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Restructuring the Field of Chinese Medicine: A Study of the Menghe and Ding Scholarly Currents, 1600-2000¹

Part 1

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Introduction

In 1988, Nathan Sivin, alerted by a number of articles and books published in China, recommended to Western scholars of Chinese science a study of local medical traditions in the small Jiangsu 江蘇 town of Menghe 孟何.² Ten years later, I was afforded the opportunity to carry out such a project. This article is an initial presentation of my findings. It is conceived as an overview of the field of Menghe medicine and, by implication, as an attempt - or should I say chance - to order it. I approach this task as a historically minded anthropologist rather than as a social historian. My goal is to examine Menghe medicine, a medical tradition that remains alive to this day, as a field of practice and to explore the agencies that have structured and changed it. By means of this analysis I hope to shed new light on continuity and change of local medical traditions in late imperial and modern China.³

There exist three broad strategies that have been applied with varying degrees of success to similar undertakings. The first, basing itself on indigenous Chinese categories, locates medicine in late imperial China within a force field structured by the different interests, modes of learning, patterns of practice, and forms of legitimation that differentiate hereditary physicians (*shiyi* 世醫), on the one hand, from literati physicians (*ruyi* 儒醫), on the other. I had to reject this strategy from the outset, because an overwhelming majority of Menghe physicians belonged to both groups at the same time.⁴

² Sivin (1988), p. 70. For research by Chinese authors see Chen Daojin 陳道瑾 (1981), Fu Fang 傅芳 (1985), Huang Huang 黃煌 (1983), (1984), Ren Mianzhi 任勉芝 (1984), Yu Xin 余信 (1992); and Zhang Yuankai 張元凱 and Wang Tongqing 王同卿 (no date). See also Zhang Yuankai 張元凱 et al. (1985) for a collection of medical works by Menghe physicians.

³ The material I present is drawn from four kinds of sources: (i) writings by physicians belonging to the Menghe and Ding current; (ii) oral history collected from interviewing living members of the current, their students and people in Menghe; (iii) personal records from participant observation during fieldwork in China from June 1999 to October 2000; (iv) secondary literature. Although a considerable amount of secondary literature on the currents under discussion has been published in China, it frequently is repetitive and always hagiographic in character. For political reasons, I was denied access to uncatalogued documents currently held by the Changzhou Museum 常州博物館, which may shed more light on the history of the Menghe current when published.

⁴ Chao (1995), Hsu (1999), and Wu (1998) all employ this distinction as a basic point of reference. Of the 161 physicians practising in Wujin 武進 and Yanghu 陽湖 Districts during the Qing, whose biographies I have been able to examine, 103 (sixty-four percent) practised within a family tradition. At least ninety-seven (sixty percent) had scholarly affiliations whether by way of publication, erudition or examination success. The latter was, in the main, modest. Twenty-seven physicians (seventeen percent) held a degree, but only five (three percent) of these were at the district level (*juren* 舉人) or above. Most of

A second strategy has been to apply to the Chinese case categories of social analysis that have demonstrated their value in other historical contexts. Given the degree to which the process of professionalization has shaped the practice and identity of medicine in our own culture, it was perhaps inevitable that Western historians should seek to understand the social organization of Asian medicines, too, with relation to this already familiar process.⁵ Great gaps remain, however, between the story told by these historians and the features that scholars take to be generic of the process of professionalization in the West. There is no evidence in China, for instance, for the movement from school to association to ethics code that early functionalists saw as indicative of professionalization.⁶ Nor is it possible to show that any one group of physicians achieved practical or symbolical control over the domain of medicine, as demanded by later power theorists.⁷ There is even less evidence that Chinese medicine physicians before the 1920s organized themselves professionally within a wider field of competing professions, the key criterion of professionalization in the eyes of contemporary systems theorists.⁸

Noting the lack of fit between Western models of professionalization and the history of medicine in China, Sivin has long, therefore, defined elite medical practice in both imperial and modern China as a mere occupation.⁹ This strategy avoids the mistake of taking what was a historically specific cluster of processes, namely the cumulative rise of the professions in Western societies in the context of an emergent liberal capitalism, as an ideal of historical development against which other histories might be mapped.¹⁰ However, the concept of an occupa-

the Menghe physicians examined in this article were both hereditary and scholar physicians.

⁵ Ogawa (1978), Unschuld (1979), and Chao (1995) draw on different Western theories of professionalization in their examination of Chinese medical history.

⁶ Examples of this typological approach are Carr-Saunders and Wilson (1933), Cogan (1953), and Goode (1960).

⁷ The most influential author here is Freidson (1970). See also Berlant (1975), and Larson (1977). How heterogeneous and plural the field of medicine in China was even in the Republican era is brilliantly shown in a chart reproduced in Lei (1998), Appendix. For plurality and heterogeneity in contemporary Chinese medicine see Scheid (2002).

⁸ See Abbott (1988). Sivin (1992 [1982]), p. 61, categorically states that China had no professions, which he sees as elites with authority to define "conceptual machineries of universe maintenance." Elman (1984), pp. 96-100, on the other hand, identifies signs of beginning professionalization among elite scholars in the early Qing. Lei (1998) dates the professionalization of Chinese medicine within the context of the state to the late 1920s and 30s.

⁹ Sivin (1987), pp. 22-24.

¹⁰ Given the different social contexts in which capitalism was realized, professionalization proceeded along quite different trajectories in different nation states. For cogent summaries and literature reviews see Freidson (1994), chap. 1, and Rossides (1998), chap. 1.

tion remains too vague and general to guide our understanding of the interplay between doctrinal content and forms of social practice and organization that together make up Chinese medicine.

It still needs pointing out, even today, that the unreflective use of indigenous or Western categories of social organization draws on narratives of similarity and difference increasingly viewed as a hindrance, rather than an aid, to our understanding of Chinese science, technology and medicine. Most important in this respect is the discourse of modernization and the invariable comparison with the West it invokes. The absence of professionalization in Chinese medicine, for instance, continues to be constructed as a lack that somehow has to be accounted for.¹¹ Fixing our investigations merely on indigenous categories, on the other hand, affirms the existence of a great divide between modern Western and traditional non-Western culture, science and medicine that is itself but one aspect of the discourse of modernity.¹²

In light of recent research on modernization in both China and the West these narratives are becoming increasingly difficult to sustain.¹³ A third strategy, therefore, is to reject the imagined stabilities—whether of community or process—that informs previous models. Instead, I shall view forms of social organization, knowledge and practice as co-temporaneously constructed. The historical problem under investigation then can be restated in terms of the following question: How did claims of difference and continuity made by social actors shape the formation and legitimation of medical knowledge and practice, of social identities and scholarly communities.

Although this strategy has been used with great effect in history and anthropology, its impact on the study of Chinese medicine is only just beginning to make itself felt.¹⁴ Accordingly, there exists, as yet, no over-arching framework directing research, nor a common set of concepts that would allow authors to

¹¹ This clearly is the agenda Chao (1995) sets herself, when she attempts to demonstrate that Chinese medicine in late imperial China did show at least signs of professionalization. The similarity with attempts to find in the same period evidence for a developing civil society by authors such as Rankin (1986), Rowe (1989) (1990a), and Strand (1989), or for the 'sprouts of capitalism,' as in the writings of Chinese dialectical materialists are striking. The main referent for Unschuld (1979) is Weber, which again makes the connection between the discourse on professionalization and modernisation quite obvious.

¹² See Hart (1999) for a useful recent review of these issues with specific relevance to the history of science, technology and medicine in China.

¹³ I discuss this issue at length in Scheid (2002), chap. 1. See also Duara (1995) and Goodman (1995) for two exemplary studies that show how empirical research can go beyond notions of unified subjects and linear history.

¹⁴ The most influential publications that have influenced other researchers to think of traditions as invented and communities as imagined are Hobsbawm and Ranger (1983) and Anderson (1991). For later work see Spivak (1987), Bhabha (1994), and Appadurai (1996).

refer to each other in more than a general manner. Advances in neighboring areas of research such as kinship studies demonstrate clearly the benefits that might be derived from interdisciplinary work coalescing around shared goals and a common language. I hope I can sow the seeds, at least, for a similar endeavor in our field.¹⁵

Towards this end, I shall employ the concept of ‘scholarly current’ (*xuepai* 學派), as a convenient reference point around which to orient my discussion. The term is regularly used by Chinese historians when referring to the Menghe physicians and their successors, but also as an organizing principle of broader investigations. Historically, the term has, however, been used only by some, and not all, of these physicians when referring to themselves, and used only in specific contexts. Like other forms of social organization in China, scholarly currents thus do not constitute essential cultural forms, but are historically emergent patterns through which social actors connect to each other and construct identities for themselves.¹⁶

Translating *pai* 派, as ‘current’ rather than the more common ‘school,’ ‘faction,’ ‘lineage,’ or ‘group’ is motivated by several considerations. As Wu Yiyi has shown in his seminal essay, the Chinese word *pai* does not denote a ‘school’ or ‘faction’ because members do not always share a common theory directing research and practice. According to Wu, a *pai* also does not equate to a ‘lineage’ because its members are not held together by exclusive social relations. He thus suggests translating *pai* as ‘group’ in the sense of referring to “people sharing some ideas or principles, or at least claiming to do so.”¹⁷

Wu thereby also emphasizes the constructed nature of the social relations through which a *pai* is established. This observation has been supported more recently by Hanson’s important study of the invention of the ‘warm [pathogen] disorder scholarly current’ (*wenbing xuepai* 溫病學派) in Chinese medicine. A particularly important aspect of Hanson’s analysis is her ability to show that the warm pathogen scholarly current was not created at one singly point in time. Rather, it emerged in a series of events that were not causally related to each other at the time, but imbued later with a common identity through the efforts of

¹⁵ A particularly pertinent example is the volume on kinship studies in late imperial China edited by Ebrey Watson (1986b), as is, indeed, the notion of professionalization with regard to the development of medicine in Western societies.

¹⁶ Recent ethnographic research has demonstrated convincingly, for instance, that particularistic exchange relations—known as *guanxi* 關係 in Chinese—are not local instantiations of universal patron-client exchange relations, nor essential building blocks of Chinese society. Rather, they function as cultural tools used by actors to construct social relations in specific historical contexts. Hence, just as the tools they use shape actors, these tools themselves are forever imbued with new meanings that open up new possibilities to define identities and relate socially. See Kipnis (1997), Yan (1996), and Yang (1994).

¹⁷ Wu (1993-94), p. 37 fn. 5.

distinctive social actors. Neither form nor content of the current were, therefore, ever fixed. They have always remained open to ongoing reinterpretations and realignments in response to changing historical dynamics and constellations.¹⁸

I believe that this continual coming into being of practice within specific forms of social relations—a coming into being that simultaneously stretches forward and backward in time—is more adequately captured by the dynamic concept of ‘current’ than by the static term ‘group.’ This translation stays much closer, too, to the etymological connotations of its Chinese referent, which calls forth the image of “a network of subterranean water channels.”¹⁹ Currents can branch off from each other, but also converge again at a later point in time. They can form criss-crossing networks that carry practices and establish connections without, at any time, invoking linearity or fixity. Most importantly, they provide an image that the Chinese themselves have long linked to pre-occupations with lineage, descent and the orthodoxy (rather than truth) of various kinds of knowledge.²⁰

Synchronically, then, I shall for now denote by the term *pai* or current groups of practitioners, whose members are related to each other by personal association, actual or fictive kinship ties, retrospective histories, or affiliation on the basis of having read or adopted the texts or case records of a deceased physician, and who share ideas, techniques, geographical proximity, stylistic similarities, aesthetic preferences, or any combination of these. Diachronically, the real or imagined genealogies that tie the members of a current together frequently cut across the questionable periodizations imposed on their subjects by historians and thereby help to relativize them. All of this, as I shall endeavor to show, makes ‘scholarly currents’ an important concept for any history and anthropology of Chinese medicine that seeks to avoid the ever-present temptations of essentialism. It is a concept, though, that may need to be redefined, or defined more sharply, as a result of this study and related to others used regularly by social historians and anthropologists, such as networks, families, and lineages.

The specific currents that I shall now examine, the Menghe and Ding scholarly currents, provide a wealth of material through which these interrelations may be explored. The first is a current associated with the town of Menghe, and the second an offshoot of the former named after one of the most famous physicians born there.

¹⁸ Hanson (1997). See also Taylor (forthcoming).

¹⁹ See Harper (1998), p. 83, for a detailed etymological analysis. The modern ideogram for *pai* is composed of two signifiers of which one, *shui* 水, denotes water and the other, *pai* is generally seen as the reverse of *yong* 永. Hence, the original meaning of the modern term is “to branch off, like a river.”

²⁰ See Wilson (1995).

1 The Menghe and Ding Scholarly Currents: Introductory Remarks

Menghe is the name of a small town in the northwestern corner of Wujin County 武進縣 in Southern Jiangsu, about 30 kilometers north of the city of Changzhou 常州. The town derives its name from its original location on the banks of the Meng Canal, cut between 810 and 813 by Meng Jian 孟箭, the then prefect of Changzhou, which connected the Grand Canal east of Changzhou with the Yangzi River 江河 a few miles to the north. Some sources claim that the name is even older and refers to Meng Jia 孟嘉, advisor to general Huan Wen 桓溫 (312-373) of the Eastern Jin dynasty, who lived for a while as a recluse on nearby Dragon Hill 龍山. As a result, the hill was known as Jia Hill 嘉山, and when the ditch that flowed at its foot was widened it became the Meng Canal.²¹

Located close to the entry of the Meng Canal into the Yangzi and framed by the Dragon (or Jia) Hill to the West and the Yellow Hill 黃山 to the East, Menghe formed a natural point of entry into the prosperous hinterland of the delta (Figure 1: Map of Jiangnan). During the late Ming the town was turned into a garrison to serve in the defense against pirates who at the time made frequent raids up the Yangzi and in 1553 had raided the nearby city of Danyang 丹陽.²² As a result, Menghe was surrounded with walled fortifications 600 *zhang* (two kilometers) in length and two *zhang* (six and a half meters) high, complete with four city gates and two water sluices. Signifying this obvious change of status, the town was from then on also known by the alternate name of Meng City 孟城. During the Qing, Changzhou Prefecture stationed waterborne forces in Menghe that were maintained in various strengths until the Japanese invasion in 1937.²³

During the Ming and Qing, Wujin County was part of the larger administrative division of Changzhou Prefecture 常州府, a well-developed area with a dense population living off its fertile farmland and flourishing handicraft industry (Figure 2: Map of Changzhou and Wujin). Changzhou also was an important cultural centre and “a prefecture of unusual academic success.” During the

²¹ Bao Shusen 包樹森 (1998), p. 255. For a brief biography of Huan Wen see Liao Gailong 廖蓋龍 et. al. (1990), p. 473.

²² Although officially known as Japanese pirates or *wokou* 倭寇 (Jap. *wakō*), these were mostly contraband traders and adventurers of various racial origins who sailed the coast of China and the East China Sea in defiance of Ming proscription (Li Guangbi 李光壁, 1956).

²³ These were referred to by various names as the Menghe Stockade 孟河寨, the Menghe Fort 孟河堡, and the Menghe Battalion 孟河營. For descriptions of Menghe and its position in late imperial China see GXWJ, chap. 1, pp. 1a, 7a, and QSG, chap. 58, p. 1998. For local histories see Bao Shusen 包樹森 (1998) p. 255, Chao Yishan 巢義山 (1993), and Xu Fuxin 徐福鑫 (1993). A brief introduction to contemporary Menghe can be found on the web at <<http://www.wj.gov.cn/web2000/town/menhe/gk.htm>>.

Ming, about ten percent of all officials originating from Nanzhili came from Changzhou Prefecture's three county seats of Wujin (centered around its capital Changzhou), Wuxi 無錫, and Jiangyin 江陰. A total of 661 metropolitan degree holders (*jinsi* 進士) in the period between 1368 and 1644 placed Changzhou Prefecture fifth in the Ming empire, and second in Jiangsu Province. During the Qing, Wujin County was seventh in the empire for local communities of outstanding academic success. Only the Suzhou municipal area with 504 metropolitan degree holders exceeded Wujin's total of 265.²⁴

This gradual rise throughout the Qing of Wujin to a position of influence rivaling Suzhou 蘇州, Nanjing 南京, and Yangzhou 揚州 manifested in a vibrant cultural and intellectual life. In domains extending from Confucian scholarship to classical poetry, from painting to philosophy and craftsmanship, scholars and artists from Wujin achieved national prominence and influence. In the domain of Confucian scholarship, for instance, the Changzhou [New Text] Scholarly Current 常州學派 of evidential scholarship established itself as the dominant intellectual tradition in the country during the eighteenth and early nineteenth centuries. The Yanghu Literary Current 陽湖文派, the Changzhou Poetry Current 常州詞派 and the Changzhou Painting Current 常州畫派 equally gained national renown.²⁵

Medicine, too, followed this general trend. Although the county could claim several literati physicians such as Xu Shuwei 許叔微 (1079-1154) and Wang Kentang 王肯堂 (1549-1613) that were known beyond their home county,²⁶ it was only during the Qing that Wujin physicians began to contribute more widely to the development of Chinese medicine. The crest of this wave can be located during the mid-nineteenth century, lasting well into the Republican and even the contemporary period. Local writers clearly saw this emergence as being linked to the flourishing of scholarly learning in the county as a whole:

Wujin is located in Jiangnan, a hub of land and water. For a long time it has been known throughout the country for its concentration of cultured people. During the Qing, the reputation of various schools became especially strong. Medical scholarship also followed [this general trend] and famous physicians came forth in large numbers.²⁷

²⁴ Ho (1962), pp. 246-254, and Elman (1990), pp. 95-97. A more extensive history of Wujin County can be found in Elman (1990), Appendix 1, pp. 325-330.

²⁵ For a history of these different schools see Zhu Daming 朱達明 (1999). The social history of the Changzhou New Text School is analysed in detail by Elman (1990).

²⁶ Both physicians are cited as literati physicians from Wujin by Chen Daojin 陳道瑾 and Xue Weitao 薛渭濤 (1985), p. 7.

²⁷ Qian Jinyang 錢今陽 (1942), foreword by Xie Guan 謝觀, p. 1.

The emergence of the Menghe scholarly current clearly, therefore, was part of a wider historical process that propelled Changzhou and Wujin to the centre of cultural development in Jiangnan. It remains to be explained, however, why the small county town of Menghe, rather than the provincial capital of Changzhou, should have become the regions foremost medical centre. One of the reasons, undoubtedly, is that Menghe physicians and their successors were better than their competitors at exploiting opportunities for self-promotion and at inserting their tradition into official memories on both regional and national levels. The creation of the personal networks that were fundamental to this process will be analyzed in detail later on in this article, and a detailed comparison with other Wujin medical traditions in the manner in which they built and took advantage of such networks has already been published elsewhere.²⁸ Other important factors include commerce, geography and geomancy.

Strategically located on a trade axis that connected Yangzhou in the North with Suzhou and Hangzhou in the South by way of the Grand Canal, and the Yangzi River in the East with Anhui Province in the West, Menghe offered easy access in almost all directions to local centers such as Changzhou, Zhenjiang 鎮江, Danyang, Jiangyin, and Wuxi. As a garrison town it furthermore provided a certain degree of safety in often troubled times. This favorable position was exploited by the rise of powerful merchant lineages from the Ming onward, while evidence of a booming inn trade in the town prior to the Taiping rebellion (1850-1864) indicates that Menghe functioned as a convenient stop-off point for those on the way to somewhere else.²⁹ Local wealth provided opportunities for patronage and an income for scholars, including physicians. Those in need of medical attention while passing through the town would have had to seek medical help outside their local or personal networks, making Menghe a good place for setting up a shop as a physician or pharmacist.

If contemporary Chinese historians examining the rise of Menghe medicine emphasize such economic factors, older accounts highlight the importance of geomancy and astrology. Menghe's location and shape was likened by experts of the geomantic arts to two dragons (the Dragon and Yellow Hills on either side of the town) playing with a pearl (round like the city enclosed by its wall). This fortuitous image was further enhanced by the fact that a so-called dragon vein (*longmai* 龍脈) emerged on Dragon Hill. According to popular legend, a Ming emperor once traveled along the hills accompanied by his advisor Liu Qingtian 劉青田. Liu pointed out that this meant that a new emperor might be born here. In order to remove the potential threat to the Ming throne, Liu advised to have the dragon vein cut. The emperor followed Liu's suggestion and had earthworks carried out at place referred to locally as "Stone Dragon Mouth" (Shilongkou 石

²⁸ Scheid (2002a).

²⁹ See *Ma Peizhi waikē yì'ān* 馬培之外科醫案, foreword by Fan Fengyuan 范風原, reprinted in ZYT, p. 5142, and also the foreword by Zhao Binyang 趙賓暉 to WYAH, p. 1354.

龍口). The consequence of this maneuver, according to the rules of geomancy, was that from then on famous physicians were destined to be born in Menghe instead (Figure 3: Map of Menghe's Geomancy). Other commentators emphasized astrological considerations but came to the same conclusions.³⁰ Whatever one chooses to make of such beliefs, their currency amongst both the elite and populace in late imperial China, provides a clue as to why certain people may have chosen to move to Menghe, or why local lineages might have channeled resources into medicine rather than other economic pursuits.³¹

Menghe's status as a medical center declined, when from the late nineteenth century onwards many of the town's physicians moved to larger and more prosperous cities to the East. The destruction wrought by the Taiping rebellion, the relative decline of the local economy, but also the increase in physician numbers caused by Menghe's success, forced established medical families to maximize resources by sending some of their members to other Jiangnan towns and cities, where they met with considerable success. As we shall see in more detail later, it was this migration of Menghe medicine away from its place of origin that ultimately provided it with its contemporary identity. Medicine in Menghe had been tied to medical families, lineages, and social networks held together by Confucian ideologies of kinship and ritual practice. The physicians who sojourned in other cities, and here in particular in Shanghai, increasingly supplemented such kinship based networks with others centered on native place and professional affiliations. As a result, their association with Menghe became more pronounced, functioning both as a social strategy that aligned them with other people from their native place, and as a rhetorical one that advertised their clinical acumen and medical pedigree by association with a locale that possessed a well-established reputation.

Still, Menghe retained some of its previous glory. Until the collectivization of healthcare in the 1950s, the town possessed more than ten pharmacies (Table 1: Pharmacies and Herb Shops in Menghe), and physicians in neighboring districts found it difficult to compete with Menghe's enduring reputation.³² Even

³⁰ FZB, p. 31. Geomancy as a factor in the emergence of Menghe medicine is stressed, too, in the following primary sources: FSQS, chap. 1, p. 1b, foreword by Sha Wangxian 沙王先; YCSY, foreword by Li Xiaohu 李小湖, p. 7.

³¹ Just how seriously the Chinese elite took geomancy can be seen from the fact that it was used as an argument against the introduction of Western technology by advisors to the Qing court until late into the nineteenth century. Weng Tonghe 翁同龢, for instance, argued that Western things adversely affected the cosmic order including geomantic arrangements in China. See Zhao Zhongfu 趙中浮 (1970), p. 1575. For overviews of the role that geomancy played in the life of ordinary Chinese in late imperial China see Eastman (1988), pp. 55-57, and March (1968).

³² Personal information, Professor Peng Huairan 彭懷仁 (2000), formerly at the Nanjing University of TCM. Professor Peng set up in private medical practice in Danyang County 丹揚縣 about fifteen kilometers from Menghe in 1941.

today, Menghe has a hospital for Chinese rather than Western medicine—underfunded but still extraordinary for a town of its size—with a nameplate that bears the personal calligraphy of former Health Minister Cui Yueli 崔月犁.

Table 1: Pharmacies and Herbshops in Menghe in 1950

Bao'an tang	保安堂
Qingyu tang	慶余堂
Renji tang	仁濟堂
Shude tang	樹德堂
Taishan tang	泰山堂
Tiansheng tang	天生堂
Tianyu tang	天玉堂
Tongde tang	同德堂
Yisheng tang	益生堂
Zuosheng tang	佐生堂

SOURCE: Personal information, Cao Zhiqun 曹志群, retired director of the Menghe Hospital of Chinese Medicine, 30 May 2000. Dr. Cao could still remember the precise names of ten of these pharmacies.

In subsequent sections I shall flesh out the history of Menghe medicine by following its development from the late Ming to the present. In doing so, I shall focus on the four families that modern Chinese historians define as representing the Menghe scholarly current: the Fei 費, the Ma 馬, the Chao 巢, and the Ding 丁. With the exception of the Ding, all of these families established their reputation in Menghe before migrating to other Jiangnan cities. The Ding rose to prominence in Shanghai, where they became one of the most influential medical dynasties of the Republican period. While they themselves continue to refer to their roots in Menghe, their many disciples and students view themselves as attached not to Menghe, but to a new medical tradition, the Ding scholarly current 丁學派. Given the influence of this current on the development of Chinese medicine in modern China and its attachment to Menghe medicine via the Ding, I have included it in the present discussion for reasons of historical continuity as well as contrast.

Wherever necessary, I have widened my perspective to include other local medical traditions and to situate the currents under discussion within the context of the wider history of Chinese medicine. Given the already lengthy nature of my narrative, such references had to be kept to the absolute minimum. It is for the same reason that the relation of both currents to the emergent field of Western medicine in late imperial and Republican China is barely touched upon. Physicians belonging to the Menghe current do not generally concern themselves

with Western medicine in any of their writings. Although this marks them as conservatives, much like the wealthy patients they were treating, it does not add anything of significance to the exploration of the issues with which I am dealing. Physicians belonging to the Ding current, on the other hand, were at the forefront of the National medicine (*guoyi* 國醫) movement, and of Chinese medicine reform during the Republican period. These activities did not, however, stem from their integration into a particular medical current, but rather from the historical environment in which they lived. This environment and the activities to which it gave rise have been examined elsewhere and do not need to be rehearsed here once again.³³

Compared with contemporary Chinese writings on the topic of the Menghe and Ding currents, I offer not merely a different methodological and epistemological approach. I also have examined a number of hitherto neglected sources such as lineage genealogies and oral histories collected through interviews with numerous physicians related to both currents. As a result, my examination extends and sometimes challenges the received history of the Menghe and Ding currents.

2 The Origins of the Menghe Current: An Overview

I want to frame the development of Menghe medicine in late imperial China through a single question: How was it possible for physicians described by their biographers as men “whose footprints did not stray beyond the confines of [their] district community and whose power did not exert itself beyond [their] family households,”³⁴ to insert themselves into the national consciousness and to become a major force in the shaping of Chinese medicine? I consider this question to be central, precisely because it directs our attention to the interplay between social organization, identity, and content of Chinese medicine. I shall approach these issues by situating the origins of Menghe medicine at the intersection of family and lineage, local community, and person centered networks in the period from the late Ming to the mid-Qing.

Medicine in Menghe during this period was a heterogeneous field, characterized by a diversity of medical practices and types of practitioners that were related to each other within distinctive social hierarchies. Those physicians about whom we know most—and with whom this study will concern itself above all—were those at the top: members of the gentry who practiced medicine, and successful physicians who aspired to gentry status. Almost without exception, these physicians belonged to families that practiced medicine as a hereditary occupa-

³³ See, for instance, Andrews (1996), Lei (1998), Xu (2001), and Zhao Hongjun 趙洪鈞 (1989).

³⁴ FSZP, chap. 2, *Yun'an gong zhuan* 云庵公傳 (Biography of Mr. Yun'an).

tion. This renders problematic received distinctions between literati and hereditary physicians, which defines the former as gentry who emphasized the study of medical classics, and the latter as empirically based practitioners, frequently associated with a medical specialty such as external medicine (*waike* 外科) or gynecology (*fuke* 婦科).

The reasons for this convergence of social categories in Menghe—a convergence that may well be found elsewhere, too—is a conjunction of historical processes during the late Ming and early Qing. Rapid commercialization of society had gradually reduced the social stigma attached to commercial activity, including medical practice, among the elite. The early Qing, furthermore, was a period of self-imposed downward mobility, during which many scholars who refused to work with the new Qing government for political reasons, “lowered their vocation to medical practice.”³⁵ The result was an increase in members of the gentry elite who practiced medicine as an occupation, and who imported into the domain of medicine not merely their modes of thinking and scholarly practice, but also their ethics and forms of social organization.³⁶

In Menghe, as throughout elite Jiangnan society, these consisted of extended families, lineages, and social networks that connected individuals horizontally on the basis of joint affiliations, and vertically on the basis of hierarchies imbued with the rights and obligations defined by Confucian ideologies of social relations.³⁷ Within the field of medicine, these structures impinged on learning, knowledge transmission and the strategies that defined medicine as an economic activity. A strong focus on localism, characteristic of lineage based social activism during this period, furthermore facilitated the integration of Menghe medical families into the local and regional gentry elite through participation in joint social activities and the building of marriage alliances.

Amongst the Menghe medical families themselves, such network building provided a channel for the exchange of ideas and experience, and the consolidation of local power. It elevated their social status and achievements in Menghe, while simultaneously furnishing nodes of attachment to even more powerful supra-local networks. These attachments channeled famous patients towards Menghe physicians, whose visits or calls further amplified their reputation,

³⁵ *Zhangshi yitong* 長氏醫通, author’s foreword, p. 5.

³⁶ For overviews of change in medicine during the Ming and Qing see Unschuld (1985), pp. 189-228, Leung (1987), Chao (1995), Wu (1998).

³⁷ Ho (1962), p. 193, has argued regarding the Qing that “[i]n no earlier period of Chinese history do we find a deeper permeation and wider acceptance of the norms, mores and values which modern students regard as Confucian.” The Manchu rulers actively promoted these values in an effort to control society at a local level. Neoconfucian ritual was an important mechanism through which this ideology was maintained, while at the same time providing local gentry with a means to distinguish themselves from the ‘vulgar’ (*su* 素) populace, as shown by Brook (1989). For a summary overview of social relations in late imperial China see Smith (1983), pp. 55-79.

power, and influence. Finally, it was on the basis of similar network connections that Menghe physicians communicated with other physicians in the area and region, resulting in an assimilative medical style that became the hallmark of Menghe medicine.

In the following sections I examine in more detail the emergence of this medicine by presenting readers with genealogies of the major medical families in Menghe during this formative period.

3 The Fei: An Elite Medical Lineage

The Fei were without doubt the most important and influential of the Menghe medical families during the Qing. They were a branch of a rich and powerful lineage of scholars from Dantu 丹徒, near Zhenjiang 振江, who had settled in Menghe during the late Ming. The Dantu Fei themselves constituted a branch of an even more influential lineage from Kaishan 鎡山 Prefecture in Jiangxi 江西. Established during the Northern Song, this lineage had successfully charted its way across several dynastic transitions until, during the fifteenth and sixteenth centuries, they produced a succession of metropolitan degree holders that were promoted to the highest positions in the state bureaucracy, including a Grand Secretary and a Minister of the Board of Rites.³⁸ The Dantu Fei emulated the examination success of their Jiangxi cousins, with whom they stayed in close contact, producing one metropolitan degree holder during the Yuan and a further five during the Ming.³⁹

In their pursuit of elite status through civil service careers, the Fei were typical, if outstandingly successful, members of elite Chinese society during the Ming. The commitment to morally upright government emphasized in the biographies of their leading members equally resonated with the idealism of late Ming intellectual life, a period during which “a surprising number [of scholars] were prepared to defy corrupt officials and abusive eunuchs, to sacrifice their well-being, even their lives, in service of a dynasty headed by rulers [...] frustrating to their ideals.”⁴⁰ This idealism repeatedly brought members of both Fei lineages into conflict with contrary factions at court, resulting in persecutions by

³⁸ These included Fei Hong 費宏 (1468-1535), the youngest ever metropolitan degree holder of the entire Ming dynasty, who between 1511 and 1535 served three times as grand secretary, and his cousin Fei Cai 費采 (1483-1549), a Minister of the Board of Rites. Fei Hong's father, his two sons and one uncle all were metropolitan degree holders. For biographies and references see Goodrich and Fang (1976), vol. I, pp. 441-443, and *Guoli zhongyang tushuguan* 國立中央圖書館 (1965/66), p. 668.

³⁹ *Guoli zhongyang tushuguan* 國立中央圖書館 (1965/1966), p. 668.

⁴⁰ Mote (1999), p. 738.

Prince Zhu Chenhao 朱宸濠 in the early sixteenth century, and by the court eunuch Wei Zhongxian 魏忠賢 a century later.⁴¹

It was in order to escape Wei Zhongxian's suppression of the Donglin Party in Zhenjiang that various members of the local Fei lineage dispersed to other towns and cities in the Jiangnan region. Among them was Fei Shangyou 費尚有 (1572-1662), a government student, who settled in Menghe in 1626. Fei Shangyou's biographers provide scant clues as to the reasons behind his choice. Personal connections to the local gentry, the reputation of Menghe as a town inhabited by independent people renowned for their litigious nature,⁴² and the favorable geomancy of the town all may have played a part. The move did, however, affect the economic fortunes of his family, as Fei Shangyou lived out his life as a "commoner" (*buyi* 布衣), who refused to abandon his scholarly ambitions and moral principles.⁴³ Contrary to the claim of modern historians there is no evidence that he took up medicine, and if he did, he was certainly not successful at it. His family's economic decline continued into the next generation and only gradually started to improve thereafter.

The key figure in this revival was Shangyou's grandson Fei Zongyue 費宗岳 (1660-1713), from whom—with one single exception—all later physicians in the family are descended. However, whether or not Zongyue himself was a physician cannot be determined with certainty either. In his biography we are presented with a young man of strong character and ambition who, having lost both of his parents by age eighteen, succeeded in making a fortune by age thirty. Unfortunately, the biography is not explicit about the choice of career that enabled him to do so. It may have been medicine, but trade or the pursuit of another craft, all of which belonged to a range of increasingly respectable vocations for scholarly men that had fallen off the ladder of official achievement, are equally likely choices (Figure 4: Fei Family, Generations 1-4).⁴⁴

What we do know is that at the time of Fei Shangyou's arrival in Menghe the town already boasted at least one well established medical family, the Fa 法. Fa Weilin 法徵麟 and his brother Fa Gonglin 法公麟 were fifth generation physicians who lived in Menghe during the seventeenth century, where they carried on the practice of their grandfather Shimei 世美. Both brothers were well

⁴¹ Mote (1999), p. 741.

⁴² *Chaoshi zongpu* 巢氏宗譜, chap. 2, *Yinlin Chao gong zhuan* 隱林巢公傳 (Biography of the Venerable Chao Yinlin).

⁴³ FSZP, chap. 2, *Shangyou gong zhuan* 尚有公傳 (Biography of Mr. Shangyou). The text states that although he grew old as a commoner, he never surrendered his connection to the classics and the ancient ways.

⁴⁴ FSZP, chap. 2, *Zongyue gong zhuan* 宗岳公傳 (Biography of Mr. Zongyue). The writer of his biography, unlike those of later family physicians, does not identify himself as a member of the local elite but simply as his "younger fellow student" (*jiaodi* 教弟). This supports my assumption that Fei Zongyue was not then an elite physician.

known for their skills in the treatment of cold damage (*shanghan* 傷寒) disorders, and they and their descendants were the most prolific publishers of medical books in the county during the middle of the Qing.⁴⁵

Some time later, the Fa family split and moved out of Menghe with different segments settling in Changzhou, Yixing 宜興 and Kunshan 昆山. The Changzhou line of the family practiced in the city for the next three hundred years demonstrating the enduring strength and vitality of their medical tradition. Fa Xilin 法鏞麟 (1928-?), an eighteenth generation physician in the family, was appointed to the teaching staff of the Nanjing College of TCM (Nanjing zhongyi xueyuan 南京中醫學院)⁴⁶ as late as 1956, where he contributed to the compilation of important modern medical textbooks (Figure 5: Fa Family).⁴⁷

The presence of the Fa may have been one reason that made medicine a less attractive career choice for earlier members of the Fei family or at least precluded them from making a success of it. Their departure, on the other hand, opened up a space for others to occupy and the Fei possessed all the necessary requirements to do so. There are several indications that suggest Fei Zongyue as having grasped this opportunity. His eldest son Fei Dewen 費德文 (1691-1777), who did practice medicine, is described by his biographer as taking over his father's business.⁴⁸ Zongyue's fifth son Fei Dexian 費德賢 (1704-1760), who also practiced medicine, is cited already as speaking of a "transmission from generation to generation" (*shichuan* 世傳) when instructing his own sons on the subject of medical ethics.⁴⁹ On the other hand, in its emphasis on financial gains Fei Zongyue's biography differs so decisively from that of all later scholar physicians published in the lineage's genealogy, where medicine is depicted as an essentially moral enterprise, that a non-medical career—perhaps in the drug trade—appears more likely.

⁴⁵ The only currently extant book is a hand-copied edition of Fa Weilin's *Yixue yaolan* 醫學要覽 (Essential Examination of Medical Knowledge), dated 1736, held in the library of the Nanjing University of TCM.

⁴⁶ In order to avoid confusion between institutions bearing the same name, I translate *zhongyi xueyuan* 中醫學院 as 'College of Chinese Medicine' for the period before 1949, and as 'College of TCM (traditional Chinese medicine)' for institutions founded thereafter. The latter is the term used by these colleges themselves in English language translations.

⁴⁷ Biographies of Fa family physicians are contained in WJYH, chap. 26, pp. 17b-18b. See also Huang Yuanyu 黃元裕 (1995), vol. 3 pp. 601-602 and Li Yun 李云 (1988), pp. 607-609.

⁴⁸ FSZP, chap. 2, *Xixian gong zhuan* 錫賢公傳 (Biography of the Venerable Xixian), and *Fei mu Cai taijun zhuan* 費母蔡太君傳 (Biography of Female Elder of the Fei, Lady Cai).

⁴⁹ FSZP, chap. 2, *Xisheng gong zhuan* 錫聖公傳 (Biography of the Venerable Xisheng).

Whatever his precise occupation, Fei Zongyue's wealth permitted him to educate his sons or, as likely, purchase degrees for them, and both Dewen and Dexian progressed to the status of students at the Imperial Academy (*taixue-sheng* 太學生). Fei Zongyue's death at age fifty-four meant that his oldest son Dewen, as the new head of the family, became responsible for his two youngest brothers Dexian and Desheng 德聖 (1708-1752) at the early age of twenty-two. All three later practiced medicine, and the biography of Dexian also contains references to the buying of drugs in the prefectural capital of Changzhou and their shipment to Menghe. Read together with historical records, which show that it was common practice for physicians at the time to run their own pharmacy shops, this suggests that the Fei were engaged in some such family business, and that they derived at least some of their income from this activity.⁵⁰

By the mid-eighteenth century the Menghe Fei were sufficiently numerous and wealthy to constitute themselves as a lineage along the pattern predominant throughout Jiangnan during the time. They did not own much joint property—lineage owned funeral ground, but no lineage school or land—, but engaged in joint ritual, and published a genealogy in 1769, followed by updates in 1805 and 1869. The genealogy defined Fei Shangyou as the apical ancestor of a sub-branch of the Dantu Fei, though in terms of identity the new branch was firmly tied to Menghe as its native place.⁵¹ In this, the Fei conformed to the general pattern observed by historians of kinship during the Qing, that it was the district (*xiang* 鄉), as the centre of administrative, commercial and cultural life, which constituted the horizon of Jiangnan lineage organization and activism.⁵²

In their genealogy, the Menghe Fei portray themselves as a lineage of scholars that had been successful in accumulating social prestige by adhering to established educational practices and moral principles. Though mainly addressing themselves to the general conduct of one's life, their lineage rules extended also to the domain of scholarship and, by extension, medicine. Lineage members were warned "not to lapse into heterogeneous teachings so as to despoil family methods" (*wu duo xiejiao yi huai jia* 勿墮邪教以壞家), a threat backed up by penalties that included beatings and even expulsion from the lineage.⁵³

Lineage organization and ritual thus functioned as an instrument through which Fei family medicine was tied ideologically as well as practically to Confucian morality and models of agency. Lineage organization and lineage

⁵⁰ Dong Guangdong 董光東 and Liu Huiling 劉惠玲 (1995). Famous physicians in the history of Chinese medicine known to have run their own pharmacies include Wang Ji 汪機 (1463-1569), and Xu Chunfu 徐春甫 (1520-1596) among others.

⁵¹ *Feishi zongpu* 費氏宗譜 (Genealogy of the Fei Lineage) was first published in 1769, followed by updates in 1805 and 1869. Fei Boxiong was editor of the last one, which I have consulted throughout.

⁵² Rowe (1990b).

⁵³ FSZP, chap. 1, *Zongxun* 宗訓 (Lineage Rules). On lineage rules in late imperial China more generally see Liu (1959).

discourse had two further notable effects on the development of Fei family medicine and, therefore, of that of the Menghe current at large. First, as medical practitioners within the Fei lineage multiplied—aided, one must assume, by a shared family name as much as by shared family methods—they progressively succeeded in marginalizing other medical practitioners in the town and beyond. In this sense, the lineage functioned as an effective economic cooperation. Between the mid-eighteenth and the early twentieth century, all of the most famous and influential physicians in Menghe belonged to the Fei lineage or were affiliated to it through marriage, adoption or discipleship. Other gifted physicians and medical families of repute did emerge at various times, but they either left Menghe or were pushed to its periphery.

Second, lineage organization functioned as a focal point for the creation of the larger social networks that organized local society. Marriage alliances had always been a common strategy through which lineages cemented and extended their influence and the Fei were no exception. Genealogical records show that their daughters were married to budding scholars in Menghe and adjacent districts, and the same set of surnames regularly recur in the list of marriage partners of both male and female offspring. By means of such marriage alliances the Fei cemented their position within local society and created routes through which patients were channeled towards practicing physicians.

Like other lineages, however, the Fei were not a homogeneous group, and lineage solidarity did not translate into equality between individuals or families. From its inception, the lineage was dominated by the descendants of Zongyue and, as it continued to grow, by those of his grandson Fei Guozuo 費國作 (1732-1792). Guozuo, the second son of Fei Dexian, held like his father the title of a student at the Imperial Academy (*taixuesheng* 太學生). According to his biographer he was a man not merely of virtue (*de* 德), but also possessed of the gift to get things done (*cai* 才), Fei Guozuo became the first physician in the family whose biography was included in a local gazetteer. The entry describes him as a “fine physician” (*jingyi* 精醫) who treated the poor without charge and whose practice embodied the Confucian virtues of benevolence.⁵⁴ This indicates that by then Fei family medicine had become more widely recognized and that its members were perceived as physicians who practiced according to the moral codes of practice associated with the elite. How accurate this character portrait was is difficult to ascertain, for the editors of such gazetteers were frequently more interested in guiding their readers towards the proper appreciation of moral virtues than in the true representation of historical events.

Our gazetteer compilers recount, for instance, that Fei Guozuo instructed all of his five sons in the art of medicine. Following an accident that ruptured his

⁵⁴ WYZY, chap. 10.8, pp. 3a-3b. A physician named Fei Gongxuan 費公宣 is mentioned in WJYH, chap. 26, p. 17a. There is no indication, however, that he was connected to the Menghe Fei. On the other hand, Gongxuan was the style name of Fei Guozuo's son Wenji, so it is possible that this entry refers to Fei Wenji.

bowel he asked them to diagnose his condition from the pulse. Apparently, only his youngest son Wenji 文紀 was able to correctly diagnose the seriousness of the injury, whereupon Fei Guozuo admonished the others to abandon medical practice in order not to harm people while transmitting his secret formulas only to Wenji.⁵⁵ Fei family genealogical records, on the other hand, show that Wenji became his father's successor because all of his brothers died early, leaving him no choice but to practice medicine in order to make ends meet.⁵⁶

Coinciding with the time of greatest prosperity and peace under the Qing, the number of physicians among the Menghe Fei continued to increase during the Qianlong (1736-1795) and Jiaqing (1796-1821) reign periods, contributing to the emergence of the town as a local medical centre. Genealogical records show at least twelve physicians belonging to the Fei lineage as having practiced in Menghe and its environs between 1740 and 1820 (Figure 6: Menghe Fei Family, Generations 3-7). Although their biographies are slanted towards the cliché of the benevolent physician who is also a filial son, they provide glimpses, nevertheless, onto an organization of learning and practice characterized by an obvious diversity of skill, reputation and specialization between individual physicians and families.

Like most literati physicians the Fei specialized in the treatment of illness by means of medicinal drugs administered in the form of decoctions (*tang* 湯), pills (*wan* 丸), powders (*san* 散), and the like. However, in reading how Fei Guochen 費國臣 (1730-1765) cared for his ill mother by administering massage, we learn that family medical practice included a range of other tools and techniques besides.⁵⁷ Not infrequently, when life threatening illnesses proved to be beyond the skills of even the most accomplished physicians in the family, they resorted to ancestor worship and prayer as a last resort. Thus, when Fei Dexian was lying on his deathbed, his older brother Dewen 德文 implored their ancient ancestor Fei Rong 費榮 to let him die instead.⁵⁸ On another occasion, Fei Wenji 費文紀 had fallen seriously ill and was cared for by his son Boxiong 伯雄, who would later become the most celebrated physician of the entire lineage. Decoctions and other medical treatment did not help and it was only after Boxiong offered sacrifices of incense and wine at the temple of the city god that Wenji finally recovered.⁵⁹

⁵⁵ WYZY chap. 10.8, pp. 3a-3b.

⁵⁶ FSZP, chap. 2, *Yun'an gong zhuan* 云庵公傳 (Biography of the Venerable Yun'an).

⁵⁷ FSZP, chap. 2, *Xianru xiansheng zhuan* 賢儒先生傳 (Biography of Mr. Xianru).

⁵⁸ FSZP, chap. 2, *Xixian gong zhuan* 錫賢公傳 (Biography of the Venerable Xixian).

⁵⁹ FSZP, chap. 2, *Jinqing xiansheng zhuan* 晉卿先生傳 (Biography of Mr. Jinqing).

Evidence for the growing reputation of Fei medicine and for the kind of clients that were consulting them comes from the biography of Fei Wenli 費文禮 (1766-1807), described as an exceptionally good physician who was rewarded for his services by Liu Gonghui 劉公會, the governor of Yangzhou subprefecture, with a personal inscription.⁶⁰ Such inscriptions and other personal recommendations, publicly displayed, not only documented past treatment success, but also constituted sought after advertisements for physicians in late imperial China. The success of individual medical practices was determined not merely by the family's reputation, but by one's personal medical skills, and the kind of clients one treated. Given the limited market that a town like Menghe constituted, some lineage members earned their income from selling rather than prescribing medicine, or were running apothecary shops besides their surgeries. Fei Wenxiu 費文秀 (1739-1809), for instance, passed on his father's surgery-cum-apothecary (*yaoshi* 藥室) to his younger brother Wencheng 文誠 (1748-1807) in order to set him up in business, calculating that he himself could live on the reputation he had already acquired.⁶¹

As the number of Fei physicians increased, so did the differences in terms of status, income and medical specialization. The line that goes from Fei Zongyue to Fei Boxiong—depicted in modern accounts as representing Fei family medicine *per se*—produced successful physicians in at least three subsequent generations and thereby emerged as the leading family within the lineage. The line from Fei Zongyue to Fei Lanquan 費蘭泉 (1818-1878) contains an equal number of physicians, but appears to have been less successful in attracting famous clients and, therefore, also less affluent and influential within the lineage itself. Family members in the line from Fei Zongyue to Fei Shiting 費士廷 (1793-1884), finally, moved in and out of medicine as an occupation. Of the three sons of Fei Wenquan 費文全 (1766-1807), for instance, one worked as a teacher, a second as an agricultural merchant, and only Fei Shiting, the third son, became a physician after having been implored to do so by his father, who himself was a teacher as well as a physician. Fei Shiting had to start from scratch, opening a herb shop (*yaopu* 藥鋪) cum clinic in Wanshuizhen 萬稅鎮, south of Menghe, where owing to diligence, sensitive pricing, good quality merchandise, and some medical talent he succeeded to establish a viable business.⁶²

On the other end of the spectrum, Fei Wenji 費文紀 (1767-1840), combining the medical skills of his father with the business acumen of his great-grandfather, became the town's most successful physician at the time, whose

⁶⁰ FSZP, chap. 2, *Gongyi xiansheng zhuan* 公義先生傳 (Biography of Mr. Gongyi).

⁶¹ FSZP, chap. 2, *Wenxiu gong zhuan* 文秀公傳 (Biography of the Venerable Wenxiu).

⁶² FSZP, chap. 2, *Fei jun Hongyuan zhuan* 費君洪遠傳 (Biography of Master Fei Hongyuan).

role and influence in his community corresponded to what was expected of a wealthy member of the gentry elite. He organized community support for local widows, provided for the care and support of children orphaned after severe flooding in 1833, sat on the board that managed Menghe's orphanage, financed local flood control measures and canal drainage works, and supported gifted scholars held back in their studies due to lack of funds.⁶³

Fei Wenji's integration into the Menghe elite bestowed not merely obligations but also brought benefits in a mutually reinforcing cycle of status enhancement and support based on personal networks, as demonstrated by his relationship to Wang Jiufeng 王九峰 (1753-1815), one of the most famous physicians in the Jiangnan region at the time.⁶⁴ Wang stemmed from Dantu, the ancient home of the Menghe Fei, and thus shared with Fei Wenji an immediate joint identification when the two men eventually met. A scholar by training, Wang had switched to a career in medicine following a personal illness. He was much influenced by Yu Chang 喻昌 (1585-1664), a literati physician from Jiangxi who had settled in nearby Changshu 常熟 and may have been a friend of the family. Wang subsequently moved to Yangzhou, where he established a reputation as an excellent physician with a high standard of medical ethics. He became a court physician (*yuyi* 御醫), treating the family of the Qianlong emperor, and in 1809 was promoted to office at court. Shortly afterwards he retired to his home province, where he maintained friendly relationships with men from the highest levels of society such as Fei Chun 費淳 (1739-1811), governor of Jiangsu and Zhejiang Provinces and former head of Changzhou Prefecture, and Tao Zhu 陶澍 (1779-1839), a member of Hanlin Academy and high official in the administration of Jiangsu and Zhejiang.⁶⁵

It is during this period that Wang came to Menghe where he left a considerable impression as the introduction to his case records recounts:

North and South, there was no one who did not know Mr. Wang. Once upon coming to Menghe his [ability] to cure strange diseases (*qiji* 奇疾) so surprised the local gentry

⁶³ FSZP, chap. 2, *Yun'an gong zhuan* 云庵公傳 (*Biography of the Venerable Yun'an*).

⁶⁴ Li Jingwei 李經偉 (1988), p. 471.

⁶⁵ A biography of Wang is included as a foreword to *Wang Jiufeng yi'an* 王九峰醫案 (Wang Jiufeng's Case Records) published by his great-grandson Wang Shuru 王碩如 (1936). The volume also reprints the biography from the *Dantu xianzhi* 丹徒縣誌 (Dantu Gazetteer). For modern biographies see Shen Tongfang 沈同芳 (2000), Li Jingwei 李經偉 (1988), p. 34, and Li Yun 李云 (1988), pp. 27-28. See also He Shixi 何時希 (1991b), vol. I, pp. 56-57, who argues—unconvincingly in my opinion—that there were two physicians named Wang Jiufeng.

that up to the present day those that know about medicine in Menghe continue to speak approvingly of him.⁶⁶

The context of this visit is recounted by Fei Zibin 費子彬, a later descendant of the Fei family. Wang Jiufeng had been called to Menghe to treat a rich merchant named Chao Baiwan 巢百萬 who was in the care of Fei Wenji but felt he was not making sufficient progress. As was common practice in such cases, Chao called in a more famous doctor for a second opinion. After examining both Chao and the prescription he had been taking, Wang declared publicly that he agreed with Fei's treatment strategy. He, therefore, advised Chao to continue taking his medicine. Chao recovered and, in doing so, established the reputation of Fei Wenji beyond the environs of Menghe.⁶⁷

Whether Chao's recovery was aided by being in the care of an imperial physician, whether the imperial physician was helping a protégée (the Dantu connection), or whether the episode unfolded as stated is impossible to verify. The fact that a physician of Wang's standing treated patients in Menghe implies, however, that the town supported a well-connected elite wealthy enough to call upon his services. That Wang continued to maintain friendly relations with local physicians like Fei Wenji further demonstrates that the latter were integrated into these networks and that they possessed sufficient scholarship, skill or connections to be considered worthy of his attention.⁶⁸

4 Early Menghe Medicine Beyond the Fei

The rise of the Fei medical lineage coincided with the emergence of Menghe as a regional medical centre that competed directly with the much larger prefectural capital of Changzhou. The well-known historian Xie Guan 謝觀 (1880-1950), himself from Wujin County, noted later that in

⁶⁶ Xu Hengzhi 徐衡之 and Yao Ruoqin 姚若琴 (1934), vol. II, Introduction to Wang Jiufeng's case records.

⁶⁷ FZB, p. 31.

⁶⁸ Wang's influence on Menghe medicine was not merely mediated through the Fei. Ma Xinhou 馬心厚, a later descendant of the Ma family, claims that Ma Xingsan 馬省三 went to study with Wang. See Chen Daojin 陳道瑾 (1981), p. 14. This, however, may simply be an attempt by the Ma to enhance their reputation. Xue Yishan 薛譯山, in his foreword to Yu Jinghe's ZYJ, p. 1311, argues that Fei Lanquan 費蘭泉, and through him Yu Jinghe himself, had been influenced by Wang. As Fei Lanquan was a member of the Fei lineage, this confirms that knowledge within the lineage passed across family lines.

[s]umming up the essence [of Wujin medicine], one can more or less divide it into an urban and a rural current. The rural current [was concentrated] predominantly on the banks of the Menghe [canal] with the [various physicians] named Chao 巢氏 and the Fei 費家 and Ma families 馬家 outstanding.⁶⁹

The increasing number of Menghe physicians, whose biographies were included in local gazetteers from the mid-Qing onward, supports Xie's analysis. Their names go beyond those mentioned by Xie, whose own analysis was strongly influenced by the desire to elevate the Qian 錢 family from Changzhou to the same status enjoyed by the most famous Menghe practitioners in Republican Shanghai,⁷⁰ and include the Sha 沙, whose most prominent members at the time were Sha Xiaofeng 沙曉峰 and his son Sha Datiao 沙達調. Both specialized in external medicine, excelling through their knowledge of pulse lore and their skill with knife and needle (*daozhen* 刀針), i.e. petty surgery and acupunctu-
(*zhenjiu* 針灸).⁷¹ The Sha family later split into three branches. One branch remained in Menghe, a second branch moved to Huaiyin 淮陰 in Northern Jiangsu, while the main line settled in Dagang 大港 close to Zhenjiang. I have been unable to find records of physicians in any of the first two branches. The third line, on the other hand, produced in Sha Shi'an 沙石安 (1802-1887) the most famous physician of the line. In contradistinction to his ancestors, Shi'an was as well known for his internal as his external medicine. He made a number of theoretical contributions to the development of the latter based on his understanding of the former. His successors practiced in Dagang for a further five generations and are remembered to this date as the Dagang Sha current 大港沙派 (Figure 7: The Dagang Sha Family).⁷²

Another Menghe medical family already well established at the beginning of the nineteenth century were the Ma. Their roots are less easily traced than that of the Fei, partly because their genealogy has only survived in fragments, and partly because it is an obvious effort at manufacturing an origin for a family that according to Fei Boxiong even during the late Qing “was [still] young in years but [already] old in terms of achievements.”⁷³ In fact, Ma was a kind of *nome de*

⁶⁹ Qian Jinyang 錢今陽 (1942), foreword by Xie Guan 謝觀, p. 1.

⁷⁰ I discuss this process in detail in Scheid (2002a).

⁷¹ Chen Daojin 陳道瑾 and Xue Weitao 薛渭濤 (1985), pp. 19-20; Jiang Jingbo 江靜波 (2000); Sha Yi'ou 沙一鷗 (2000).

⁷² WJWSZ, p. 251; He Shixi 何時希 (1991b), vol. II, pp. 565-566. Jiang Jingbo 江靜波 (2000); Sha Yi'ou 沙一鷗 (2000).

⁷³ FSQS, *Liuyunshanguan wenchao* 留云山館文鈔 (Writings from Residing Among Cloud Mountain Studio), p. 14a. In addition to the sources specified below, my account of the Jiang/Ma lineage is based on MJSZP. I also draw on interviews with Ding

guerre, used by physicians in a lineage whose real family name was Jiang 蔣 to emphasize their medical pedigree.

The Ma (as I shall from now on refer to the Jiang/Ma, in order to avoid unnecessary confusion), were according to their own genealogy a lineage that in the course of its history “had dispersed throughout [numerous] districts and towns, where they became merchants and officials.”⁷⁴ This, most likely, is a euphemism for a family of merchants and traders who were working their way up the social ladder. By the time they arrived in Menghe via Changzhou during the early Qing, at least some lineage members were also practicing medicine. Some modern historians (without indicating their sources) argue that the family medical tradition can be traced to an ancestor named Jiang Chengrong 蔣成榮, who by way of an uxori-local marriage had been adopted into the family of a senior imperial physician (*taiyiyuan pan* 太醫院判) named Ma.⁷⁵ In such uxori-local marriages the husband, who usually came from a family of lower social status, moved into the household of his in-laws and changed his surname to that of his wife. Another type of uxori-local marriage, where the purpose was for a groom to ally himself to a powerful father-in-law, also was quite common, however. In this type, the groom was not expected to change his name or to continue his new family’s patriline.⁷⁶ Some such marriage alliance seems to have been behind the acquisition and usage of two different surnames by the Menghe Ma. A saying transmitted in the family advised its members, “If you think of practicing medicine, note that everything goes quiet when you use the surname Jiang. But patients follow each other on their heels when you employ the surname Ma.”⁷⁷

That the Ma/Jiang were able to change their surname at will would indicate that the uxori-local marriage was of the second type. Another hypothesis, however, seems equally plausible to me, namely that the Ma were a family of medical specialists who married into the Jiang family, and that the uxori-local marriage, therefore, was of the first type. This hypothesis is supported by the fact that the Ma themselves do not mention this marriage in their genealogy, but merely claim descent from an imperial physician named Ermao 爾懋, whom they list as the one hundred and seventh generation member of the Jiang line-

Guangdi 丁光迪, Professor Emeritus at the Nanjing University of TCM and an eighteenth generation physician from Wujin County (2000), and Ma Shounan 馬壽南, the last living physician in the Ma family from Menghe (2000).

⁷⁴ MJSZP, chap. 4, p. 10a.

⁷⁵ Zhang Weixiang 張維驥 (1944b), chap. 9, p. 2; He Weiwen 何維文 (1983).

⁷⁶ Watson (1986), p. 285. For a general treatment of adoption in late imperial China see Harrell (1990).

⁷⁷ Zhang Zhiyuan 張志遠 (1989): p. 20, probably following He Weiwen 何維文 (1983).

age.⁷⁸ Furthermore, there is some evidence that the Ma were originally from Anhui and of Hui 回 descent, an ethnic connection that helps to explain their specialization in external medicine.⁷⁹

Whatever the true story, at least three physicians trading under the Ma surname practiced in Menghe during the early years of the nineteenth century. The most famous of these was Ma Xingsan 馬省三, who enjoyed a reputation as a specialist in treating abscesses and wounds.⁸⁰ A few case records documenting Ma Xingsan's treatment style have survived. These show that he was equally adept at treating internal medicine problems, and that he emphasized pulse diagnosis and precise symptom differentiation as the foundation of treatment.⁸¹ We know little about the other two physicians apart from their names: He'an 荷安 and Tan'an 坦庵. Ma Xingsan's style name was Wu'an 吾庵, suggesting that all three belonged to the same generation and may even have been brothers (Figure 8: Ma Family I).⁸² Ma He'an is praised by the local gazetteer for his skill as a physician, his benevolent nature, and referred to as a philanthropic scholar (*shanshi* 善士).⁸³ Ma Xingsan, too, is listed as contributing to the reestablishment of a local orphanage in 1834, and as one of its trustees and supervisors.⁸⁴ All this implies that by the early nineteenth century the Ma, like the Fei, belonged to the leading families in Menghe.⁸⁵

Hereditary physicians with a literati background, and with gentry connections, thus dominated the field of medicine in Menghe during the late imperial era. They belonged—or labored to belong—to an elite stratum of society whose production of historical records, be they lineage genealogies or inclusion in local

⁷⁸ MJSZP, chap. 4, *Fenmu zihao beikao* 墳墓字號備考 (Reference to Tomb Names and Numbers).

⁷⁹ Ma Shouan 馬壽南 (2000). Ma is, of course, a common surname for Muslim Chinese, supporting the claim that the Ma were of Hui descent.

⁸⁰ WYZY, chap. 14, p. 3a; WJRW, *Ma Xingsan* 馬省三; Zhang Yuankai 張元凱 and Wang Tongqing 王同卿 (no date), p. 87.

⁸¹ Yu Jinghe in ZYJ, p. 1329, recounts a treatment episode of Ma treating a patient from Zhejiang for insomnia, which had lasted for more than a year and not responded to treatment with one dosage. Ma Peizhi included sixteen treatment principles dealing mainly with external medicine devised by his grandfather in his YLCS, pp. 400-401.

⁸² Yu Jinghe in ZYJ, p. 1329, cites Ma Tan'an as a physician in Menghe. Ma He'an is listed in WJRW, *Ma He'an* 馬荷安. The latter text may have made a mistake in transcribing Ma He'an's name, which is quite unusual. 安 may be read as 庵, and all three physicians would then share the same generational name. I have made this assumption in my reconstruction of the Ma genealogy.

⁸³ WJRW, *Ma He'an* 馬荷安.

⁸⁴ WJYH, chap. 5, pp. 40b-41a.

⁸⁵ An earlier physician named Ma Yonglong 馬永龍 is listed in a local gazetteer, but there is no indication that he may have been related to the Menghe Ma. See GXWJ, chap. 26, p. 16b.

gazetteers, was one method by which such domination was secured and extended into the future. We thus know much less about the wider field of medical practice in Menghe and must assemble a picture from the traces they left in the biographies and writings of other, more famous physicians. From these we can glean a picture of a field structured by intersecting lines of relation between physicians of varying backgrounds that created complex hierarchies with porous boundaries.

The Fei and Ma certainly communicated with other physicians in the town who possessed a literati background, such as Ding Yuting 丁雨亭, as well as with representatives of other local medical traditions such as the Jia 贾.⁸⁶ Such communication included the exchange of medical knowledge and suggest networks of social relations between local physicians analogous to the numerous other lateral exchange—or *guanxi* 關係—networks that existed in Chinese society.⁸⁷ Literati physicians could thereby relate to and even learn from hands-on practitioners like Mr. Xi Da 奚大先生, whose skill with knife and needle “would not have embarrassed famous physicians,” without undermining their own superior status.⁸⁸

However, cooperation was always counterbalanced by competition and, therefore, of necessity limited. Medical knowledge—whether of specialized techniques of curing, or of particular doctrinal understanding—was not merely an economic resource, but also an aspect of one’s identity through which physicians connected to each other, their teachers and patients. A biography of Zhang Jinghe 張景和, known for his possession of secret remedies, for instance, appears in the local gazetteer, but there are no records of his interaction with Fei or Ma family physicians.⁸⁹ The local scholar and poet Gu Zhaolin 顧兆麟 studied medicine as a disciple of the Suzhou physician Lu Maoxiu 陸懋修 (1818-1886), whose polarized approach to medicine favoring cold damage strategies differed substantially from the integrative approach practiced by leading Menghe physicians.⁹⁰ Gu later became the teacher of other physicians at the outer periphery of Menghe medicine, but records of his own life and medical practice

⁸⁶ Treatment episodes mentioning Ding Yuting 丁雨亭 are recorded in ZYJ, pp. 1323, 1332. Treatment episodes featuring Mr. Jia are recorded in ZYJ, pp. 1335, 1340.

⁸⁷ The importance of *guanxi* networks in the Qing is summed up concisely in Smith (1983), p. 55. For more general studies see Metzger (1977) and Pye (1981). The enduring role of *guanxi* networks in contemporary China and their modern configuration is explored in Scheid (2002), chap. 6.

⁸⁸ ZYJ, p. 1349.

⁸⁹ ZYJ, p. 1334.

⁹⁰ A biography of Lu Maoxiu 陸懋修 was included in the *Qingshi gao* 清史稿 (Qing Draft History), chap. 502, p. 13880. Fei Boxiong’s biography is grouped under that of Lu and states that he was critical to Lu’s conservative approach. See Hanson (1997), pp. 329-330.

have all but disappeared.⁹¹ One of the reasons for this, undoubtedly, was the dominant position in the town that the Fei and those associated with them, like the Ma, were able to establish when medicine in Menghe seriously began to take off.

5 The Flourishing of Menghe Medicine

The flourishing of medicine in Menghe and the development of a distinctive medical style can be dated to the Daoguang (1821-1850), Xianfeng (1851-1861), and Tongzhi (1862-1875) reign periods. It was characterized by the following main features: The reputation of Menghe's leading physicians and the town's advantageous position as a transit hub mutually reinforced each other in creating an advantageous cycle of supply and demand. Menghe physicians, furthermore, were quick at exploiting connections that opened up for them in this way. As a result, they became physicians to some of the most powerful grandees in the empire including, ultimately, the Empress Dowager Cixi 慈禧. Locally, these physicians extended their social influence and authority by displaying political leadership, by engaging in philanthropic acts, and by creating a network between leading medical families based on kinship, discipleship, family cooperation, and marriage alliances.

Observers have recounted these heady days, in which Menghe became a true medical centre, in vivid images:

The little district town of Menghe was filled with ships and boats, and travelers filled the inns to the brim. It was like this throughout a period of fifty years.⁹²

Word went around the world that Menghe had many excellent physicians, so that famous and powerful officials made special efforts [to consult them]. At times, there was the awesome noise from a convoy of ships stretching for many, many miles.⁹³

The Fei and Ma families continued their ascendancy in Menghe throughout this period, producing in Fei Boxiong 費伯雄 (1800-1879) and Ma Peizhi 馬培之 (1820-1903) two of the outstanding physicians of their time. Fei Boxiong was

⁹¹ A brief biography of Gu can be found in *Shanghaishi zhongyi wenxian yanjiuguan* 上海市中醫文獻研究館 (1959), pp. 317, 322. He is supposed to have been the author of many books that later got lost, and to have been the teacher of Xie Zhuchang 謝逐暢, a cousin of the famous Xie Guan 謝觀.

⁹² Foreword by Fan Fengyuan 范風原 to MJSZP, reprinted in ZYT, p. 5142.

⁹³ Foreword by Zhao Binyang 趙賓暉 to WYAH, p. 1354.

the son of Wenji.⁹⁴ Initially his family enrolled him in his district government school. He succeeded in gaining the degree of Cultivated Talent (*xiuca* 秀才), but failed to advance any further along the examination ladder. Family records say that during the provincial examinations in 1932 Fei Boxiong made the acquaintance of Lin Zexu 林則徐 (1785-1850), who was at the time the governor of Jiangsu Province, and that he successfully have treated a member of his family. Although I have been unable to find direct evidence for this encounter, the treatment episode is stated as fact by many biographers, including the Wujin Cultural History Museum. If Fei Boxiong did indeed become a protégée of the Lin family, as his descendants claim, this would go much towards explaining his subsequent rise to fame.⁹⁵

Fei Boxiong's reputation was further enhanced by successfully treating the Empress Dowager of the Daoguang Emperor for a lung abscess, and then the

⁹⁴ Fei Boxiong's is the only Menghe physician whose biography is included in the *Qingshi gao* 清史稿 (Qing Draft History), chap. 502, p. 13883. Other biographical sources I have consulted are: FSZP, chap. 2, *Fei Jinqing xiansheng zhuan* 費晉卿先生傳 (Biography of Mr. Jinqing); WYZY, chap. 10.8, pp. 3b-4a; WJRW, *Fei Boxiong* 費伯雄; and Zhang Weixiang 張維驥 (1944a), chap. 8, pp. 4-5. Biographical references in modern works include Zhang Yuankai 張元凱 and Wang Tongqing 王同卿 (no date), pp. 84-85; CZWSZ, p. 394; WJWSZ, p. 251, Zhu Daming 朱達明 (1999), pp. 198-199; and He Shixi 何時希 (1991b), vol. II, pp. 923-926. I have also drawn on Fei Zibin 費子彬 (1984) and interviews with Fei Jixiang 費季翔 (2000), a 6th generation descendant of Boxiong.

⁹⁵ CZWSZ, p. 394 notes that Lin held Fei Boxiong in high regard; Zhang Yuankai 張元凱 and Wang Tongqing 王同卿 (no date), p. 84, state that he was received by Lin; Chen Leilou 陳雷樓 (1987), p. 235 and Shi Yucang 時雨蒼 (1993) state that Fei treated Lin. According to Fei Jixiang 費季翔 (2000), Boxiong treated Lin's mother, which cannot be true as she died in 1831. Lin's wife, on the other hand, was apparently ill during 1932. She, and also Lin himself, were treated in that year by He Shutian 何書田 (1774-1837), a famous physician from Qingpu 清浦 near Shanghai according to that physician's diary reprinted in He Shixi 何時希 (1987), pp. 224-225. There is, however, no mention of either incident in biographies of Lin himself based on his own diaries, e.g. Lai Xinxia 來新夏 (1981), and Yang Guozhen 揚國楨 (1981). Zhang Lingjing's 張令靜 (1985) investigation also does not mention this connection. However, Lin was interested in, and conversant with, medicine propagating its use to help people stop smoking opium. He drew heavily on medical imagery and language in descriptions of political actions. See, for instance, Yang Guozhen 揚國楨 (1981), pp. 74-77. Lin also wrote a foreword dated 1830 to Chen Xiuyuan's 陳修園 *Jinkui yaolie qianzhu* 金匱要略淺注 (Simple Explanations to the Essentials of the Golden Cabinet), p. 183. It is thus quite likely that Lin may have known Fei Boxiong through his interests in medicine, though perhaps not as a patient.

emperor himself for loss of voice.⁹⁶ Other famous patients followed: Li Lianxiu 李聯繡 (1820-1878), educational supervisor of Jiangsu Province,⁹⁷ and imperial general Xiang Rong 向榮 (1788-1856), who was stationed in the Jiangnan Great Garrison 江南大官 at nearby Danyang during the Taiping War from 1853 to 1856.⁹⁸ In 1860, when the Taiping army invaded Changzhou, Fei and his family escaped across the Yangzi to Yangzhou Prefecture in Northern Jiangsu. There he was sought after by the elite of the area, which at the time included significant numbers of Jiangnan gentry who also had fled from the advancing Taiping army.⁹⁹ Returning to Menghe in 1864, Fei continued a busy medical practice treating dignitaries such as Weng Tonghe 翁同龢 (1830-1904), who made a special trip to Menghe in October 1872,¹⁰⁰ and entertaining cordial relations with old patients and new acquaintances such as Lin Zexu's friend general Zuo Zongtang 左宗棠 (1812-1885).¹⁰¹

Given such a long list of illustrious patients and network connections to the very highest level of Chinese society, it is not surprising that the authors of the "Draft of Qing History" (*Qingshi gao* 清史稿) identified Fei as one of the most accomplished practitioner of his time: "Of all Jiangnan physicians at the end of

⁹⁶ Once more, I have not been able to find direct evidence for this. Both treatment episodes and records of the inscriptions Fei is supposed to have received as rewards are cited as facts in contemporary historical works, e.g. *Shanghaishi zhongyi wenxian yanjiuguan* 上海市中醫文獻研究館 (1959), p. 318; Dai Zuming 戴祖銘 (1996), p. 375; Zhang Yuankai 張元凱 and Wang Tongqing 王同卿 (no date), p. 84; Li Yun 李云 (1988), p. 676; He Shixi 何時希 (1991b), vol. II, p. 924; Deng Tietao 鄧鐵濤 (1999), pp. 380-381. Fei Jixiang 費季翔 (2000) claims to have seen the inscription in his youth, and states that it was destroyed or taken away during the Cultural Revolution.

⁹⁷ Li Lianxiu 李聯繡 has left an account of his visit to Menghe including a poem donated to Fei in his *Haoyunlou chujì* 好云樓初集 (First Collection from Fine Cloud Studio), chap. 33, pp. 9b-11a. The poem was later used as foreword to Fei's main work *Yichun shengyi* 醫醇贖議 (The Refined in Medicine Remembered). The episode is recounted in *Lenglu yihua* 冷廬醫話 (Medical Stories from Cold Cottage), pp. 46-48.

⁹⁸ Weng Tonghe 翁同龢, who was also treated by Fei, confirms this in an entry to his diary that "Mr. Fei's father was extremely skilled, his [nick]name was 'One Prescription Fei' (*Fei yitie* 費一貼). This gentleman is also a brilliant scholar, who became famous after treating General Xiang." See Zhao Zhongfu 趙中浮 (1970), p. 666. See also FZB, 32 for a more detailed account passed down in the Fei family.

⁹⁹ See Zhang Juying 章巨膺 (1936). This is confirmed by Xie Guan 謝觀 (1988 [1921]), vol. III, p. 3170, whose family comes from near Menghe.

¹⁰⁰ Weng consulted Fei in the autumn of 1872 for chronic seminal emission as well as for the epilepsy of his nephew Zengyuan 曾源, who had to retire from the Imperial Academy due to his illness. Weng's diary entry from that day provides a descriptions of Fei's practice and details the prescription he received. Cf. Zhao Zhongfu 趙中浮 (1970), p. 666. For an analysis of this episode in context see Dai Zuming 戴祖銘 (1996).

¹⁰¹ WJWSZ, p. 251.

the Qing, [Fei] Boxiong was the most outstanding, which can be taken as a dependable record.”¹⁰²

A similar clientele was treated by Ma Peizhi, the grandson of Ma Xingsan.¹⁰³ Ma's father Jiang Hanru 蔣漢儒, also known as Ma Boxian 馬伯閑, was a close friend, fellow student and sworn brother (*tongli tonggeng babai* 同里同庚八拜) of Fei Boxiong. Jiang Hanru had died young, and Ma Peizhi was brought up and educated by his grandfather during a sixteen-year apprenticeship. Peizhi also learned from Fei Boxiong, who describes in a personal essay how impressed he was by his obvious ability and determination to carry on the family practice. Fei arranged for his son to marry Ma Peizhi's younger sister, thereby establishing a close bond between the two families.¹⁰⁴

When the Taiping occupied Wujin, Ma Peizhi and his clan also fled north, where he, too, was able to establish a flourishing practice. Partly this was due to the increased demand for physicians produced by the war, and partly due to coming into contact with a far wider range of gentry patients. Ma Peizhi established his reputation through the successful treatment of Yu Jian 余鑿, a member of the Hanlin Academy, in 1863 after many other physicians had failed, and later of Yu Yue 俞樾 (1821-1907), a famous educator and writer. Promoted by these influential scholars, Ma Peizhi became so famous that throughout Jiangnan “even women and children knew of him.”¹⁰⁵ He also was consulted by Weng Tonghe, when the renowned statesman called at Menghe for a second time in 1877 following a bout of ill health associated with the death of his brother. Weng recorded that Ma's surgery was filled with patients—and a charge of ten *yuan*.¹⁰⁶

Ma Peizhi's biggest break came in 1880, when he was called to Beijing to treat Empress Dowager Cixi 慈禧 (1835-1906) on the recommendation of Jiangsu governor Wu Yuanbing 吳元炳 (?-1886). Despite being the most experienced physician of the medical team treating Cixi, he was outwitted at court,

¹⁰² Zhao Erxun 趙爾巽 (1976 [1928]), chap. 502, p. 13883.

¹⁰³ For biographies of Ma Peizhi see MJSZP, chap. 4, *Peizhi zhengjun depei Zhu da-furen muzhi lu* 培之徵君德配朱大夫人墓誌錄 (Epitaph for Lady Zhu, Wife of Distinguished Gentleman [Ma] Peizhi); WJRW, *Ma Peizhi* 馬培之; Cai Guanluo 蔡冠絡 (1985), vol. III, pp. 314-315; Zhang Weixiang 張維驤 (1944a), chap. 9, p. 3; CZWSZ, p. 396; WJWSZ, pp. 251-252. See also Zhang Yuankai 張元凱 and Wang Tongqing 王同卿 (no date), p. 87; and He Shixi 何時希 (1991b), vol. II, pp. 217-218.

¹⁰⁴ FSQS, *Liu yun shangguan wenchao* 留云山館文抄 (Writings from Residing Among Cloud Mountain Studio), pp. 13a-15b.

¹⁰⁵ Cai Guanluo 蔡冠絡 (1985), vol. III, p. 315; CZWSZ, p. 395.

¹⁰⁶ The visit is dated the 20th day of the 9th month, 1877 in Zhao Zhongfu 趙中孚 (1970), p. 936. Weng remained a close friend of Ma. When Ma was called to Beijing in 1880, the two men often visited each other. Weng was Ma's main ally at court, interceding for him when the latter wanted to return home in spring of the next year. See Zhao Zhongfu (1970), pp. 1064-1106.

however, by his politically more astute colleagues Xue Fuchen 薛福辰 (1832-1889) and Wang Shouzheng 汪守正 (?-1889). After nine months in Beijing, Ma Peizhi left the palace in April 1881 ill and disappointed for not having been able to claim primary responsibility in Cixi's eventual cure.¹⁰⁷ Nevertheless, his citation in the official edict announcing Cixi's recovery, the gifts with which he was rewarded, his successful treatment of other dignitaries, and also, perhaps, his own rather skewed recollection of his time at the palace published as a diary solidified the public image of him as an exceptional physician.¹⁰⁸ Several decades later, the people of Beijing still remembered him as one of the city's three greatest physicians of the time.¹⁰⁹ And even his former rival Xue Fuchen referred to Ma Peizhi as one of the "most famous physicians in the empire" (*tianxia mingyi* 天下名醫).¹¹⁰

As a result of their fame and achievements the Fei and Ma families became very wealthy. Ma Xingsan, Fei Boxiong and Ma Peizhi are listed in the local gazetteers as major sponsors of charitable causes in Menghe, and are described as public-spirited figures of local influence.¹¹¹ Fei Boxiong and Ma Peizhi published family genealogies, a task through which scholarly gentlemen sought to gain merit, and entertained friendly relations at the highest levels of society.¹¹² Their sons, therefore, were rich enough not to have to practice medicine for a living. Boxiong's son Fei Wanzi 費畹滋 (1823-1896) devoted his life to the gentlemanly pursuits of painting and poetry, and only occasionally practiced medicine.¹¹³ However, Wanzi's three sons all later became physicians, indicating that there was also, perhaps, an issue of competence involved in this choice.

Ma Peizhi's five sons also did not become professional physicians but pursued scholarly careers. Only two, however, achieved official appointment: Jichang 繼昌, the eldest, as a county magistrate in Fengyang 風陽, in Anhui;

¹⁰⁷ An extensive account of the treatment of Cixi in 1880-1881 can be found in Chang (1998), pp. 123-164. Chang discusses in detail the interaction between various physicians, officials and Cixi herself, as well as the role of Ma Peizhi.

¹⁰⁸ Ma's diary is entitled *Ji en lu* 紀恩錄 (A Record of Being Marked by Grace).

¹⁰⁹ He Shixi 何時希 (1991b), vol. III, p. 287.

¹¹⁰ In a private letter dated 16 September 1880, cited in Chang (1998), p. 143.

¹¹¹ Fei is described by his biographers in WYZY, chap. 10/8, pp. 3b-4a, as generous and public spirited, and as having contributed to education and the construction of dykes in the district. Ma Peizhi is cited as donating a thousand gold dollars to the restoration of storm damage when sojourning in Taixing 泰興 during the Taiping War in Cai Guanluo 蔡冠絡 (1985), vol. III, pp. 314-315. He also contributed to the reconstruction of Menghe's City Moat Temple (*chenghuangmiao* 城隍廟) and Wu Temple 武廟 in 1871 as recorded in WYZY, chap. 4, p. 28b, and in WJRW, *Ma Peizhi* 馬培之.

¹¹² See FSZP and MJSZP.

¹¹³ Fei Zanchen 費贊臣 (1962), p. 176, and Fei Jixiang 費季翔 (2000), a professor at the Anhui University of Chinese Medicine and twelfth generation physician in the Fei family from Menghe.

and Jizhuan 繼傳, the fourth, as a district magistrate in Fenghua 奉化, Zhejiang.¹¹⁴ Jichang 繼昌, furthermore, was sufficiently conversant with the medical art for Weng Tonghe to ask him to treat his adopted son Ansun 安蓀. The treatment worked and Weng describes how, as a consequence, Jichang was consulted by other court officials during his stay in the capital in 1879.¹¹⁵

Other members of the wider Ma family did, however, take up medicine as their main occupation. These include He'an's nephew Ma Xirong 馬希融, and his grandson Ma Richu 馬日初, both of whom practiced external medicine in the family tradition.¹¹⁶ They also include a number of less well-known practitioners, who learned from their more accomplished uncles. Medicine in the Ma family was apparently imbibed with the mother's milk:

The Ma family ... are famed as physicians throughout the world having had many generations of transmission until the present. Those seeking a consultation come in an endless current each day. The women and children of the clan are imperceptibly influenced by what they see and hear. Not one of them is not knowledgeable about medicine. Medical knowledge is passed on between them so that they will possess the essential arts. Only extraordinary medical families can compare with them.¹¹⁷

The status and wealth accumulated by the Fei and Ma appear to have induced other families into taking up medicine, most notably the Chao. The Chao were a very large lineage originally from Henan that had moved south to Jiangyin during the reign of the Huizong 徽宗 emperor (1101-1126) in the Northern Song. Three generations later, they moved further west into Changzhou Prefecture, eventually settling in Menghe and its environs, where by the early nineteenth century they had lived for eighteen generations. Their wealth, based on landholding and trade, made them one of Menghe's distinguished families (*wangzu* 望族) evidenced by the charitable activities of leading lineage members and

¹¹⁴ MJSZP, chap. 4, *Peizhi zhengjun depei Zhu dafuren muzhi lu* 培之徵君德配朱大夫人墓誌錄, and *Jichang zongshu depei Li Shuren muzhi lu* 繼昌宗叔德配李淑人墓誌錄 (Epitaph for Uncle Jichang's wife Li Shuren); WJRW, *Ma Peizhi* 馬培之; FZB, p. 36.

¹¹⁵ Zhao Zhongfu 趙中浮 (1970), pp. 1026-1028. This is confirmed by WJRW, *Ma Peizhi* 馬培之, which states that he was also well known for his use of medicine. See also Dai Zuming 戴祖銘 (1996).

¹¹⁶ WJRW, *Ma He'an* 馬河庵; FZB, p. 36.

¹¹⁷ Foreword by Shen Xiting 沈熙廷 to *Yiwu* 醫悟 (Medicine Apprehended), reprinted in ZYT, vol. 3, pp. 3600-3604.

their occupation of positions of status and influence.¹¹⁸ They thus connected in multiple ways to the Fei and the Ma: the Fei and Chao frequently intermarried; Ma Peizhi and Chao Shouhai 巢壽海 worked together on the rebuilding of the City Moat Temple (*chenghuangmiao* 城隍廟) and the Wu Temple 武廟 in 1871;¹¹⁹ Chao Baiwan was Fei Wenji's rich patient; and Chao Lufeng 巢魯峰 was the town's foremost Daoist Priest (*daoshi* 道士) during the early nineteenth century, whose students included Fei Boxiong.¹²⁰

These connections would have enabled members of the Chao lineage interested in medicine to add to whatever knowledge was available to them in the medical literature. The first physician in the family about whom we have any knowledge is Chao Peisan 巢沛三. He lived at the same time as Fei Boxiong and Ma Xingsan but established his name later, suggesting that he either trained with these physicians, or that he switched to a medical career as a result of the opportunities opening up in the town. His superb medical skills are linked by a local observer to learning and book study indicating that he had a scholarly background.¹²¹ Peisan's cousin Chao Boheng 巢伯衡 also is described as a well-known physician in the local gazetteer.¹²² Later generations of the Chao continued their family medical tradition and continued to study with the Fei and Ma families. Chao Weifang 巢渭芳 (1864-1927), for instance, was adopted as a son (*ji zi* 寄子) by Fei Boxiong and studied medicine as an apprentice of Ma Peizhi (Figure 9: The Chao Families).¹²³

It thus appears that by the late nineteenth century a hegemonic network of three medical families—the Fei, the Ma and the Chao—had emerged, whose members were related to each other through intersecting ties of kinship, discipleship and cooperation. For instance, Ma Xingsan and Fei Boxiong, together with a certain Ding Rongchang 丁榮章 managed and funded the reconstruction of Menghe's orphanage in 1833.¹²⁴ Deng Xingbo 鄧星伯, a disciple of Ma Peizhi, is described as having worked as a locum in the Fei family practice, when they were away on business.¹²⁵ Weng Tonghe, initially a patient of Fei

¹¹⁸ WYHZ, chap. 5, p. 41a; WYZY, chap. 4, p. 28b. See also the anecdote about the illness of Chao Baiwan noted above. Chao must have been wealthy to be able to employ a physician of the stature of Wang Jiufeng.

¹¹⁹ WYZY, chap. 4, p. 28b.

¹²⁰ CSZP, chap. 2, *Lufeng xiansheng yishi da* 魯峰先生遺事達 (Anecdotes about Mr. Lufeng).

¹²¹ WJRW, *Chao Peisan*; ZYJ, p. 1344.

¹²² WJRW, *Chao Peisan*; FZB, p. 37.

¹²³ FZB, p. 36; Chen Daojin 陳道瑾 (1981), p. 44; Shi Qi 施杞 (1994), pp. 804-808; Li Yun 李云 (1988), pp. 840-841; Zhang Yuankai 張元凱 and Wang Tongqing 王同卿 (no date), p. 91.

¹²⁴ WJYH, chap. 5, pp. 40b-41a.

¹²⁵ Deng Xuejia 鄧學稼 and Shen Guixiang 沈桂祥 (2000), p. 891.

Boxiong, was later seen by Ma Peizhi. Yu Yue, on the other hand, was first a patient of Ma, but later became a friend of Fei Wanzi, who approached him to write the foreword to Fei Boxiong's collected literary works.¹²⁶

Though based on distinctive medical families and lineages, the organization and function of this network did not completely exclude outsiders. Rather, it assimilated promising students to itself, as the biography of Yu Jinghe makes clear.¹²⁷ Yu Jinghe 余景和 (1847-1907) was the second son of an impoverished scholar from Yixing, who came to Menghe in 1859 to begin an apprenticeship with Cao Huanshu 曹煥樹, proprietor of the *Tianbao tang* 天寶堂 pharmacy.¹²⁸ The apprenticeship had been arranged by his older brother Yu Jinglong 余景隆 (1828-1870), who had moved to Menghe some eleven years earlier in order to work in the drug trade. Yu Jinghe showed an understanding of medical matters that so impressed the leading physicians in town that they recommended he become a physician. However, lacking a classical education, Yu found the language of the medical books he was given to be impenetrable and studying medicine a very frustrating enterprise. Although Mr. Cao was a man "versed in the medical literature," Yu needed a more accomplished teacher. He finally found him in Fei Lanquan, by then one of Menghe's leading physicians, who guided him through the maze of contrary medical doctrines and opinions. He also taught him his own personal approach as well as those of the Jia and Sha families, and of Wang Jiufeng. In addition, Yu observed other Menghe practitioners at work including Fei Boxiong, Ma Peizhi, Chao Peisan, Ding Peitang, Ma Richu, and Ma Yisan 馬益三. Yu acknowledged their collective influence in a foreword to one of his own works, recounting how, "[a]ll of the Menghe elders took pity on the hardship that had befallen me, guiding me in practicing medicine and also lending me books so that I could study them."¹²⁹

Yu's biography not only provides graphical evidence about the functioning of the Menghe medical network, but also shows how this network ensured local dominance by assimilating to it potential competitors. As I shall show in section eight, this dominance extended, too, to the domain of ideology and manifested itself in the manner in which Menghe physicians perceived of their medical practice. During his two decades in Menghe, Yu Jinghe thus did not merely become a member of a social network but also of a distinctive style of medical practice, even if at this time Menghe physicians did not yet refer to themselves self-consciously as belonging to a distinctive scholarly current.

¹²⁶ Yu Yue wrote the first foreword to FSQJ, *Liu yunshanguan wanchao* 留云山館文抄 (Writings from Residing At Cloud Mountain Studio).

¹²⁷ Where not otherwise indicated, my biography of Yu Jinghe is based on Dai Zuming 戴祖銘 and Yu Xin 余信 (1997).

¹²⁸ ZYJ, p. 1319.

¹²⁹ *Yu zhu Shanghanlun yi* 余注傷寒論翼 (Yu's Annotated 'Wing to the Discussion on Cold Damage'), p. 1a, reprinted in ZYT, vol. I, p. 450.

Although over time many of their most prominent members moved away from Menghe, the Fei, Ma and Chao families continued to practice locally until the 1980s. Other well-known literati physicians and medical dynasties existed in Wujin County throughout this time. There is evidence that some, like the Qian 錢 family from Changzhou, actively competed with the Menghe physicians for fame and status, while others struggled for inclusion into the Menghe current itself.¹³⁰ If, therefore, it is the Menghe current that is remembered today as the jewel in the crown of Wujin medicine, and if that current is considered to include only some of the families actually practicing in Menghe, then this also demonstrates the long-term effectiveness of such network building, which could include as well as exclude by means of strategies described in more detail below.

Cooperation was always counter-balanced, however, by competition between and within the Menghe medical families. Fei Wanzi, for instance, appears to have had a difficult stance in his family, once his son Shengfu had emerged as the successor of Boxiong. One of his favorite sayings, transmitted in the family up to the present, is a rebuke to his father reminding his son that, “You never had a father like I had, nor is your son like mine.”¹³¹ Ma Peizhi is described by a member of the Fei clan as having been “exceedingly mysterious about his combining of drugs. He did not let his sons and nephews know about it and would even less discuss it with his students.”¹³² This demonstrates that within a medical family individual competition for status and fame could override the communal goal of advancing family fortunes, and of perpetuating the lineage. Given that Ma Peizhi, whose students remembered today far exceed those of Fei Boxiong, is described as a good and virtuous teacher by other biographers,¹³³ the statement may also be read, however, as indicative of latent tensions between the Fei and Ma families. Such a theory receives support from another observation.

In 1883, shortly after his return from treating the Empress Dowager in Beijing, Ma Peizhi left Menghe and moved to Suzhou at the age of sixty-three. Although we can only speculate about his reasons for doing so, the Fei family

¹³⁰ The competition is clearly evident, for instance, in the forewords to *Yijin* 醫律 (Advice for Physicians), a book by Fei Boxiong’s contemporary Qian Xinrong 錢心榮 (1922/1923) that was published posthumously by his children. According to Li Jingwei 李經偉 (1988), p. 505, the book was evaluated at the time as “comparing favourably” with Fei Boxiong’s works. Xie Guan 謝觀, introduced in more detail in section 9, tried to assimilate himself to Menghe medicine during the 1920s and 1930s to advance his reputation as a clinician. I discuss the competition in detail in Scheid (2002a).

¹³¹ Personal information, Fei Jixiang 費季翔 (2000).

¹³² FZB, p. 31.

¹³³ For instance, Zhong Daosheng 鐘道生, from a poor family in Zhejiang, was taken on by Ma as his apprentice free of charge and provided even with money for meals (*daotie* 倒貼), apparently a common practice at the time. See Xiang Ping 項平 (1999), p. 40.

were never in any doubt. They believe that following his prestigious appointment at court it would have been impossible for Ma to remain in Menghe—where the Fei were still the most prestigious medical family—without incurring a considerable loss of face. Even if one rejects this interpretation and reads the move merely as indicative of Ma’s natural ambition to succeed in a larger city, it nevertheless confirms the existence of, and desire for, status differentials within the wider Menghe network.

Ma Peizhi’s move to Suzhou, where he continued to treat a genteel clientele from his house in a little alley off the city’s main thoroughfare, apparently still known locally as “Storehouse of Ma Medicine” (Mayi Kecang 馬醫科蒼), and also from a pharmacy called *Mutaishan tang* 沐泰山堂, is significant in other respects, too.¹³⁴ It signals the cutting loose of Menghe medicine from its place of origin. Examining the different strategies pursued by the various Menghe medical families in charting this transition provides enlightening case studies that add to our understanding not merely of the Menghe current, but of the development of Chinese medicine during this important period in its recent history. (to be continued in issue 23 of *EASTM*)

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Abbreviations

- CZWSZ: Changzhoushi weisheng zhi bianzuan weiyuanhui (Compilation Committee for the Changzhou City Health Gazetteer) (1989).
 CZSZ: Huang Yuanyu (ed.) (1995).
 FSQS: *Feishi quanshu* (Complete Works of Mr. Fei).
 FSZP: *Feishi zongpu* (Genealogy of the Fei Lineage).
 FZB: Fei Zibin (1984).
 GXWJ: *Guangxu Wujin Yanghu xianzhi* (Guangxu Reign Period Gazetteer of Wujin and Yanghu Counties).
 MJSZP: *Menghe Jiangshi zongpu* (Genealogy of the Jiang Lineage from Menghe).
 WYHZ: *Wujin-Yanghuxian hezhi* (Wujin and Yanghu Joint Gazetteer).
 WJRW: *Wujin-Yanghuxian hezhi renwuzhuan* (Biographies from the Joint Gazetteer of Wujin and Yanghu Counties).
 WJXZ: Jiangsusheng Wujinxian xianzhi bianzuan weiyuanhui (Editorial Committee for the Gazetteer of Wujin County in Jiangsu Province) (1988).

¹³⁴ CZWSZ, p. 395. Wu County Gazetteer (*Wu xianzhi* 吳縣誌), cited in Yu Zhigao 余志高 (1993), p. 259. See also the account by Gan Zuwang 干祖王 in Xiang Ping 項平 (1999), p. 40.

- WJWSZ: Wujinxian weishengju bianshi xiuzhi lingdao xiaozu (Wujin County Leading Group for the Editing and Compilation of Historical Records) (1985).
- WYAH: Waizheng yi'an huibian (A Compilation of Case Records of External Patterns).
- YCSY: *Yichun shengyi* (The Refined in Medicine Remembered).
- YFL: *Yifang lun* (Discussion of Medical Formulas).
- YLCZ: *Yilun cunzhen* (Supplying What Is Missing in Medicine While Keeping the Essential).
- ZYJ: *Zhen yu ji* (Collections From After Surgery).
- ZYT: Yan Shiyun (ed.) (1994).

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