C 123 Preparation for Lecture 5.

Medical Plurality.

In this lecture we will look at medical plurality from two perspectives:

a) the many different kinds of practitioners working in the medical market place, and
b) the different types of medical knowledge and practice employed by the same individual in different contexts

Gentleman Physicians and the Others

History of medical care in China is one of a complex society of competing and complementary practitioners: at any one time right through from the Han to the Qing the mix of persons engaged in various forms of medical practice would include religious healers, the scholar physicians, folk doctors and bell doctors, diviners and wise women, not to mention the healing programmes run by mass millenarian cults. Many of these practitioners were literate.

The status of the practitioner was not usually one of power in relation to the patient. Unlike today, practitioners rarely enjoyed the privilege of their own consultation rooms. Patients engaged in multiple consultations with the practitioners being summoned on each occasion. There were no return visits unless asked and patients were often unco-operative, shopping around for the diagnosis and treatments that they found most congenial. Payment was often made in the form of gifts to the practitioner, while lower status practitioners such as bell doctors would charge directly. For the aspiring scholar-physician to accept money would be seen as un-gentlemanly and so there were subterfuges such as the payment of “horse money” for transport.
An Eastern Han (25-220 CE) carving of Bian Que

Offering medical care to powerful families might endanger a practitioner's life. The legendary Bian Que 扁鹊 [whose biography is recorded in the Shi Ji 史记 [Historical Record] which was presented to the court by Sima Qian 司马迁 in 91 BCE] from a court to avoid telling one Marquis that he was about to die. Bian Que, often portrayed as human-headed bird, is the legendary patron of acupuncture, with a sensitivity of vision that allowed him to see through walls. He learnt his craft from a teacher who was "probably not human". The retrospective deification of important medical figures is a recurring theme. Medicine gods prevented and cured specific disorders or could be patrons of particular skills: Hua Tuo 华佗 and Sun Simiao both became similarly revered figures and there is a rich tradition of iconography associated with the latter [in the latter case supplicants would write their requests and place them into the back of the statues such as that below].
The story of Chunyu Yi 淳于意 (fl. Ca 154 BCE) also recorded in Shiji gives us the first social history of medical practice, education, professional competence and therapeutic successes. Chunyu Yi was probably in some spot of trouble with the law himself, certainly the way he presents himself seem like a man defending himself. He describes his teachers, methods of learning, his medical skills and the books he owned. Shiji lists 25 of Yi’s case histories from his, mostly well-to-do, clientele. Chunyu Yi roamed from one court to another seeking patronage, like many other itinerant scholar experts, just as Confucius himself had once been.

He travelled widely through the commanderies of Qi 齊, Jibei 濟北 and Zichuan 菑川 (modern Shandong). He had two teachers: Yang Qing 阳慶: a wealthy and learned man with whom Yi served a 3 year apprenticeship. However his “real” teacher was Gongsun Guang 公孫光 who told him to reject his previous learning and shared with him his most secret books – which both men had to keep secret from the family since this violated the principle of transmission of key knowledge only within the family.

The selection of books Yi received from his teachers leaves us with a broad impression of the kind of texts thought respectable in his time. Scholar-physicians like Chunyu Yi were the guardians of sacred text-based medical traditions. His diagnosis and treatment demonstrate the rationalising tendency of Yinyang and wuxing theories in the Han period, using diagnosis of the complexion, and of the pulse. It is, however, strange that in this work there is an absence of explicit demonic and spirit medicine when we know from other sources that these medicines existed side by side.

Yi show great awareness of his own status and scorns lesser physicians for their mistakes. Chunyu Yi would have found himself in the company and in competition with Fangshi 方士: "gentlemen of fang 'recipes' or 'techniques'. Indeed, since this is not a self referent, he may have been a fangshi himself. Their practice included the heterodox arts of pharmacological prescriptions, acupuncture and surgical operators and divination or ritual interdiction. Their status was founded on the possession, use, and sale of fang

Fangshu zhi shi 方術之士 (gentleman of remedies and arts) flocked to the court of the King of Huainan, Liu An 劉安 (?179-122 BCE), which became a famous as a centre of learning. In the Yinyang wuxing [five phase/agent] writings we see that the fangshi, like Chunyu Yi, participated in systematising correlative cosmology. Divination or iatromancy often formed a key part of their work. In lecture 1 we discussed how the Shang would seek to appease an offended ancestor who was deemed to be the cause of illness. Numeriologial calculations
determining the course and outcome of an illness, the day illness struck, the offending or offended ancestor were all in a day’s work. Thus once again we see how the worlds, language and philosophy, of diviner and physician were intricately linked.

**wu yi** 巫醫 [Spirit-medium physicians]

Early Chinese society is steeped in worship of divinities and the worlds of departed ancestors and spirits of nature as China. *Shuowen jiezi*, a 2nd Century lexical work states *wu zhu ye* 巫祝的 “the wu are ‘invocators’”, ”shamans” or ”spirit mediums” communicating with the gods and spirits. In *Zhouli* 周禮 an anachronistic work about the bureaucracy of the Zhou dynasty [1045 – 256 BCE] spirit mediums are listed on the payroll of the Zhou ministry of rites as the last in the pecking order of the ritual specialists. *Wu*, the spirit mediums or shamans, are often associated with the Southern kingdom of Chu, the region exoticised in Han literature, where we find the tombs such as Mawangdui containing a wealth of medical literature.

Alongside Mawangdui texts concerned with a breakdown of physiological process, the older recipe text, *Wushier bingfang* 五十二病方 [52 Remedies], combines pharmacological and magical forms of treatment clearly demonstrating a plurality of different medical traditions in the remedy literature.

*Wu* 巫 were experts in divination as well as invoking the honorific titles of deities and summoning spirits and ancestors to aid in healing. Manipulating effigies could also influence the course of an illness. Women healers in medical literature were generally subsumed under this category.

*Wu*, either male or female, and were spirit mediums’ and ritual specialists. They were used to avoid and resolve the demonic and the inauspicious and to deal with non-ancestral deities and spirits. They gained their reputation from personal skill in the appropriate arts. Their roles included annual and seasonal exorcisms and sacrifices to nature spirits, dealing with calamities such as drought or floods. At funerals they brought down the ghosts of the deceased. Female *Wu* performed ritual dances, prayers and songs. Two entries are directly concerned with health and healing:

1. in the spring, the male spirit mediums made proclamations and issued bans so as to remove sickness and disease
2. healing rituals performed alongside various sorts of priests and physicians.

52 Remedies, the recipe text excavated at Mawangdui and more or less contemporary with Chunyu Yi, describes techniques for curing illness which involve communicating directly with the spirit world. Many of these may require the patient’s participation or, alternatively, could be performed on behalf of the patient by a specialist. It is difficult to imagine what level of conflict and cooperation the different physicians enjoyed.
The Mawangdui Shiwen 十問 [Ten Questions] elevates gentlemen physicians and their theories of physiological process above the skills of the wu:

“The vulgar man lives blindly, and then relies on wuyi 巫醫 shaman/spirit medium physicians. Before reaching middle age, his body invariably is buried young.”

Yet in the Yellow Emperor’s Inner Canon (see Lecture 1) we find the Yellow Emperor saying:

“I have heard that in ancient times when treating illness, moving jing 精 ‘essence’ and transforming qi, all they had to do was make spells.

…..Qi Bo answered: "in former times the ancients dwelled among the birds and beasts. In their movements they avoided the cold, they stayed in the shade and avoided the summer heat; inside they did not harbour envy and outside they did not have the appearance of reporting to an official. In a quiet and peaceful world, xie 邪 ‘perverse influences’ could not penetrate deeply inside…… “

Qi Bo is suggesting that wu are appropriate to an earlier, simpler time and are not sophisticated enough to deal with the ills of a changing world.

However it is notable that in the eclectic practice of respected scholar physicians of later periods, like Sun Simiaio, abstract theories of health and illness sit comfortably next to older practices which involve isolating ancestors and spirits as agents of disease. But this probably would not have seemed contradictory to those at the time precisely because classical medicine and the theory of Yinyang and wuxing “five agents” shared many of the same patterns of thought that were at the foundation of sympathetic magic of the wu.

Sun Simiao 孫思邈 (581—682AD) is often depicted with motifs of the dragon and the tiger. He lived in early Tang times, and is typical of the kind of scholar physician who embraced many types of healing and theories of disease. His medical texts include those based in demonic medicine, in Buddhist incantatation and on the medicine of systematic correspondence.  http://venus.unive.it/dsao//pregadio/articles/short/sun_sm.html (see also Lectues 6 & 7)

The canonical works of Chinese medicine tend not to record their authors. But beginning with Zhang Zhongjing 張仲景 (142--220), (see Lecture 7) individual scholar physicians could have a remarkable influence on the development of Chinese medical theory. After an epidemic decimated his town wrote two, much quoted treatises on febrile disease, the Shang Han Lun 傷寒論, which include a comprehensive materia medica. However it was 800 years
The Ru yi 儒医 (Scholar Physicians) and the rise of "modern" Chinese Medicine.

From the end of the 1st millennium CE coinciding with the decline of the Tang Dynasty and the rise of the Song, the empire underwent rapid and continuing social and economic change. While increased population and wealth brought about a growth in the scholar class in general, the imperial administration, traditionally always the most sought after and high status source of employment, did not expand to provide enough jobs for the increased number of qualified applicants. As a result alternative scholarly careers were sought and amongst these medicine was seen a worthy alternative.

The Early (Northern) Song Dynasty (960-1125CE) saw a total change in the style of government with a political debate between state interventionists and supporters of laissez-faire policies, to some extent reminiscent of our own in the 21st century. In the later part of the 11th century the interventionists held sway and under Wang Anshih "new policies" were introduced to modernise many areas of agriculture, commerce, finance and administration. At the same time in 1057 the administration made the first attempt to promulgate approved medical teachings. The Bureau for the Editing of Medical Texts produced editions of 30 medical canons and pharmaceutical texts and compendia of remedies "fang shu". It was in this period that Zhang Zhongjing’s Shan Han Lun was rediscovered.

Various factors in the Song (960-1279 C.E.) and the following Jin (1127-1235 C.E.), and Yuan (1279-1368 C.E.) periods had profound implications for the production of medical knowledge. New printing technologies allowed the government to disseminate these texts while at the same time providing access to and transmission of medical knowledge outside traditional medical lineages. The Government’s involvement in medical education and the extent and nature of medical governance under these regimes was both unprecedented, and unmatched by later dynasties, until the innovations in public health and medical regulation of the twentieth century. Some officials posted medical texts or medical text inscriptions increasing medical information and the prestige of government. One official forced people in his district to take medicines in order to prove their efficacy.

The government of the Southern Song (1125-1275) tried to meet public health needs with elite physicians being licensed to distribute medicines as relief for epidemics, but no one in their southern districts came to collect the drugs. Officials found that people avoided contact with the sick, isolating them in their sick rooms or even fleeing the area, and leaving their care to "shamans."
The officials blamed ignorance and “trust in shamans and demons over officials and medicine.” Some officials punished local shamanic healers, destroyed their alters, gave them medical texts, and ordered them to “change occupations” (gaiye) to farming or medicine.

The growth of market economy and expanding urban environments supported knowledge networks and the new élite “scholar-physician” had unprecedented opportunities to be involved in the production of texts and new styles of medical praxis. After the Mongol Yuan dynasty abolished the Civil service exams, publishing a medical treatise became one of the ways a gentleman scholar could display his status and “accumulate virtue” – a public and private, practical and moral good.

Competing Practices

For all that a corpus of literate non-superstitious medical theory had existed from the Han period on, in reality all traditions of practice and practitioners continued to flourish in some form or other. Ming Dynasty (1368-1644) novels are a wonderful source for studying medical plurality as the erotic novel Jinpingmei (金瓶梅) most vividly illustrates (see Cullen 1993). Novels are just as likely to give us a good picture of medical practice as the medical canons, or case histories. Another Ming novel with the translated title A Tale of Marriage Destinies that will Bring Society to its Senses records the following range of medical workers who are often represented as being in competition:

• The Lecherous Grand Physician  
• The Drunken Obstetrician  
• The Killer Doctor  
• The Enlightened Physician  
• Bell Doctors [gynaecology/syphilis]  
• The clergy [Daoist Immortal/Demon Daoist/Sinful Abbot/Dissolute scholar monk/Sinful abbot – monks were typically regarded as lecherous hypocrites in much popular culture!]  
• Lay Healers [Maid Exorcist/Lady Demonic Healer]  
  (see Berg. 2002)

Here follows a description of some of those that we have not yet met in these notes.

Lingyi 類醫 'Bell physicians' and Folk Doctors.

Bell physicians were professional itinerant physicians [who draw attention] with a bell - they lived by selling medications which meant they could never aspire to the status of scholar (though that was not to say that they or their descendents could not rise to that status as was the case with the great pharmacologist of the 15th century Li Shizhen see lecture 7). They
were renowned for using their rhetorical abilities to allay people's mistrust. They relied on similar pharmaceutical manuscripts to the scholar physicians.

**Folk doctors**, lay people who possessed medical and pharmaceutical knowledge and treated patients casually. They had local knowledge, a local reputation, and were visited by ill persons who needed expert advice and can't see doctors, usually for reasons of cost but also quite possibly for cultural reasons – the scholar-physicians might have seemed just too grand. Folk doctors' regularly included practices such as abortions in their work.

**Religious Healers**

Monks and priests (either Buddhist or Daoist) prescribed drugs and dietetic measures, meditative routines and regulated breathing. Amulets, incantation and introspection were also a cure for demons and evil gods. Confession and penitence for illness from the sins of past lives was also practiced. Buddhists had a particular focus on healing the sick collectively in order to facilitate their spiritual development, taking the view that illness was an obvious obstruction to this. Daoists tended to be directed to a more individualistic point of view, regarding longevity as a vital asset in attainment of the Dao, or seeing health as by-product of alchemical processes and the literal or spiritual goal of becoming immortal. Daoists were also noted for their talismanic cures in which the sick person would drink water or alcohol in which had been dissolved the ashes of documents inscribed with magical characters or formulae. (see Lecture 6)

**Reading**


