

Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou, 1600–1850. By Yüan-ling Chao. New York: Peter Lang, 2009. Pp. xii + 206. €47.00/\$72.95.

Although for over a generation now Chinese medicine has attracted scholars who use the tools of social history, cultural studies, and science studies, the field has not produced any synthetic treatment of medical history in the long imperial era since Paul Unschuld's *Medicine in China: A History of Ideas*.¹ Perhaps we should not be surprised that the sort of thematic overview that eluded the Needham "Science and Civilization" project is turning out to be chimerical, as more and more specialized works expose the complexity of evolving medical doctrines, textual and practice-based genealogies, the history of China's many epidemics, and the pluralistic social relations of healing. For almost fifteen years now, Yüan-ling Chao's 趙元玲 "Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou," a dissertation completed at UCLA in 1995, has been cited as a basic source in the social history of late imperial healers—particularly on issues of status and doctrine surrounding what she calls the "Confucian physician" (*ruyi* 儒醫). Now that the book built on this work has finally been published, a larger audience can see how many themes engaging current scholarship were pioneered here.

Chao's overall investigation is about the strategies of legitimation used by these élite doctors to claim both authority as experts and social prestige in society at large. The question is pursued through four linked topics: The social identity of the "Confucian physician"; the role of medicine in imperial and popular ritual celebrated in temples dedicated to the Three Progenitors (*Sanhuang miao* 三皇廟); the schisms between clinical doctrines promoting "Cold damage" (*shanghan* 傷寒) therapies for febrile disorders and the "Warm factor" (*wenbing* 溫病) orientations challenging these; the specialization of practitioners and the professionalization of medicine. A strength of Chao's work is that each theme is explored through textual genealogies stretching back to the early imperial era, genealogies that were very important in the writings of the "Confucian physicians" who constitute her main sources. A corresponding weakness, common in other historical treatments of Chinese medicine as well, is that chronology and local context—here of Qing dynasty Suzhou 蘇州 in particular—is not always clear.

Although the model of the ideal physician shaped by neo-Confucian scholar-official mores (*ruyi*) was well established by the second half of the Song dynasty (twelfth century C.E.), it remained the product of Chinese social imagination, unsustainable by formal guild or educational qualifications, where doctors' claims to efficacy based on technical skill did not always harmonize easily with their aspirations to cultural prestige. The basic question is one of social identity: were physicians able to claim authority as scholars (*ru* 儒)

¹ Paul U. Unschuld, *Medicine in China: A History of Ideas* (Berkeley and Los Angeles: University of California Press, 1985).

or did they remain artisans, as dictated by the social categories set forth in official classical treatises like dynastic histories or local gazettes? Was their expertise a “learning” (*yixue* 醫學) or a “craft” (*yishu* 醫術)? These categories were meant to draw a distinction between those who practised as members of hereditary medical families and independent literati followers of the respected “small path” (*xiaodao* 小道) of classical medical learning. The élite strategy behind the “Confucianization of medicine” was to stress the wisdom of book learning, and to represent medicine as a respected alternative to bureaucratic office holding, while denigrating those who depended on lineage-based, often secret, family knowledge.

Chao tracks the discursive distinction between *ruyi* and *shiyi* 世醫 through two long-term “debates” in Ming-Qing medical writings. The first revolved around an obscure passage from the Confucian classic *Book of Rites* (*Liji* 禮記), which since the Tang dynasty had been parsed by commentators in contradictory ways: one implying that the good doctor must have mastered “three generations” (*san shi* 三世) of classical canons; the other suggesting that a good doctor had “three generations” (*san shi*) of family practice in his background. The second debate concerned the status of Zhang Ji 張機, author of the medical classic *Shanghan lun* 傷寒論, whom some physicians tried to promote as a “medical sage” (*yisheng* 醫聖)—a medical counterpart to Confucius in philosophy, rather than merely a medical “master”—one of the “four masters” considered progenitors of leading “currents of medical learning” (*xuepai* 學派) of Ming and Qing.

Neither of these inconclusive discourses were actual debates in the modern sense of that term. Allusions to alternative interpretations of the *Liji* on “three generations” followed the conventions of classical commentary, allowing a medical writer to quote an ancient authority as an ornament to his particular argument. Those who strove to canonize Zhang Ji were using the methods of “evidential learning” (*Hanxue* 漢學) to bolster the social and clinical reputations of doctors whose therapeutic styles in pharmacy were under attack from critics of the *Shanghan lun*. As Chao acknowledges, discourses like these aimed to reify status distinctions that in fact were quite malleable, since the ranks of Qing dynasty physicians swelled both with new recruits from scholar backgrounds and with descendents of increasingly literate medical lineages. She agrees with Chu Ping-yi 祝平一 that even the most famous “Confucian physician” failed to find a place on the higher rungs of society’s status ladder, while the market forces that established reputations for clinical efficacy led most to accommodations with pluralistic popular healing practices.²

A dimension of the world of Confucian physicians that Chao emphasized has been neglected in recent scholarship. This is the role of ritual as practised in temples dedicated

² Ping-yi Chu, “Song Ming zhi ji de yishi yu ‘ruyi’” 宋、明之際的醫史與「儒醫」(Narrations of Histories of Medicine from the Song to the Ming and the Rise of the Confucian Physician), *Zhongyang yanjiuyuan Lishi yuyan yanjiusuo jikan* 中央研究院歷史語言研究所集刊 77, pt. 3 (September 2006), pp. 401–49.

to medical arts. Intermittently, imperial state patronage promoted the aura of an official medical orthodoxy. But over the long term the energy that sustained temple building and popular worship came from below, manifest in local temples celebrating a wide variety of historical and supernatural healers. Vestigial state influence—the occasional donation from a local official, titles like *Taiyi* 太醫 granted to individual physicians—may have boosted a ritual centre’s cultural authority, as Chao claims, but users had wide latitude to interpret their ritual practice in multiple ways.

Chao outlines the stages by which the “Three Progenitors” of Chinese civilization (*Sanhuang* 三皇, i.e. Huangdi 皇帝, Shennong 神農, and Fuxi 伏羲), worshipped as part of the imperial cult since the Tang dynasty, were rebranded under Mongol rule as progenitors of the medical arts. As a foreign dynasty, the Yuan was interested in developing some alternative to rituals celebrating imperial civilization as an exclusively Chinese creation, and also in diluting the prestige of the classically-trained Chinese scholar élite. The rituals devised for the Yuan Temple to the Three Progenitors (*Sanhuang miao*) affirmed symbolic equivalence of medical and *Daoxue* 道學 traditions, and Chao agrees with Reiko Shinno 秦玲子 that Yuan patronage seemed for a time to create a parallel track of classical education for medical specialists.³

But, in the Ming the Yuan system fell from favour, criticized by ranking officials as disrespectful to the imperial lineage. After the emperor Hongwu 洪武 in 1371 ordered all localities to end the sacrilegious worship of the medical *Sanhuang miao*, rededicating rituals to these deities to the imperial lineage alone, mention of *Sanhuang miao* disappeared from Ming local gazettes. But in the sixteenth and seventeenth centuries medical temple building and rebuilding became visible again in these records under names like *Yaowang miao* 藥王廟 and *Yiwang miao* 醫王廟—even *Sanhuang miao* once again. Cult sites could be dedicated to canonical historical physicians like Sun Simiao 孫思邈 and Zhang Ji, or to more local heroes like the Suzhou physician Sha Fuyi 沙福一 who had organized medical relief during a fourteenth-century epidemic in the city. If, as Chao suggests, many former *Sanhuang miao* were taken over by local people with local agendas, the question is how “Confucian physicians” might have used such ritual institutions. If it can be demonstrated (as her scattered evidence hints) that some medicine temples housed herb markets and lecture halls for students, and served as ceremonial centers featuring physicians, they can be imagined as having guild-like functions for communities of doctors.⁴

³ Shinno Reiko, “Medical Schools and the Temples of the Three Progenitors in Yuan China: A Case of Cross-Cultural Interactions,” *Harvard Journal of Asiatic Studies* 68, no. 1 (June 2007), pp. 89–133.

⁴ Work in progress by Angela Ki Che Leung 梁其姿 and Liu Xun 劉迅 is investigating late Ming and Qing medical temples along these lines.

PRC historians of late imperial medicine have attached great significance to a split within the ranks of elite physicians between “Cold damage” (*shanghan*) and “Warm factor” (*wenbing*) currents of medical learning. Yüan-ling Chao is one of the first Western scholars to have called attention to this issue, tracing the nosology of *wenbing* back to the *Huangdi neijing* 皇帝內經, and pointing out how controversy intensified as medical doctrines were tested against the therapeutic challenges posed by sixteenth- and seventeenth-century epidemics in the local environment of Jiangnan 江南. But disagreements about the strengths and weaknesses of different pharmaceutical strategies— heating or cooling therapies, replenishing formulas versus purgatives—were long standing in the Ming-Qing case history literature. As Marta Hanson argues, the disease construct *wenbing* only very gradually and unevenly shifted from defining a seasonal prostration or fever requiring warming therapies—and so a subcategory of *shanghan*—to an unpredictable epidemic outbreak striking whole populations at the same time—challenging older paradigms.

Chao points to how scholarly inquiry into the question of the authenticity of the *Shanghan lun* fueled debate. The evidential investigation by the eminent Suzhou scholar physician Xu Dachun 徐大椿 helped to bolster the prestige of Zhang Ji’s “classic prescriptions” (*jing fang* 經方), and presumably of *shanghan* over *wenbing* therapeutic strategies. But the impact of evidential historical scholarship on clinical decision making remains unclear. Case history records suggest most physicians continued to draw from a broad pharmaceutical repertory on an individual basis. Her discussion of individual famous physicians associated by modern scholarship with *wenbing* ranges from the seventeenth-century Wu Youxing 吳有性 to the mid-nineteenth-century Wang Shixiong 王士雄—men who were neither personally linked with one another or participants in evidential research. In sum the evidence for a well defined eighteenth-century “Warm factor” school of medical learning is elusive here, supporting Marta Hanson’s argument that we have a retrospective construction by twentieth century and TMC scholars promoting *wenbing* as an indigenous alternative to biomedical contagionism.⁵ We are left with Chao’s suggestive, though unsubstantiated, hypothesis that sociological fault lines divided physicians from hereditary medical lineages who were partisans of Warm factor, from scholar-physicians (partisans of Cold damage).

Chao’s fourth theme, the professionalization of medicine, implying the emergence of formally bounded communities of practitioners, is intertwined with the two chapters that purport to describe the world of medical practice in eighteenth-century Suzhou. Here scattered data provide fascinating detail without allowing for a clear-cut picture. We learn of three failed examination candidates who became doctors; that there was a recognized Medical Academy in the city but whose exact functions are unclear; and that some Suzhou

⁵ See Marta E. Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China* (London and New York: Routledge, in press).

physicians claimed their local medical lineages could be traced back to the fourteenth-century master Zhu Zhenheng's 朱震亨 disciples. Gossip later alleged that two leading physicians, Ye Gui 葉桂 and Xue Xue 薛雪, were bitter rivals, each claiming cures that eluded the other. The only evidence for collective identity of healers resident in the city comes from a printed collection assembled by Tang Dalie 唐大烈 of essays by forty-one Suzhou physicians which came out in a series of volumes published between 1792 and 1801. The volumes were open to all who submitted essays, regardless of doctrinal orientation or literary merit. For evidence of medical specialization, there is a brief biography of a Suzhou acupuncturist, Yu Mingjian 俞明鑑, and of an expert in "external medicine" (*waike* 外科), Wang Weide 王維德. In sum, the fragmentary evidence available to Chao doesn't allow for the sort of sociological investigation of family and career path that one would like to see in a collective portrait of a city's medical practitioners, and that would be needed to flesh out a story of professionalization, even one defined as she does in loose terms of social and literary networks supporting a common culture.

Scholars may never agree about whether late imperial Chinese physicians formed a true profession, given that the question depends upon an implied comparison with European experience. Certainly it is hard to identify a strong institutional base supporting the rhetorical rivalry between *ruyi* and *shiyi* that is documented here. Indeed the sections on medical temples, by introducing ritual practices involving late imperial physicians, in fact work against one of the stereotypes of the Confucian physician trope: that these élite practitioners rejected superstition (*mixin* 迷信) and distanced themselves from religious healing. Chao's work is strongest in setting out the textual evidence that created and reified the model of the Confucian physician, and weaker in an independent sociology of known medical families, lineages or networks of teachers and students, patients and healers—the sort that would produce a picture of social landscape independent of formal discourse. One can see that the need today is to look beyond the writings of élite physicians themselves to the records of resident families and lineages, and those of temples, neighbourhoods and commercial establishments. Here a pioneer work can be excused for pointing towards questions not yet answered.

CHARLOTTE FURTH

University of Southern California (Emerita)

Polygamy and Sublime Passion: Sexuality in China on the Verge of Modernity. By Keith McMahon. Honolulu, HI: University of Hawai'i Press, 2010. Pp. vii + 215. \$55.00.

Historians know that polygamy was a key marker of China's backwardness in the treaty-port era. As an emblem of women's oppression, polygamy—like footbinding—was a telling sign that China's march toward enlightened civilization would be a long one. Reformers in Meiji Japan identified polygamy and concubinage as major blights on the