essay on medicine as a gift for Zhao Li'nan), in *Xiaowanjuan zhai wengao* 小萬卷齋文稿 (Drafts from the Small Studio of the Myriad Scrolls), 1885 edition, *juan* 6: 19a.

³⁵ See for example, Unschuld 1986.

tions of Kong Yingda, to support their contention that this was the original meaning of the text.

Thus, beginning in the Tang, we have an on-going debate over the proper interpretation of the term *sanshi*. The continued interpretation of *sanshi* as the Three Classics, however, is indicative of a more serious issue that concerned scholars and physicians. They were not arguing over which classics to study, nor were they rejecting the importance of practical experience, but they were debating the proper qualifications and training for a physician. This issue becomes more interesting when it becomes clear that, in reality, the Three Classics that Song Lian and others referred to were no longer extant.³⁶ What was the use, therefore, of insisting on the importance of studying these three non-existent classics? The answer, I believe, lies in the fact that, firstly, it defined the kind of knowledge and skill that was required to practice medicine. Second, it was an endorsement of the ideology and methodology of the transmission of medical knowledge. The latter was related to the formation of a canonical tradition in traditional Chinese medicine. This issue reveals the discourse on what constituted a competent physician, the qualifications of a physician, and was part of the discourse that eventually helped to shape the beginnings of a medical profession in late imperial China.

The Training and Qualifications of a Physician

What emerged out of the discourse over the term *sanshi* was contention over the training and qualifications of a competent physician and the kind of knowledge required by him. Among the different voices heard over the issue, two main lines of argument arose. One argued for the importance of accumulated knowledge, especially knowledge on drugs, which could only be proven safe after being used for a long period of time. Those who endorsed *sanshi* as three generations of practicing physicians underlined the importance of this kind of practical knowledge, especially familiarity with drugs that were passed down through the generations. The other line of argument stated not only that a physician should be familiar with classical texts, but also should be broadly trained. Those who advocated studying the Three Classics believed that physicians should be well versed in methods of diagnosis and treatment, and familiar with the diverse range of drugs that were available. They also pointed to the particular requirements of the kind of person who would be qualified to become a physician, someone who was intelligent and perspicacious. This inner quality could not be passed down through the generations.

³⁶ *Zhongguo yiji kao*: 187. Apparently in an attempt to address this question, some later scholars replaced the *Sunü maijue* with the *Neijing suwen* 內經素問 (Basic Questions of the Inner Canon), and the *Huangdi zhenjing* with the *Neijing lingshu* 內經靈樞 (Divine Pivot of the Inner Canon).

From the discussion by Xu Chuanpei 許傳霽 on Zheng Xuan's 鄭玄 annotation, it is clear that one of the major concerns was the safety of drugs. Only hereditary physicians and their formulae, with generations of experience, could be trusted. Effective secret formulae were often jealously guarded and passed down from generation to generation. The monopoly on a cure ensured the continued patronage of patients, and thus a lucrative income. In particular, families of hereditary physicians who had established reputations for a certain speciality prospered. This kind of transmission undoubtedly posed a threat to those scholars-turned-physicians that did not possess this knowledge. The call for studying classical texts was a way for scholar-physicians to counter the challenge of the hereditary physicians and to establish their own legitimacy. Since they could not compete with them, they sought to emphasize other qualities that were important.

Although the use of drugs had a long tradition in traditional Chinese medicine, most physicians agreed that the best physician did not use drugs, but rather strengthened the constitution and *qi* 氣 (vital energy) of the individual to prevent the onset of illness. The best physician prevented the occurrence of illness by an emphasis on *yangsheng* 養生 (nourishment of life). It was generally recognized that the more potent the drug the more poisonous it was. In the taking of drugs, therefore, one relied on those that had proven to be effective and safe. At a time when reputation very much determined the success or failure of a physician, the ability of a family to practice medicine for three generations attests to the efficacy and safety of the drugs that they used.

During the Tang Dynasty (618-907), emperor Muzong 穆宗 consulted a *fangshi* 方士 (practitioner, magician, "Daoist") in an effort to cure his illness, arousing the opposition and concern of many within the court. A man by the name of Zhang Gao 張皋 presented a memorial to the throne, but also cautioned against arbitrarily taking drugs. In his memorial the text on three generations in the *Liji* was cited as proof. Here Zhang Gao was appealing for the emperor to be cautious in his use of drugs and the selection of healers.³⁷

The emphasis on three generations of medical practice and experience was not without its advocates among late imperial physicians. You Tong 尤侗, a Qing physician, quoting the passage in *Liji*, praised a physician Chen 陳 whose ancestors migrated to Suzhou during the Song Dynasty, and who had practiced medicine for thirteen generations.³⁸ Popular sayings such as *san zhe gong zhi wei liang yi* 三折肱知爲良醫 (arm broken three times and [one] will know that he is a good physician), and *jiu zhe bi er cheng yi* 九折臂而成醫 (one

³⁷ *Tang Huiyao* 唐會要 (Important documents of the Tang), compiled by Wang Pu 王溥, 82 juan, Beijing: Zhonghua shuju 1955: 1526.

³⁸ You Tong 尤侗, "Shudetang ji" 樹德堂記 (Record of the Hall of Establishing Virtue), in *Wujun fuli zhi* 吳郡甫里志 (Annals of Wu Prefecture Fuli District), edited by Peng Fangzhou 彭方周 et al., 1765 edition, juan 21: 36a-37a.

becomes a physician after breaking the arm nine times) reinforced the importance of experience in the training of physicians.

Proponents of the other line of argument, however, believed that it was not only textual knowledge that formed the basis of the training of the physician, but also that broad training in the different aspects of acupuncture, pharmaceuticals, and diagnosis was necessary. It was this kind of training that would enable a physician to respond to the myriad cases that he would encounter.

The Three Classics - *Huangdi zhenjiu* 黃帝針灸, *Shennong bencao* 神農本草, and *Sunü maijue* 素女脈訣 - represented the three major traditions in traditional Chinese medicine on acupuncture, *materia medica*, and the study of the pulse. Sheng Yin 盛寅 (1375-1441) claimed that studying the work on acupuncture was for *qu bing* 祛病 (expelling illnesses), studying the *Bencao* enabled one to *bian yao* 辨藥 (distinguish drugs), and the *Maijing* was for the purpose of *cha zheng* 察證 (investigating symptoms).³⁹

Pulse diagnosis was of particular importance in traditional Chinese medicine and emphasis on the pulse appeared in early classics. There were also significant developments in methods of diagnosis throughout the centuries, and, by late imperial times, Lin Zhihan 林之瀚 advocated four methods of diagnosis: *wang* 望 (visual observation), *wen* 聞 (listening and smelling), *wen* 問 (questioning), *qie* 切 (palpation).⁴⁰ Pulse diagnosis was part of the method of palpation and was one of the most important. It had a long tradition, with twenty-eight types of pulse described in great detail.

Therapy and treatment in traditional Chinese medicine involved a plethora of techniques. The purpose of therapy was firstly to strengthen the body's own *qi* 氣, and then to drive away the pathogenic elements that were causing the illness. It included, among other techniques, acupuncture, moxibustion, drugs, massage, and exorcisms. Acupuncture had traditionally been an important method of curing illnesses. It was still popular during the Ming and Qing dynasties, though it had lost its preeminent position as physicians came to prefer the use of *tangyao* 湯藥 (decoctions),⁴¹ and it was even abolished in the Imperial Medical Academy in 1822.⁴²

³⁹ Sheng Yin 盛寅, "Yi bu sanshi bian" 醫不三世辨 (An Analysis of [the saying] "A physician doesn't come from three generations"): 35.

⁴⁰ Lin Zhihan 林之瀚. *Sizhen juewei* 四診抉微 (Selection of the Subtleties of the Four Methods of Examination), 1723, Tianjin: Tianjin kexue jishu, 1993. Lin's work represented the growing sophistication of methods of diagnosis in late imperial China. For a discussion of these methods, see Nathan Sivin's discussion and translation of the four methods of examination in his *Traditional Medicine in Contemporary China: A Partial Translation of 'Revised Outline of Chinese Medicine'* (1972): 173-177, 291-327.

⁴¹ See for example Qing physician Xu Dachun 徐大椿 and his lament on the lack of prestige of acupuncture and moxibustion, and the deterioration of the skills of the physicians in this method of treatment in "Zhenjiu shichuan lun" 針灸失傳論 (Discussion on the Loss of Transmission of Acupuncture and Moxibustion) in *Yixue yuanliu lun* 醫學

The most important method of therapy was undoubtedly the use of healing drugs derived from animals, plants, and minerals. The *materia medica* that has been attributed to Shennong was probably compiled during the period of the Later Han (25-220 AD). A major effort at systematization was undertaken during the Ming by physician Li Shizhen 李時珍 (1518-1593). He completed the compilation of his *Bencao gangmu* 本草綱目 (Compendium of *Materia Medica*) in 1578. This work and its successor, the *Bencao gangmu shiyi* 本草綱目拾遺 (Supplement to the *Compendium of Materia Medica*) became the most authoritative texts on pharmaceutics.

Those who advocated the interpretation of *sanshi* as Three Classics were attempting to refocus attention on textual tradition in medicine, and the necessity of being well versed in the three traditions of diagnosis, treatment, and *materia medica*. Only a thorough understanding of these three aspects would enable the physician to prescribe the drugs and treatments necessary to cure the patient. This was to counter a trend perceived by many in which hereditary physicians relied too much on the use of secret formulae (*mifang* 秘方) passed down within the family. There were also physicians who relied upon books of formulae to treat illnesses without understanding the nature of the illnesses. These physicians, therefore, did not possess the skills and knowledge required to treat patients properly.

In his admonishment to the sons of hereditary physicians who came to study under him, Zhang Zhicong 張志聰 cautioned them thus:

If [you] only hold on to formulae that are handed down, thinking that they have been passed from generation to generation, how different is this from selecting a horse based upon a picture? For Heaven has the *qi* of four seasons, Earth has the differences in five directions. For the hundred illnesses of man, there are many changes and illusions. Just take the case of *shanghan* 傷寒 (cold damage disorder), there can be three hundred and eighty-nine methods [to treat it]; can one stick to the handed-down formula, and [still] thoroughly change and respond to illnesses of the seasons?⁴³

源流論 (Topical Discussions on the History of Medicine), preface 1757, Beijing: Zhongguo shudian, 1987: 2b-3a.

⁴² This abolition is noted in Ren Xigeng 任錫庚, "Tai yiyuan zhi" 太醫院誌 (An Annal of the Imperial Medical Academy) in *Qingdai zhanggu zhuilu* 清代掌故綴錄 (A Collection of Historical Records of the Qing Dynasty), edited by Zhou Kangxie 周康燮, Hong Kong: Congwen shudian, 1971: 169.

⁴³ Zhang Zhicong 張志聰, "Lüshan tang leibian" 侶山堂類辯 (Classified Argumentation from the Lüshan Studio), in Zhang Zhicong 張志聰, *Lüshan tang leibian* 侶山堂類辯 and Gao Shishi 高世栻, *Yixue zhenchuan* 醫學真傳 (The True Transmis-

Zhang was arguing that by merely following traditions and formulae handed down within the family, the hereditary physicians could not respond to particular conditions of the seasons and the individual physical constitutions of the patients. Training in the classical texts provided the physician with the necessary knowledge and ability to respond to these diverse conditions.

Zhang's writings also provide a glimpse into what could be considered as the realm of private teachings in medicine. Regarding the above quoted section, it was said that he made these comments because among his students there were many who came from a hereditary background. The preface to his *Lüshan yichao* 侶山醫鈔 (Medical Notes from Lüshan) mentions that this was a collection of lecture notes from the *jiangtang* 講堂 (lecture hall).⁴⁴

The qualifications of the competent physician were thus not only a knowledge of the major traditions of acupuncture, pharmaceuticals, and diagnosis (especially pulse diagnosis), but also the ability to *biantong* 變通 (change and accommodate) and respond to different seasons and conditions. Merely relying on secret knowledge, often embodied in the secret formulae passed down from previous generations, was insufficient. For this kind of knowledge was inadequate in treating the myriad diseases of the different seasons.

Zhang Zhicong, however, did not object to knowledge that was passed down within the family. He believed, rather, that the ideal should be to combine this knowledge with study of the classics. He ends by quoting the Song Confucian Cheng Yi 程頤 (1033-1107), "A physician who does not study, even if he becomes [like] Cang 倉, or Bian 扁, ultimately belongs to the class of artisans, and is not a scholar-gentleman."⁴⁵

The issue therefore was not just to study the classics, but *dushu* 讀書 (study of books), a sentiment expressed by Sheng Yin as well when he admonished that the term *sanshi* should refer to the classics. The modes of transmission of medical knowledge underwent changes as printing made medical books more accessible and the popular dissemination of medical knowledge easier.⁴⁶ Although Sheng Yin, Zhang Zhicong and others did not specify which books aside from the medical classics to study, in order to cultivate the necessary qualities of an ideal physician, i.e., one who was intelligent, perspicacious, and had the ability to *biantong* (change and accommodate) when faced with different circum-

sion of Medicine), combined volume published 1670, Beijing: Renmin weisheng, 1983: 49.

⁴⁴ Zhang Zhicong 張志聰 and Gao Shishi 高世栻, *Lüshan yichao* 侶山醫鈔 (Medical Notes from Lüshan), preface by Zhang Zhicong dated 1699, Taipei: Tianyi, 1973. It is unclear whether these were lectures by Zhang or Gao.

⁴⁵ Ibid, preface. Cang and Bian referred to Cang Gong 倉公 and Bian Que 扁鵲, two famous physicians in ancient China.

⁴⁶ For a discussion on the transmission and dissemination of medical knowledge between the twelfth and fifteenth centuries, see Wu Yiyi 1993-94: 36-65.

stances, one needed to possess the qualities of a scholar and the knowledge of a physician.

The admonition of Zhang to his students was a reflection of his image of the ideal physician: the *ruyi* 儒醫 (Confucian physician). Many hereditary physicians were apparently also heeding the call to create the image of the ideal physician, as evidenced by the fact that they also attended Zhang Zhicong's lectures. The idea of the *ruyi*, therefore, was embraced not just by the scholar-turned-physicians, but by some hereditary physicians as well.

The Canonical Tradition in Medicine and the Creation of the Image of the *Ruyi* 儒醫 (Confucian Physician)

Central to the question of the proper interpretation of the term *sanshi* were issues of legitimacy. The creation of a canonical tradition in medicine gradually elevated the position of the scholar-physician, leading to the creation of the ideal image of a physician: that of a Confucian physician. Scholars and physicians intended to create social and cultural boundaries with this ideal image, one of a physician who possessed not only medical knowledge, but also moral character and intelligence. These were qualities that many claimed could never be passed down from father to son, but had to be cultivated through the study of classical texts.

The Qing scholar Zhu Cun 朱夙 declared in "An Essay on Medicine as a Gift for Zhao Li'nan," that "as a son, one cannot be ignorant of medicine, and medicine cannot be practiced by non-Confucians" (*wei renzi zhe, bu keyi bu zhi yi, er yi fei ruzhe mo neng wei* 爲人子者、不可以不知醫、而醫非儒者莫能爲).⁴⁷ There are two meanings implicit in this sentence. The first is that knowledge of medicine was not the monopoly of the physician, but considered essential for any filial son, and filial piety was considered as one of the essential virtues of an ideal Confucian. Second, that knowledge of Confucian classics and possession of the moral character and intelligence of a Confucian were prerequisites for the practice of medicine. Therefore medical knowledge was closely associated with learnedness and character. Zhu was arguing for forging a close connection between the Confucian scholar and medicine. This was the image of the *ruyi* 儒醫 (Confucian physician).

⁴⁷ Zhu Cun 朱夙, "Yi shuo zeng Zhao Li'nan" 醫說贈趙禮南, in *Xiaowanjuan zhai wengao* 小萬卷齋文稿 (Drafts from the Small Studio of the Myriad Scrolls), 1885 edition, *juan* 6: 18b. Zhu Cun had achieved the status of *jinshi* 進士 (Metropolitan Graduate) in the civil service examination during the reign of the Jiaqing Emperor (1796-1820).

The process of the formation of a canonical tradition in medicine beginning in the first century B.C. established competition with the hereditary physicians. Sivin points out in his study on Chunyu Yi 淳于意 (also known as Cang Gong 倉公) that, "The master physician was expected to choose intellectually and morally fit disciples and prepare them to receive the canons."⁴⁸ In this form of transmission, the disciple was to prepare himself ritually to receive the canons, and the significance of this is in the continuity of texts that are attributed to the legendary sages. It was believed that through the study of these texts one could gain insight into the wisdom of medical practice of the ancient sages. This pattern of transmission was not restricted to medicine, but can be found in other fields such as mathematics and permeated all Confucian book learning.⁴⁹

Yamada Keiji 山田慶兒 has studied the social formation of medical groups in early China, and believes that the formation of schools originated with groups of wandering physicians (*henreki-i sh an* 遍歷醫集團). Based on the *Hanshu* 漢書 (History of the Han Dynasty), Yamada lists three major schools of medicine which formed from the end of the Warring States period to the early Han: the Huangdi 黃帝 (Yellow Emperor) school (*gakuha* 學派), the Bian Que 扁鵲 school, and the Bai shi 白氏 school.⁵⁰ He does not mean, however, that Bian Que or Huangdi were the founders of these schools, but that they represented the blending of the teachings passed down through these schools with the ideas of the *yinyang* school. The Huangdi school probably took shape during the early Han. At this time Huanglao 黃老 influences were particularly strong, and as a result Huangdi was honored as the founder. With the formation of different schools of thought, the methods of transmission also changed. Formerly the physicians who settled in one place (*teijû-i* 定住醫) usually passed on their knowledge from father to son. With the wandering physicians (*henreki-i shû-dan*), it became transmitted from teacher to disciple, just as occurred with Chunyu Yi 淳于意. Yamada believes that the passage in the *Liji* reflected a distrust of this latter form of transmission. The assassination of Bian Que perhaps was a reflection of the deep division amongst the different groups of physicians.⁵¹

The continued reference to these ancient texts even though they were of no pragmatic value in late imperial times should also be seen in the light of the development of a link with the creation of the *sanhuang* 三皇 (Three Emperors) -

⁴⁸ Sivin 1995: 183.

⁴⁹ Sivin 1995: 187-188.

⁵⁰ Yamada explains that these three categories come from the *yiwén* (literary writings) section of *Hanshu* in which three medical books are listed: *Huangdi neijing* 黃帝內經 (Inner Canon of the Yellow Emperor) and *waijing* 外經 (Outer Canon), *Bian Que neijing* 扁鵲內經 (Inner Canon of Bian Que) and *waijing* 外經 (Outer Canon), and *Baishi neijing* 白氏內經 (Inner Canon of the Bai family) and *waijing* 外經 (Outer Canon). These three set of books, Yamada believes, represent the collection of writings of three different schools.

⁵¹ Yamada 1990: 66-68.

Fuxi, Shennong, and Huangdi - as the progenitors of medical tradition. The attribution of canonical texts to legendary emperors in antiquity, and in particular to the aforementioned Three Emperors, was a process that began in the Han with the compilation of the major canonical texts. However, the official establishment of the Three Emperors as the progenitors of medical tradition began in the Yuan Dynasty (1274-1368), when physicians were included in the *sanhuang miao* (Temple of the Three Emperors). It was in 1295 that emperor Yuan Chengzong 元成宗 ordered the erection of temples for the Three Emperors in local districts. They were flanked by their four assistants as well as ten legendary physicians. Sacrifices were to be performed twice each year in spring and autumn. These sacrifices were to be performed by physicians and the rituals that were performed were to be the same as those performed for Confucius.⁵² It was this act by the Yuan emperor that brought about the convergence between the imperial lineage of the Three Emperors and the medical traditions. This further elevated the status of the classical tradition in medicine.⁵³

The Ming scholar Song Lian, in his *Zeng yishi Ge mou xu* 贈醫師葛某序 (Preface Presented to Physician Ge), claimed that in order to become a physician, one had to be able to "think and ponder the profound and subtle, manifest intelligence of the mind" before one could even study medicine. These qualities, he argued, could not be passed down through generations, but had to be cultivated through a process of learning.⁵⁴ Song Lian also cited the examples of two physicians, Yan 嚴, who came from three generations of physicians, and Zhu 朱, who was the first in his family to become a physician. The latter's family had engaged in the study of the classics for several generations before Zhu took up medicine. The former, Yan, often misdiagnosed cases, and his patients were invariably later cured by Zhu. Song Lian lamented that many people chose a physician only because he came from a family of physicians, but did not inquire into whether he was familiar with the medical classics.⁵⁵ The qualification for becoming a good physician thus depended upon intelligence and cultivation of character through education. To strengthen their argument, these scholars and physicians referred to famous physicians in ancient China, pointing out that they did not come from families of physicians.

Qing scholar Liang Zhangju 梁章鉅 ridiculed the interpretation of the passage in the *Liji* as three generations. This was unacceptable because, he argued, one would then not even be allowed to take the medicine of physicians with a lineage of only two generations. Furthermore, he said, none of the famous physi-

⁵² *Yuanshi* 76: 1902.

⁵³ The development of the tradition of the Three Emperors is discussed in more detail in my "Patronizing medicine: the *Sanhuang miao* (Temple of the Three Emperors) in late imperial China" (1997).

⁵⁴ Song Lian, in his *Zeng yishi Ge mou xu* 贈醫師葛某序 (Preface presented to physician Ge).

⁵⁵ *Ibid.*

cians in the past and present came from a family of three generations of physicians.⁵⁶

Shi Lize 施笠澤 also said that:

According to my humble opinion, among those who are called the divine physicians (*shenyi* 神醫) of antiquity, there are none like Bian Que and Cang Gong. Yet the art of Bian Que was received from Changsang Jun 長桑君, and the art of Cang Gong was transmitted from Gong Cheng Yang Qing 公乘陽慶. From the beginning I have never heard of them transmitting [their knowledge] through generations. As for people such as Li Dongyuan 李東垣, Zhu Danxi 朱丹溪, Hua Boren 滑伯仁, all were courageous heroes who advanced themselves. Therefore [we] know that [to be] a physician resides in the study of the Three Classics, and it is not based on the three generations from the father and grandfather.⁵⁷

This reflected competition among different groups of physicians. The formation of a canonical tradition in medicine favored the scholar-physicians, but from all indications, it was still the hereditary physicians who dominated. This trend continued into late imperial times, and thus the lament of Song Lian that many people chose a physician only because he came from a family of physicians, and did not bother to inquire into whether he was familiar with the medical classics or not.⁵⁸

The disagreement surrounding the proper interpretation of the term *sanshi* can be seen as part of a greater effort by physicians and scholars to delineate boundaries of acceptance into the practice of medicine in the context of intense competition. After all, if *sanshi* referred to a family tradition, then the elite scholars who wanted to earn their livings in medicine would be at a distinct disadvantage in soliciting patients and in establishing their legitimacy.

Physicians in traditional China were generally classified as artisans, and their biographies can be found in the *yishu* 藝術 (artisan) sections of the official dynastic histories. Beginning in the Song, there was an increasing effort to forge a link between the Confucian tradition and medicine. In the section on Confucian physicians in the *Gujin tushu jicheng* 古今圖書集成 (Collection of Works Past and Present), Zhao Conggu 趙從古 comments:

I have heard that a Confucian understands propriety and righteousness, a physician understands injury and welfare.

⁵⁶ Liang Zhangju 梁章鉅, "Langji congtan" 浪跡叢談 (Collectanea of Wandering Footsteps), *juan* 8 in *Liangshi biji* 梁氏筆記 (Notes of Mr. Liang), 1918 edition.

⁵⁷ Quoted in Pan Ji, *Yideng xuyan*: 524.

⁵⁸ Song Lian, *Zheng yishi Ge mou xu*.

Not cultivating propriety and righteousness is like obscuring the teachings of Confucius and Mencius; not distinguishing between injury and welfare is jeopardizing the lives of the people. How can Confucianism and medicine be taken lightly? How can Confucianism and medicine be separated?⁵⁹

Thus the inseparability of the essence of Confucianism with the practice of medicine is emphasized.

We have also seen the explicit declaration of the affinity between Confucianism and medical practice by Zhu Cun 朱夙. The concept of the Confucian physician had a two-fold function. First it enabled aspiring Confucians to maintain their moral and educational superiority. It also allowed them to put the idea of benevolence into practice, i.e., express ideal Confucian values through real action. Secondly it enabled the physician to elevate the status of the group as a whole in society.

The status of medicine and medical practitioners was not only the concern of Confucian physicians, and physicians such as Wang Shixiong 王士雄, whose family included salt officials and physicians, also endorsed the emphasis on studying the classics. He likened the way of medicine to the way of the immortals (*xiandao* 仙道), where there was a long interval before a special person came along and truly grasped the essence of medicine. He believed it would be foolish to ignore this person because his forefathers were not practicing physicians. Wang therefore believed *sanshi* should be translated as Three Classics.⁶⁰

Wang also quoted the admonition of the famous physician Ye Gui 葉桂 (1666-1745) to his sons before he died that, "Medicine is not to be taken lightly. One must be endowed with intelligence, and have studied ten thousand books, before one can use the technique to benefit the world ... my descendants should not speak of medicine lightly ...," and Wang comments, "Should not those who rely on the reputations of their grandfathers and fathers not take heed of this!"⁶¹

The creation of the image of the ideal Confucian physician allowed the elite to elevate the status of physicians by linking it to Confucian values, and at the same time counter the seeming popularity of hereditary physicians. It was this process of negotiating boundaries and criteria that eventually contributed to the process of professionalization of medicine in late imperial times.

⁵⁹ Zhao Conggu 趙從古, "Ruyi pian" 儒醫篇 (On Confucian Physicians), in *Yibu zonglun* 醫部總論 (Complete Discourse on Medicine) under *Yishu dian* 藝術典 (Record on Artisans), in *Gujin tushu jicheng*.

⁶⁰ Wang Shixiong 王士雄, *Qianzhai yihua* 潛齋醫話 (Medical Discourse from the Qianzhai Studio), preface 1853, in *Zhongguo yixue dacheng* 中國醫學大成 (A Comprehensive Collection of Chinese Medical Works), Changsha: Yuelu shushe, 1990: vol. 6, 830-853.

⁶¹ *Ibid*: 853.

The Professionalization of Medicine in Late Imperial China

As both Yamada Keiji and Nathan Sivin have pointed out, as early as the Han there were already considerable tensions within medicine between hereditary physicians, who transmitted medical knowledge through the family, and scholar-physicians, who emphasized the transmission of texts to worthy disciples.

There is no doubt that there was a gradual shift in the process of transmission from within the family to that of texts. But as the cases of Zhang Zhicong and Gao Shishi show, hereditary physicians were also participating in the process of learning through texts. We can discern two main reasons for this. The first is the prestige that was attached to the canonical texts. Even though most patients preferred hereditary physicians, knowledge of texts endowed them with a kind of symbolic power that elevated their social standing. Secondly, the texts that they studied did not just include the classical texts, but a wide variety of medical works. These undoubtedly helped in broadening their training.

In late imperial China, there was a flourishing publishing industry and book trade, especially in the Jiangnan area. In medicine, there were voluminous publications of medical treatises, medical primers, and a proliferation of various genres of medical publications. For example, the works published by Jiangsu 江蘇 physicians under the *shanghan* (cold damage disorder) category increased from 1 in the Yuan, to 27 in the Ming, to 183 in the Qing; in *neike* 內科 (internal disorders) from 10 in the Yuan, to 121 in the Ming, and 336 in the Qing.⁶² An increase in these works reflected a growing interest in these fields in medicine, and a market for them. Increased publication contributed to the dissemination of medical knowledge, and the creation of a network of literary communication among scholars and physicians, especially in the Jiangnan region.

There was also a dramatic increase in the number of works on the history of medicine (*yishi* 醫史). In Jiangsu Province, it increased from 18 in the Ming to 160 in the Qing.⁶³ Heightened interest in the history of medicine again reflected this increasing attempt to establish a lineage for medicine, traced through the medical classics attributed to the ancient sages. It also served to establish the authority and legitimacy of this canonical tradition, and to challenge the authority of the hereditary physicians.

The increase in publications on medicine corresponded to an increase in the number of physicians. Compared to Song and Yuan times, the number of physicians in Jiangsu Province had grown enormously.⁶⁴ This not only led to competition for legitimacy and the effort to establish the canonical tradition as the most prestigious, but also to efforts to impose greater conformity and standards in the practice of medicine and training of physicians. Xu Dachun 徐大椿, for exam-

⁶² See my dissertation "Medicine and society in late imperial China: A study of physicians in Suzhou," Ph.D. diss., UCLA 1995: 188.

⁶³ Chao 1995:188.

⁶⁴ See Chen Daojin and Xue Weitao 1985.

ple, was dissatisfied with what he perceived as an influx of failed examination candidates into the medical profession. These people, he believed, were only looking for a way to make a living. He thus advocated the setting up of medical examinations to ensure that those who practiced medicine knew the words of the sages, and could treat illnesses in accordance with the knowledge passed down since antiquity.⁶⁵

Xu Dachun here was more specific than many of his contemporaries in advocating a system of evaluation for the practice of medicine. The state did not establish licensing laws or criteria for regulating the practice of medicine in general. Without any formal system of evaluation, the different groups of physicians competed in their claims for legitimacy. The discourse on the term *sanshi* reflected this growing tension between hereditary physicians, whose knowledge came from accumulated experience, and other elite physicians, whose knowledge came mainly from texts.

The formation of a community of physicians in Suzhou, and in the lower Yangzi region in general, can be attributed to an increased participation by the elite in medicine. Medical practitioners in Suzhou were a diverse group, including scholars-turned-physicians, hereditary physicians, and a variety of folk practitioners. It was, however, an influx of members of the elite that was the most remarkable. This increase can be attributed to population growth in the region, which translated into keener competition for the civil service examinations, as each province was allocated a set quota for passing the examinations. The Japanese scholar Miyazaki Ichisada estimated that in late imperial China, approximately one in three thousand was lucky enough to pass the series of examinations and obtain the highest level of *jinshi* (Metropolitan Graduate).⁶⁶ As a result, the biographies of many physicians testify to an abandoned quest for an official career. Medicine was an acceptable alternative not only because of the potentially lucrative income, but because medicine also fulfilled the Confucian ideal of benevolence. The changing composition of the community of medical practitioners brought to the forefront issues of legitimacy and boundaries of admission. This was played out not in the conflicts over licensing laws as had occurred in Europe, but in debates over the proper form of medical knowledge necessary for a physician.

Economic developments in the lower Yangzi region also contributed to more fluidity among the different social classes. One finds many officials engaged in commercial activities that were traditionally frowned upon by the elite. But it was also their common intellectual background that enabled many physicians to share a common language with scholars. The diverse groups of medical practitioners often employed the same symbolic vocabulary to bolster their positions

⁶⁵ Xu Dachun 徐大椿, "Kaoshi yixue lun" 考試醫學論 (On Examinations in Medicine), in *Yixue yuanliu lun* 醫學源流論 (Topical Discussions on the History of Medicine), preface 1757, Beijing: Zhonghua shudian, 1987: 14a-b.

⁶⁶ Miyazaki 1986: 199.

in their competition for legitimacy. It is within this context that we see the attempts to construct a professional identity by physicians.

The most striking difference with their European counterparts is that, for aspiring Confucian physicians, their status in society was tied to their literary talents, and there was a lack of an institutional framework to protect and enhance their monopoly and privileges as healers. In other words, the late imperial physician could not look toward the state to protect his rights to practice medicine, nor could he rely on the state to grant him legitimacy.

At a time when one could practice medicine simply by hanging up a symbolic gourd (*hulu* 葫蘆), the influx of members of the elite into medicine in late imperial China created considerable tension among physicians. Thus, the discourse on the term *sanshi* was not merely an exercise in the interpretation of classical texts, but also part of an attempt to establish legitimacy by the elite.

However, even in their attempts to establish supremacy over hereditary physicians, the scholar-physicians did not deny the importance of experience and the need for specialized knowledge. It was the accumulation of experience throughout the centuries that allowed for the development of fields such as *yangke* 瘍科 (wounds and skin infections) and *erke* 兒科 (pediatrics). In the biographies of physicians one can often find mention of their specialities. There was a general recognition among physicians of the importance of specialized knowledge and that different illnesses should be treated by physicians who were knowledgeable in that particular field.

For patients who had to choose from the wide variety of physicians, the important criterion was reputation. This emphasis on the efficacy of treatments remained a major criterion of judgement in traditional Chinese medicine. Even with the increasingly close ties with the classical tradition, and the creation of an ideal Confucian endowed with intellect and cleverness, efficacy continued to play an important role in the validation of the status of a physician. The creation of a textual lineage closely associated with the Confucian tradition gave them symbolic power, but it was still their skill and reputation as a healer that brought patients to them.

In this diverse field of medicine, the state did not regulate medical practice.⁶⁷ In addition, as seen from Zhu Cun's writing, medicine was not the monopoly of physicians but considered an essential attribute of a filial son. Therefore, the question of who had legitimacy over the practice of medicine was debated by both practitioners of medicine as well as scholars. The discussion involved not just the proper character for an ideal physician, but also what made a good physician. It is within this context that we find a growing discourse on the identity of the physician in late imperial times and on the notion of what exactly constituted the ideal physician. This discourse was dominated by the physicians

⁶⁷ Although there were imperial medical academies and local medical academies, these had no authority over the practice of medicine.

in the classical tradition.⁶⁸ Their efforts reflected attempts to create an ideal image of the physician - that of a Confucian physician (*ruyi* 儒醫). I argue that this process contributed to the growing professionalization of the medical field through the creation of boundaries of admission and criteria for the conduct and knowledge necessary for an ideal physician, and an emerging sense of community.

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⁶⁸ I have dealt with the formation of the classical tradition more extensively in "Patronizing medicine: The *Sanhuang miao* (Temple of the Three Emperors) in late imperial China" (1997).

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