Restructuring the Field of Chinese Medicine: A Study of the Menghe and Ding Scholarly Currents, 1600-2000
Part 2
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6 The Fei: Keeping It (Almost) in the Family

Of all the Menghe medical families the Fei were the most genteel, proud and scholarly—at least in the way they perceived and still perceive of themselves. From the 1880s onwards, the lineage as a functioning unit increasingly fell apart to be replaced by several family based branches that progressively segmented as time went on. The decline of Menghe as a transport hub once the railway between Shanghai and Nanjing had been completed, coupled with increasingly fierce competition between physicians in the town itself, whose numbers continued to rise, caused most branches of the Fei lineage to abandon medical practice. Fei Boxiong’s family on the other hand, owing to his reputation and influence, concentrated almost exclusively on medicine. This led to the emergence of a major line of descent running through Boxiong’s chosen heir, his eldest grandson Fei Shengfu 費繩甫 (1851-1914) complemented by various minor lines originating from his brothers (Figure 10: Fei Family, Generations 7-12).

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1 For figures and maps, see EASTM, no. 22.
Safeguarding the continuity of a family medical line requires ongoing labor. Competent physicians able to carry forward the family tradition have to be trained, while intra-family competition for status and opportunity has to be negotiated. We already learned how Fei Wenji is said to have controlled succession by passing on his secrets only to one of his five sons. If that story is probably a myth, his son Fei Boxiong did, in fact, choose his successor by establishing him in his own practice. In doing so he made it impossible for his other grandsons Fei Zhefu 費哲甫 (1855-?) and Fei Huifu 費惠甫 (1861-?), both of whom became practicing physicians, to claim the same status.

According to family legend, Fei Shengfu’s reputation was established when he successfully deputised for his grandfather in treating Zeng Guofan’s 曾國藩 brother Guoquan 國荃. From then on, he was patronized by a distinguished clientele that included Liu Kunyi 劉坤一, governor of Zhejiang and Jiangsu, who proclaimed him to be “a famous physician known throughout the country” (hai nei ming yi 海內名醫) after curing his mother. Liu Kunyi also recommended Fei Shengfu to the court of the Guangxu 光緒 Emperor in Beijing. Forewarned, perhaps, by Ma Peizhi’s 馬培之 (1820-1903) experience at court described in Part 1, Fei Shengfu let himself be substituted by Chen Bingjun 陳秉鈞 (1840-1914).

Connections to the gentry-merchant elite brought risks as well as benefits. A bad investment in the salt trade, which Fei Shengfu had made on the advice of an acquaintance, almost bankrupted his family. As a consequence, he moved to Shanghai in 1894, where he was able to charge higher fees for his services. Asking 4.6 yuan for a consultation, compared to 2.6 yuan in Menghe, and 24.6 yuan for a home visit, he succeeded in turning a debt of more than half a million yuan into a fortune of several hundred thousand yuan by the time of his death in 1914. Although I have been unable to verify the accuracy of these figures, they indicate, at the very least, that medical practice in Shanghai could be an extremely

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2 Entrusting him with the treatment of Zeng Guoquan is portrayed as the definitive moment in Fei Shengfu’s career in FZB, p. 31.
3 FZB, p. 35; Yu Ming 余明 (1984).
4 FZB, p. 35. Chen was sent to Beijing on the recommendation of governor Liu. Given Liu’s previous patronage of Fei there is no reason to doubt this story. I have seen a painting in possession of Fei Jixiang in Hefei of Fei Shengfu, his wife, and daughter painted at court in Beijing. Furthermore, in a biography of one of his grandchildren from the 1940s, Shengfu is referred to as a court physician (yuyi 御醫), which indicates that an association between Fei family physicians and the imperial court was still current at the time. See Xu Shangwen 許尚文 (1948 [1945]), p. 21. For a biography of Chen, who was from Qingpu 青浦 and treated the Guangxu emperor in 1898 and 1908, see Li Yun 李云 (1988), p. 519; He Shixi 何時希 (1991b), vol. II, pp. 473-474; and Chang (1998), pp. 212-216.
lucrative occupation for physicians with the right connections.\textsuperscript{5} The entire episode also confirms that medicine constituted just one of several resources for families and lineages such as the Fei. Money earned and connections established in one domain of social practice constituted forms of capital (economic and social) that could be transferred into others. Such transfers were enabled by the emergence of a ‘gentry-merchant’ stratum within elite society in late imperial China that progressively removed barriers between different social groups, and enabled social agents to participate simultaneously in diverse fields of social practice.\textsuperscript{6}

Fei Shengfu had four sons who studied with him. Little is known about the first. The second son Fei Baochu 費保初 stayed in Menghe, where his own son Fei Shouqian 費守謙 maintained a medical practice until the 1980s.\textsuperscript{7} The third and fourth sons, Fei Baochun 費保純 and Fei Baoquan 費保荃 (1883-1931), both practiced in Shanghai.\textsuperscript{8} However, the most important Fei family physicians during this period were Shaozu’s fourth son Fei Zibin 費子彬 (1890-1981), and Shengfu’s son-in-law and disciple Xu Xiangren 徐相任 (1881-1959).

Fei Zibin initially pursued an official career rising to a position in the Beiyang government. He retired following the establishment of the Guomindang regime and took up medical practice in Shanghai, where he entertained connections with influential physicians such as Ding Fubao 丁福保 and politicians such as Wu Zhihui 吳稚輝, with whom he shared a native place connection. In due course, Fei Zibin gained a reputation in the treatment of high blood pressure and bowel inflammation. His patients included not merely members of the Shanghai elite but also many foreigners, so that when he developed a patent medicine for the treatment of bowel inflammation it became very popular in Argentina, too. In 1949, Fei Zibin immigrated to Hong Kong where, practicing in the style of his great-grandfather, he again became a well-known physician.\textsuperscript{9}

Xu Xiangren was a scholar from Wu County 吳縣 in Jiangsu, who turned to medicine following his marriage into the Fei family when he commenced an apprenticeship with his father-in-law. During the 1920s and 30s, Xu was actively involved in Chinese medicine politics as member of the managing committee of the China Medicine General Assembly (Shenzhou yiyao zonghui 神州醫藥總

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\textsuperscript{5} Fei had made a tax down payment on a salt contract that he forfeited. The story and figures are taken from Zhang Yuankai 張元凱 and Wang Tongqing 王同慶 (no date), p. 84. They were confirmed to me by Fei Jixiang 費季翔 (2000).
\textsuperscript{6} Rowe (1989), p. 59, shows these developments in a case study in the city of Hankou.
\textsuperscript{7} FZB, 37; Chen Daojin 陳道瑾 (1981).
會), as well as a prolific contributor to its journal. He also edited the case records of his father-in-law, and together with Fei Zibin published Fei Boxiong’s annotated edition of Cheng Guopeng’s "Awakening of the Heart in Medicine" (Yixue xinwu 醫學心悟).

These publishing projects demonstrate that joint commemoration of a shared ancestor mobilized family solidarity within the wider context of promoting a common heritage. However, where this heritage was no longer shared, a common identity was also lacking. Hence, Fei Boxiong’s book was edited jointly by different branches of the family, but Fei Shengfu’s case records only by his son-in-law. Opportunities for individual physicians to legitimize medical practice by emphasizing family tradition were thus constrained by actual kinship relations, an observation that is confirmed by examining the next generation of Fei physicians in Shanghai.

These are Fei Zanchen 費贊臣 (1903-1981), the second son of Baoquan, and Fei Zhenping 費振平 (1915-1986), the son of Fei Zibin’s older brother Fei Baolong 費保隆. Several other members of the Fei family also practiced medicine in this generation, but Zanchen and Zhenping are the only ones to have left any written records. From these it becomes apparent that while Zanchen self-consciously claimed an unbroken tradition of medical practice stretching back for eleven generations, Zhenping needed to go back several generations to establish a link with Fei Boxiong and thereby legitimize his own status as a Fei family physician. Furthermore, when the opportunity arose to represent the Fei family medicine in an enormously influential book on famous Shanghai medical traditions, the task fell to Fei Zanchen and his son Fei Jinxing 費季翔 (1943-?). This implies that their branch of the family had by then succeeded in establishing itself as the main representative of authentic Fei family medicine. Their essay presents us with a line of transmission that goes from Fei Boxiong to Fei

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12 Zhang Yuankai 張元凱 and Wang Tongqing 王同卿 (no date), p. 87 state that a book entitled Fei Shengfu yì’ān 費繩甫醫案 (Fei Shengfu’s Case Records) was published by Xu Xiangren in 1914. I have been unable to trace this text.


14 Fei Zanchen 費贊臣 (1962).
Shengfu and thence to Fei Zanchen and Fei Jixiang without mentioning any of
the other family branches. In a self-supporting cycle it thereby not only confirms
their as the main Fei family line, but also further marginalizes others through
the power of representation thus bestowed.

All prominent physicians in the Fei family, in particular Fei Boxiong and Fei
Shengfu, had disciples, some of whom became well known physicians and
helped to disseminate Menghe medicine throughout the world (Table 2: Disci-
pies Fei Boxiong and Fei Shengfu). My examination shows, however, that in
order to safeguard and exploit family reputation members of the Fei lineage
primarily adopted a strategy that emphasized kin based descent relations. This
strategy privileged some branches of the family over others, while allowing all
to draw on a joint heritage. Such marginalization of outsiders bestows a competi-
tive advantage in a social context where descent functions as an important tool in
the legitimation of medical expertise. It fails, however, to exploit the potential
that such outsiders can bring to a medical line as the following example demon-
strates.

<table>
<thead>
<tr>
<th>Disciples of Fei Boxiong</th>
<th>Changzhou</th>
<th>Established family medical tradition including Tu Shichu, Tu Boyuan, and Tu Kuixian (1916-?); famous physicians in Changzhou and actively involved in Chinese medicine teaching and politics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tu Kun 屠坤</td>
<td>Changzhou</td>
<td></td>
</tr>
<tr>
<td>Sheng Xingsheng 盛荇生</td>
<td>Wujin</td>
<td>Cited as famous physician in local gazetteer</td>
</tr>
</tbody>
</table>

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15 One example is Tu Kuixian (1916-?), a famous physician from Changzhou and third generation descendant of Tu Kun, who was a disciple of Boxiong. He is cited by Dong Jianhua  (1990), vol. I, pp. 265-280, as having disseminated Fei-style medicine to Hong Kong and Japan. Official Chinese textbooks on medical history and on diverse doctrines of medical practice also regularly include Fei Boxiong as one of the main physicians of the late Qing period, e.g. Deng Tietao and Cheng Zhifan (2000), and Qiu Peiran and Ding Guangdi (1992).
### Disciples of Fei Shengfu 費繩甫

<table>
<thead>
<tr>
<th>Name</th>
<th>Place</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xu Xiangren 徐相任 (1881-1959)</td>
<td>Suzhou Son-in-Law</td>
<td>Active in National Medicine movement. Two sons: Xu Fumin 徐福民 (Consultant at Longhua Hospital, Shanghai) and Xu Limin 徐利民.</td>
</tr>
<tr>
<td>Xue Yishan 薛逸山 (1865-1952)</td>
<td>Wujin</td>
<td>Vice-Principal at Shanghai Technical College of Chinese Medicine 1926-1928</td>
</tr>
<tr>
<td>Xie Songqin 謝松芩</td>
<td>Wujin/Changzhou</td>
<td></td>
</tr>
<tr>
<td>Qian Qi 錢琦 (1875-1901)</td>
<td>Wujin/Changzhou</td>
<td>Son of a well-connected Changzhou family but died early.</td>
</tr>
<tr>
<td>Gu Weichuan 顧渭川 (1885-1966)</td>
<td>Shanghai</td>
<td>Director of Shanghai Red Cross Ambulance Service during anti-Japanese war; director of Shanghai Chinese Medicine Literature Research Institute in 1950s/60s.</td>
</tr>
<tr>
<td>Lin Hengbu 林衡逋</td>
<td>Shanghai</td>
<td>Later became writer and only practiced medicine on side</td>
</tr>
<tr>
<td>Zhu Zuyi 朱祖怡</td>
<td>?</td>
<td>Provincial graduate</td>
</tr>
<tr>
<td>Yang Gongfu 楊恭甫</td>
<td>Hankou</td>
<td></td>
</tr>
<tr>
<td>Sun Kuichen 孫揆臣</td>
<td>Nanjing</td>
<td></td>
</tr>
</tbody>
</table>

**SOURCES:** CZSZ; FZB; WJRW; WJWSZ; Shi Qi 施杞 (1994); Wang Qiaochu 王翘楚 (1998).

One of the most influential recent advocates of Fei Boxiong’s treatment style was Zou Yunxiang 鄒云翔 (1897-1988), a vice-president of the Nanjing University of TCM and Vice-Secretary of the China Chinese Medicine Association. One of his students recalls that “… famous physician Professor Zou Yunxiang never stopped admiring the prescriptions authored by [Fei] and why he committed them all to memory by means of verses composed by himself.”

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16 Xu Li 徐力 (1997), p. 293.
established writer and editor before turning to medicine in his late twenties following the death of his mother. He claims to have studied with a famous student of Fei Boxiong named Liu Liansun 劉蓮蓀. However, no records of such a physician exist, making it improbable that Liu was what he or Zou claimed him to be. Instead, we have here a case of retrospective affiliation with a physician on the basis of his status or sympathy with his published work. Such construction of fictitious kinship represents a common strategy in the history of Chinese medicine that was used to promote a physician’s social and thus clinical credentials.\(^\text{17}\)

If the Fei themselves did not encourage physicians to associate themselves with their family medicine in this manner, then this also reflects the social character of their style of medicine as defined most explicitly by Fei Boxiong. As a literati, Fei Boxiong’s view of medicine focused, first and foremost, on the understanding of general ‘principles’ (li 理) laid down in the classics. It proceed from there to the formulation of concrete ‘prescriptions’ (fang 方) via a set of clearly defined, if general, therapeutic ‘methods’ (fa 法), which he named ‘harmonization and moderation’ (hehuan 和緩). In as much as this method characterized Fei family medicine—and because as a general method it was applicable to almost any kind of clinical context—there was very little need for Fei family practitioners to ever change their style and every incentive to keep its origin—if not its application—associated as much as possible with the family.\(^\text{18}\)

7 The Ma: Discipleship and Local Networks

The Ma and Chao never appear to have made similar attempts at discouraging the potential for fictive affiliation of outsiders to their respective family traditions. In part, at least, this can be construed as following from their very different positioning within the wider field of Chinese medicine. All of them were first and foremost clinicians (linchuang yishi 臨床醫師) rather than medical scholars (yishi 醫士), whose writings on medicine, sparse as they are, exhaust themselves in case records, diagnostic manuals, and clinical notes.\(^\text{19}\) Hence, when I asked Ma Shounan 馬壽南 (1923-?), the last practicing physician in the Ma family, what was distinctive of his family’s style of medicine, his somewhat surprising answer was “Nothing.”\(^\text{20}\) “Nothing,” here, may be read as saying ‘unbiased’ (bupian 不偏), and as eschewing doctrinal certainty in favor of achieving clinical ends.

\(^\text{17}\) The biography of Zou is based on Zou Yanqin 鄒燕勤 (1997), pp. 1-5, 347-380. On Zou’s life and his relation to Fei see ibid., p. 298.
\(^\text{18}\) For a detailed genealogy of these terms, described by Farquhar (1994) as the ‘arsenal of Chinese medicine’, see also Scheid (2002b).
\(^\text{19}\) See Zhang Yuankai 張元凱 et al. (1985).
\(^\text{20}\) Personal information, Ma Shounan 馬壽南 (2000).
Ma Peizhi’s books, for instance, are characterized by an almost complete absence of theorizing apart from repeatedly espousing the main tenets of Fei Boxiong’s emphasis on harmonization and moderation. Instead, they favoured the practice based bricolage one would expect to see in a busy rural practice combining internal and external medicine, and using everything from potions and pills to complex prescriptions for chronic disorders. Learning such a style of medicine—if it is transmittable at all—will depend on practical observation and participation once basic concepts of doctrine have been grasped.\textsuperscript{21} Hence, as Ma Shounan pointed out to me, learning in his family as far back as he could remember had consisted of studying again and again the family’s case records once the classics had been mastered.

The genealogy of Ma (and also Chao) family medicine reflects this style of learning on the level of social relations.\textsuperscript{22} Compared to the Fei family it is more difficult to make out major and minor lines of descent. Instead, one can observe a diffusion of medical skill in multiple directions within the family and also to a large network of outside students. Up to the present there is little consensus among biographers of Ma Peizhi regarding the identity of his main disciple(s), for instance. At the same time, Ma Peizhi is therefore identified by some historians as the crucial point of transition from whence onward medicine in Menghe became the Menghe scholarly current.\textsuperscript{23}

Ma Peizhi’s disciples and the lines of transmission originating from them can be sorted into three groups: his immediate family, the wider Ma lineage and others from the Menghe network, and disciples that came from elsewhere. I shall discuss these three groups in turn.

We saw already that Ma Peizhi sons only practiced medicine as gentleman amateurs. The direct line was continued in the next generation through his grandson Ma Jizhou 马际周 (Figure 11: Ma Family II). Ma Jizhou practiced in Wuxi, where he participated in the establishing the ‘Hall of Enlightened Physicians’ (Mingyi tang 明医堂), a clinic and seminar founded in 1921 by a group of ten local doctors.\textsuperscript{24} He died early, leaving his son Ma Zeren 马泽人 (1894-)

\textsuperscript{21} That external medicine, as opposed to the more scholarly internal medicine was best learned by practical observation and direct transmission by a teacher was widely accepted. Thus, the famous scholar physician Xu Dachun 徐大椿 (1693-1771) stated explicitly that “to rely solely on [literary] scholarship—as broad as it may be—is of no use [in the field of external medicine].” See \textit{Yixue yuanliu lun 醫學源流論} (On the Origin and Development of Medicine), chap. 6, p. 12; translation after Unschuld (1991), pp. 345-346.

\textsuperscript{22} Chao family medicine cannot be discussed here in detail but follows the same general pattern described here for the Ma.


\textsuperscript{24} Deng Tietao 鄧鐵濤 (1999), p. 144.
1969) in the care of relatives in Menghe and his medical education in the hands of his great-uncle Ma Bofan 马伯藩 (1864-1930).  

From the turn of the nineteenth century and throughout the early Republican period, Ma Bofan and his contemporary Chao Weifang 巢渭芳 (1864-1927) were the two leading physicians in Menghe. Both were disciples of Ma Peizhi, and at least Chao Weifang also studied with the Fei. Both were renowned internal medicine physicians, who also continued the Ma family tradition of petty surgery. Their patients came from all over the Jiangnan area, demonstrating the continued vitality of Menghe as a centre of medical excellence.

Three of Ma Bofan’s four sons took up the family medical tradition, but only the two eldest, Ma Jiqing 马际清 and Ma Huiqing 马惠卿, were taught by their father. Both practiced from the big family home in Menghe, Ma Jiqing specializing in external medicine, while his brother concentrated on internal medicine. Later, Ma Huiqing moved to Shanghai, where he practiced as a senior consultant at the Guangyi tang 廣益堂, a charitable dispensary to which a number of Menghe physicians were connected. Ma Jiqing had two sons of whom one, Ma Xin’an 马心安, continued Ma family medicine in Menghe until the 1980s.

By the time Bofan’s youngest son Ma Duqing 马笃卿 was old enough to begin his medical studies, the world of Chinese medicine was undergoing rapid modernization, characterized by urbanization and a shift from disciple based apprenticeship to college based education. As a consequence, Ma Duqing and two of his cousins, Ma Shushen 马书绅 (1903-1965) and Ma Jiasheng 马嘉生, studied medicine not in Menghe but at a college in Shanghai. The college had been opened in 1916 by Ding Ganren 丁甘仁 (1865-1926), another physician from Menghe and former student of the Ma family, whose biography is discussed in detail in sections 9 and 10. Ma Duqing died early. Ma Shushen returned to Menghe, where he gained a reputation as an internal medicine physician. After liberation, he obtained senior appointments in local hospitals and, in 1958, was conferred the title of ‘famous venerated senior physician’ (ming lao

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27 Unless otherwise cited, the biographies of Ma Bofan’s family has been compiled from Wang Yiren 王一仁 (1925), vol. I, p. 1, and vol. IV, p. 1; FZB, p. 33; Chen Daojin (1981), p. 43; Zhang Yuankai 张元凯 and Wang Tongqing 王同卿 (no date), pp. 87-90; Zhu Daming 朱达明 (1999), pp. 203-207; personal information by Zhu Liangchun 朱良春, a disciple of Ma Huiqing (2000).
28 His second son Ma Xinhou 马心厚 never practised medicine. Information from Personal information, Cao Zhiqun 曹志群 (2000).
Ma Jiasheng remained in Shanghai, where eventually he became a consultant at the No. 6 People’s Hospital (Di liu renmin yiyuan 第六人民醫院). Meanwhile, Ma Zeren, feeling oppressed by the two elderly aunts with whom he lived, left Menghe for nearby Jiangyin, where he established a flourishing practice in the home of a cousin named Chen 陳 with whose family the Ma’s had intermarried for several generations. Ma Zeren successfully charted the transition to the new realities of Maoist China by establishing the Jiangyin City Chinese Medicine Cooperative Clinic (Jiangyinshi zhongyi lianhe zhensuo 江陰市中醫聯合診所) and by publishing previously secret family formulas. The reward was an appointment in 1956 to the Nanjing College of TCM, from where he advanced to other senior positions in the new Chinese medicine institutions. In 1963, Ma Zeren was conferred the title of ‘famous venerated physician of Chinese medicine’ (zhongguo ming lao zhongyi 中国名老中医) by the Nanjing City Health Department, exposing him to persecution during the Cultural Revolution that caused his death.

This brief history of Ma Bofan’s family concisely demonstrates some of the strategies by means of which medical families successfully charted the transition from empire to Republic and beyond. First, while the eldest son remained at home, ensuring continued attachment of the family to their ancestral home, the younger ones migrated eastward to exploit the opportunities opening up for them in larger urban centers. Second, by differentially focusing on various aspects of medical practice, the family could maximize income and adapt to changes in the medical market. Third, by remaining loyal to family tradition even as they opened themselves up to modernization, the family succeeded in infiltrating emergent Western style institutions such as hospitals and colleges without surrendering any competitive advantage arising from their inheritance. Fourth, on their life journeys individuals continued to travel along connections established by means of kinship, lineage, and native place affiliations that provided a deeper layer of stability below the rapid transformations of society in other domains.

The history also shows, however, the risks that were associated with these strategies. Ma Zeren could fall back on lineage solidarity to study with Ma Bofan, but his oppressive relatives curtailed the length of his apprenticeship. Dur-

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ing the early Maoist period, both he and Ma Shushen initially achieved public recognition for their clinical achievements, helped along by family reputation and medical knowledge. When the political winds changed during the Cultural Revolution, however, the same reputation and knowledge became a liability that even the making public of family medical secrets could no longer pay off.33

How secret these family prescriptions were in the first place is a question that turns on the definition of where the boundaries of family are drawn. Ma Peizhi’s many students had at least some access to these prescriptions as is apparent from accounts of their training. I shall describe as an example the physician Deng Xingbo 鄧星伯 (1862-1937), who helped to establish Ma family medicine as one of the key currents of medicine in Wuxi.

Deng Xingbo came from an ancient literati family that had turned to medicine some generations before his birth. His great-grandfather Deng Qianxian 鄧遷賢, his grandfather Deng Yuting 鄧雨亭, as well as his great-uncle Deng Genghe 鄧羹和 all were physicians. As his own grandfather had already passed away, Deng Xingbo studied with his great-uncle Genghe between the age of twelve and twenty-one. According to an anecdote recounted by Wu Yakai 吳雅愷, when Deng was twenty-seven years old, he was told by a patient that his prescriptions could be improved. Deng Xingbo thereupon asked a certain Mr. Li Lizou 黎里邹 to introduce him to Ma Peizhi. During the apprenticeship that followed Deng gained access to Ma’s large library, which included many secret texts, and was provided with opportunity to observe the master in practice. At the end of three (some say six) years, Deng claims that Ma transmitted to him his medical secrets.34

While the truth of this assertion cannot be verified, another anecdote confirms that Deng Xingbo must have been a rather special student. Asked about his best student by General Peng Yulin 彭玉麟 (1816-1890), one of his upper class patients, Ma Peizhi is said to have singled out Deng.35 On the basis of this reference Peng Yulin had Deng invited to Beijing when Prince Regent Zaili 晉載澧 succumbed to an illness that court physicians were unable to treat. Deng stayed in Beijing for ten days conducting five successive consultations until Prince Regent Zaili had recovered. News of this naturally reached Wuxi where it greatly advanced Deng’s career attracting patients from as far away as Fujian, Hubei, and Shandong.36

33 See Wu (1998), 45-48, 269, for a perceptive analysis of changing public perceptions, and the consequences thereof, of the possession of secret formulas.
34 Wu Yakai 吳雅愷 (1961), p. 56. For biographies of Deng, see Deng Xuejia 鄧稼稼 and Shen Guixiang 沈桂祥 (2000), and on the web at: http://www.wst.net.cn/wuxifq/renwu/mingren/jdmingren/3054_2.htm
The influence of both Fei Boxiong and Ma Peizhi on Deng’s clinical style is undeniable. Deng was also influenced, however, by his extensive reading of the medical archive and by the doctrines of the famous Wuxi physician Wang Tailin 王泰林 (1798-1862). 37 Such assimilationism is completely in accord, of course, with the basic tenets of Menghe medicine as outlined below in section eight, in as much as Deng consistently emphasized the importance of harmonization and moderation (huanhe 緩和):

When drugs are light and clearing (in action), it is appropriate to speak of using drugs like one would use soldiers. If their use is appropriate, one can strike at disorder with only a few drugs that are balanced and harmonizing in character and flavor and in this way remove also deep-seated disorders. 38

It is important to note that Deng’s great-uncle Genghe, was a representative of a competing Wuxi current, that of his teacher Wang Peisun 汪培孫 (1838-1900). 39 This implies that allegiance to particular currents of medicine was only weakly controlled by student teacher or even family ties. As I have repeatedly observed among contemporary Chinese physicians, the emotional and social ties that bind a student to his teacher do not necessarily prevent a student from developing his own way of practicing medicine. Chinese medical history, too, is replete with examples of physicians who studied with many masters and then created their own syntheses. 40 The same observational data suggests that cutting oneself loose from the example set by a powerful and successful role model does not occur of itself, but requires a desire sufficiently strong to overcome the various resistances that stand in the way, from personal inertia to the sense of obligation felt towards one’s teacher. 41

Ma Peizhi had several other disciples who became well-known physicians. They include He Jiheng 賀季橫 (1866-1933) from Danyang, who became an apprentice after he had been successfully treated by Ma for a bowel abscess; 42 Shen Fengjiang 沈奉江 (1862-1925), holder of a Degree of Cultivated Talent

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37 Apparently, Deng wrote a text on the treatment of liver disorders influenced by Wang’s famous treatise on the topic that got lost during the Cultural Revolution. See Deng Xuejia 鄧學稼 and Shen Guixiang 沈桂祥 (2000). Regarding Wang Xugao see Qiu Peiran and Ding Guangdi (1992), pp. 663-675.


40 The most famous of these is the Suzhou physician Ye Gui 葉桂, who is famous for having studied with seventeen different teachers. For a detailed discussion see Hanson (1997), pp. 225-248.

41 I provide some ethnographic examples in Scheid (2002), chaps. 6 and 8.

from Wuxi;\textsuperscript{43} Jin Baozhi 金 寶 之 (1826-1911), who came from a merchant family in Changzhou;\textsuperscript{44} Zhou Qitang 周 慎 堂 (1859-1929) from Changshu;\textsuperscript{45} and Wang Xunchu 王 詳 舞 (1873-1945) also from Wuxi.\textsuperscript{46} The treatment styles of these physicians reflect the main principles of Menghe medicine, which they also passed on to their own students. These students continued to link their identities as physicians to that of the Menghe current and in the process have proved instrumental in establishing its place in Chinese medical history (Table 3: Disciples of Ma Peizhi).

### Table 3: Disciples of Ma Peizhi

<table>
<thead>
<tr>
<th>Name of Disciple</th>
<th>Second Generation</th>
<th>Third Generation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chao Weifang 巢渭芳 (1864-1920?) Menghe</td>
<td>Zhu Yanbin 朱彦彬 (1909-?); from Wujin County; member of Chinese Communist Party and famous venerated physician of Wujin County</td>
<td></td>
</tr>
<tr>
<td>He Jiheng 賀濟衡 (1866-1933) Danyang</td>
<td>He Wensun 賀文孫 Eldest son</td>
<td>Xu Jiqun 許濟群 (1921-?) Professor at Nanjing University of TCM</td>
</tr>
</tbody>
</table>


\textsuperscript{44} Wujin jindai yijia zhuangao 無錫近 代醫 家 傳 稿 (Biographies of Wuxi Physicians in Modern Times), cited in He Shixi 何時 希 (1991b), vol. II, pp. 50-51; Yu Zhigao 余 志 高 (1993), p. 264.


<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yang Boliang 阮伯良</td>
<td>Main compiler of <em>Collection of Medical Works from Four Menghe Families</em></td>
<td>Zhang Yuankai 張元凱</td>
</tr>
<tr>
<td>(1880-1952)</td>
<td></td>
<td></td>
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<tr>
<td>Changzhou; expert in</td>
<td></td>
<td></td>
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<tr>
<td>treatment of eye</td>
<td></td>
<td></td>
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<tr>
<td>disorders; more than</td>
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</tr>
<tr>
<td>twenty disciples</td>
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<tr>
<td>Li Peide 李培德</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zhang Xiaoliang 張效良</td>
<td></td>
<td></td>
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<tr>
<td>Yang Boliang 阮伯良</td>
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<td>(1880-1952)</td>
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<td>disorders; more than</td>
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<tr>
<td>twenty disciples</td>
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<tr>
<td>Zhou Shaobo 周少伯</td>
<td></td>
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<tr>
<td>Su Jinjie 蘇進解</td>
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<td></td>
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<tr>
<td>Appointed Jiangsu Pro-</td>
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<tr>
<td>vince famous venerated</td>
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<tr>
<td>senior physician in</td>
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<tr>
<td>1980</td>
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<tr>
<td>Xu Nanjia 徐南甲</td>
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<td></td>
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<tr>
<td>Expert in treatment of</td>
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<td>nephritis</td>
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<tr>
<td>Zhou Shaobo 周少伯</td>
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<tr>
<td>Deng Xingbo 鄧星伯</td>
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<tr>
<td>(1859-1937)</td>
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<tr>
<td>Wuxi</td>
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<tr>
<td>More than one hundred</td>
<td></td>
<td></td>
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<tr>
<td>disciples</td>
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<tr>
<td>Deng Xingbo 鄧星伯</td>
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<td>(1859-1937)</td>
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<td>Wuxi</td>
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<td>More than one hundred</td>
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<tr>
<td>disciples</td>
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<tr>
<td>Shen Fengjiang 沈奉江</td>
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<tr>
<td>(1862-1925)</td>
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<tr>
<td>Wuxi</td>
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<tr>
<td>Many other disciples</td>
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<tr>
<td>Shen Fengjiang 沈奉江</td>
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<tr>
<td>(1862-1925)</td>
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<tr>
<td>Wuxi</td>
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<tr>
<td>Many other disciples</td>
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<td></td>
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<tr>
<td>Wang Guanxi 王冠西</td>
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<td></td>
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<tr>
<td>(1902-1967)</td>
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<td></td>
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<tr>
<td>Appointed Wuxi County</td>
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<td></td>
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<tr>
<td>famous venerated senior</td>
<td></td>
<td></td>
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<tr>
<td>physician</td>
<td></td>
<td></td>
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<tr>
<td>Li Mingju 李炳九</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Famous Wuxi physician;</td>
<td></td>
<td></td>
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<tr>
<td>expert in treatment of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jin Baozhi 金寶之</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1826-1911)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changzhou</td>
<td></td>
<td></td>
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<tr>
<td>Jin Juncai 金君才</td>
<td></td>
<td></td>
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<tr>
<td>Eldest son</td>
<td></td>
<td></td>
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<tr>
<td>Jin Junzan 金君贇</td>
<td></td>
<td></td>
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<tr>
<td>Second son</td>
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</tbody>
</table>
I shall give two examples. The first is Xu Jiqun 许济群 (1921-?) from Hanjiang 邗江 county in Jiangsu. Xu studied with He Jiheng’s son and disciple He Tongsun 贺桐孙 for six years. He later became one of the leading scholars-physicians at the Nanjing University of TCM and a main contributor to development of modern Chinese medicine teaching materials. Xu also is the editor of “He Jiheng’s Case Records” (He Jiheng yi’an 贺季横医案). How important Xu takes his affiliation to Menghe medicine—and how useful it is for him—can be read off from a recently published biography sponsored by the Nanjing University of TCM, in which he emphasizes that he studied with “a successor in the lineage of imperial physician Ma Peizhi” (Menghe yuyi Ma Peizhi xuepai chuanren 孟河御医马培之学派传人).47

The second example is Yang Boliang 杨博良 (1880-1952) from Wujin County. Yang was a student of Deng Xingbo and practiced in Changzhou throughout his life. Well-known for the use of light drugs in the Menghe style, he became one of the leading physicians in Wujin County and trained more than twenty disciples in the course of his life. One of these was Zhang Yuankai 张元凯 (1916-?), who as chief editor of an important collection of texts by Menghe physicians published in 1983 played an important part in the revival of the current’s reputation in post-Mao China.48

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48 WJWSZ, p. 255.
The broad dissemination of Menghe medicine via the Ma family sub-current established a network of channels through which its memory has been transmitted and kept alive. The Fei and Chao family sub-currents were much less important in this respect (Table 4: Disciples of the Chao Family). In the case of the former the main difference is the relative importance of in-family and out-of-family transmission. The power of a single family to establish, develop and maintain a distinctive medical style, no matter how strong or well connected that clan may be, will of necessity be weaker and more fragile than that of a more complex network of interconnected lines.

Table 4: Disciples of Chao Family

<table>
<thead>
<tr>
<th>Name</th>
<th>Disciples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chao Chongshan 巢崇山 (1843–1909)</td>
<td>Bei Songmei 賀頌美 Huang Shaochu 黃煇初 Tao Zuoqing 陶佐卿 Wang Jianqiu 汪劍秋 Liu Juncheng 劉俊丞</td>
</tr>
<tr>
<td>Chao Fengchu 巢風初</td>
<td>Zhu Jinmei 祝薔梅 (From Hangzhou)</td>
</tr>
<tr>
<td>Chao Weifang 巢渭芳 (1864-1927)</td>
<td>Zhu Yanbin 朱彥彬 (1909-?; from Wujin County; member of Chinese Communist Party and famous venerated physician of Wujin County)</td>
</tr>
<tr>
<td>Chao Nianzu 巢念祖 (1919-?)</td>
<td>Gong Zhaoqi 賀肇其 Zhou Yanhua 周彥華</td>
</tr>
</tbody>
</table>

SOURCES: He Shixi 何時希 (1991b); Qian Jinyang (1950); Shi Qi 施杞 (1994).

Although one can find examples of family traditions in Chinese medicine continuing for many generations these are the exception rather than the rule. Medical knowledge can be passed on, but aptitude and motivation cannot. This was a particularly important factor in late imperial China, where the relatively low social status of medicine tended to direct the offspring of the many famous, successful and wealthy physicians towards the pursuit of other goals, be they pleasure or the pursuit of status associated with an official career.49 A broad

49 Zhang Cigong 章次公 (1948) demonstrates that during the Ming offspring of successful physicians constituted a significant percentage of candidates for the metropolitan degree. My data suggests that during the Qing medical practice could be very lucra-
network is capable of compensating for both weaknesses. Not only can it attract bright students. Physicians down the line also have to work harder to popularize a current of medicine they wish to employ in order to legitimize their own status than members of a family, who by their very name are already affiliated to a famous ancestor.

In these struggles, emphasizing the particular characteristics of a scholarly current in terms of doctrine, style of practice or special techniques often complemented the strategy of attaching oneself to the reputation of a famous teacher or medical ancestor. The question, therefore, arises of whether this, too, was a feature of the Menghe scholarly current.

8 The Menghe Medical Style

Chinese historians do take congruence between the social basis of Menghe medicine and its clinical style for granted. In doing so they follow the analysis of Lu Jinsui 陸錦燧 advanced in the 1920s:

Physicians in Jiangsu and Zhejiang are mostly known for treatment of warm pathogen disorders. Only the many famous physicians from Menghe in Wujin [County] have established their name without treating warm pathogen patterns. For this reason physicians [in Jiangnan] can be divided into the Menghe and Ye [Tianshi] currents.50

Lu, a physician and publisher of medical essays, stemmed from Suzhou and was a follower of Ye Tianshi 葉天士. The quote itself is taken from the foreword of a book that publicizes Ye’s therapeutic style, which confirms the status that the Menghe current was enjoying at the time. For Ye Tianshi was one of the most famous physicians in the entire history of Chinese medicine whose style of practice exerted enormous influence on physicians throughout Jiangnan during the late Qing. Lu’s statement is interesting, too, because it defines a current in dynamic terms as being related to the manner in which its physicians establish their reputation. Such a definition allows for heterogeneity of practice both within and between currents of physicians and shifts our attention to the social mechanisms that, at one and the same time, shape group identities and medical practice.

Physicians in Menghe like Fei Boxiong and Ma Peizhi, who wrote about their views on medicine, drew on two major resources in the development of

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50 Lu Jinsui 陸錦燧 and Lu Chengyi 陸成一 (1928), foreword, p. 3b.
their personal style of practice: the study of the classical literature and distinctive medical techniques, some of them claimed to be secret, that were passed on both within and between families and lineages. The Ma family, for instance, is said to have been especially skilful in the use of the fire needle for draining abscesses. Many of physicians in the Chao family also possessed this skill and at least some of them learned it from the Ma. The Fei were famed for their pulse diagnosis and taught this art, at least partially, by means of a secret manual. The Ma, as we saw already, possessed a number of apparently secret formulas that were made public only in 1956.

In the history of Chinese medicine the possession of secret formulas and proprietary methods is strongly associated with family medical transmission. Such knowledge and those who held it were frequently viewed with suspicion, though it was as often seen as extremely powerful and as a mark of superior personal character. Possession of such knowledge thus offered itself as a strategy of demarcation in a competitive medical market, even if in practice it often crossed boundaries of family and lineage. Ma Peizhi’s secret formulas, for instance, found their way into the repertoire of his students, while Ma family formulas themselves contained the ‘secret’ formulas of other medical traditions. Likewise, the secret Fei family pulse manual was copied by one of their students, who then distributed it to his students. Ma Peizhi apparently revealed his closely guarded method of combining drugs to an old friend, who then passed it on to a physician in his family.

It is impossible to ascertain the truth of any of these claims and rumors. They do appear to verify, however, that the multiple interconnections by which the

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51 ZYJ, p. 1350.
52 See the summary biographies in Li Yun 李云 (1988): 841-842; Chao Weifang was a disciple of Ma Peizhi and some sort of transmission between the Ma and Chao is likely given what has been said above.
53 See the postscript by Ding Zhongying 丁仲英 to Ding Ganren 丁甘仁 (1927), p. 347, and the author’s own foreword to Ding Ganren (1917), p. 309.
54 The secret formulas were published by Ma Zeren in 1956 as part of a volume entitled Zhongyi mifang yanfang jibian 中医秘方验方集编 (Edited Collection of Secret and Experiential Formulas in Chinese Medicine). For an analysis of formulas used in the Ma family, see Zhang Yuankai 张元凯 (1985), p. 779.
56 Ding Ganren lists secret formulas 秘方 by Ma Peizhi but also a Mr. Qian 钱氏 as part of those transmitted in his family. See Ding Ganren 丁甘仁 (1940), p. 1384. Although a question arises as to what a secret formula meant at the time, it suggests that boundaries between family traditions and scholarly currents were sufficiently porous to allow for the exchange of techniques, knowledge and formulas. See for instance the editor’s notes to Qingnang michuan 青囊秘傳 (The Secretly Transmitted Green Medicine Bag), p. 779, which analyse the transmission of Ma’s formulas to at least two known disciples outside of the Ma family.
57 FZB, pp. 33 and 37.
Menghe families were related to each other socially also provided for channels through which medical knowledge of any kind could travel. Exchange of medical knowledge and techniques between the Menghe medical families via various channels of mediation including friendship, observation and informal discussion as well as more formal apprenticeship training—all documented in Yu Jinghe’s biography discussed above—thus can be defined as a first distinctive feature of Menghe medicine.

A second characteristic is the uptake of folk knowledge to which Menghe physicians had access as members of their communities. Fei Zibin, for instance, claims that the special knowledge of drugs in the Ma family was related to their Hui ethnic background and their ancestors’ life in poor and remote mountain regions. The modern scholar Wan Taibao, who has analyzed the 1151 formulas listed in the Ma family formulary “The Secretly Transmitted Green Medicine Bag” (Qingnang michuan), states that besides formulas borrowed from standard works such as the “Complete Compendium of External Medicine Symptoms and Their Treatment” (Waike zhengzhi quanshengji), it also draws on ‘popular simples’ (minjian danfang), ‘proven formulas’ (yanfang), and ‘formulas based on the experience of clinicians’ (linchuang yishi de jingyanfang).

A third characteristic is a willingness to integrate into their practice ideas and treatments from other local and regional medical traditions. I have documented already that literati Menghe physicians entertained relationships with all kinds of local practitioners, as well as with literati physicians from outside the area. I have also shown that they themselves traveled to other cities and that they took on students who may have brought with them their own medical knowledge. More specific examples can be found in Fei Boxiong’s case records, which show that he used treatment strategies and formulas from Wu Jutong’s “Systematic Differentiation of Warm [Pathogen] Disorders” (Wenbing tiaobian) published in 1798. If these strategies are today a standard part of the Chinese medical canon, they were at the time still hotly contested in polemics between proponents of the cold damage and warm [pathogen] factor currents. Key parts of the secret pulse lore transmitted by the Fei, likewise, appear to have originated outside the family itself in a text authored by

58 FZB, p. 31.
59 Wan Taibao (1995). Among the sources of the Ma family formulas are also texts such as the Chuanza neibian (Inner Edition of the Elegant Lexicon of Itinerant Physicians) by Zhao Xuemin (c. 1720-1805), one of the few extant sources of non-elite medicine in late imperial China.
60 Examples are the use of Wu Jutong’s tongue diagnosis and formulas by Fei Boxiong. See Fei Boxiong (1984), p. 163.
a physician named Jiang Zhizhi 蒋趾直. Finally, formulas used by the Ma
carry names such as “Ointment Medicine Secretly Transmitted by Master Feng”
(Engshi michuan gaoyao 馮氏秘傳膏藥), which suggest borrowing—
directly or indirectly—from some other medical tradition.

Fourth, Menghe practitioners were widely read, maintained large libraries
and some, at least, also actively participated in ongoing commentary and innovation.
Such scholarly activity was a hallmark of Chinese medicine in late imperial China, facilitated by an influx of members of the gentry elite into the group
of physicians and the social and literary networks through which they were connected.
The writings of Fei Boxiong and Ma Peizhi define medical knowledge
as a process of ongoing refinement and purification of the medical archive in the
light of clinical observation and experience. They argue that this process
 demands openness to all the various currents of doctrine within the history of Chi-
nese medicine and the willingness to adjust established formulas to the actual
context of the clinical encounter. Hence, even as they joined in the criticism of
Jin-Yuan sectarianism, they embraced their slogan of “studying the ancients
without getting stuck in the old” (shigu er bu nigu 師古而不泥古).

The synthetic attitude reflected in this position, formulated most explicitly by
Fei Boxiong, must be seen as one of the most enduring hallmarks of the Menghe
medical style. It can be traced in the writing of generations of physicians and
disciples up to the present, as well as in the biographies that are available nowa-
days on the Internet. I merely give as one example a statement by Chao Zude
巢祖德, a physician in the Chao family from the mid-1940s, almost a century
after Fei Boxiong began to formulate his own style:

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61 This, at least, is claimed by Ding Ganren (1917), p. 309.
62 Qingnang michuan 青囊秘傳, p. 848. See also Tu Kuixian 屠揆先 (1983).
63 Some disciples undertook apprenticeships in Menghe with the purpose of gaining
access to these libraries. See the case of Deng Xingbo discussed below Wu Yakai 吳雅
65 See YCSY, pp. 6, 14-15; YFL, p. 92; and YLCZ, pp. 396-397.
66 An example is the statement by Zou Yunxiang 鄒云翔 that “physicians should
not divide into factions” cited at:
Given the flourishing of science throughout these last twenty years, why should those studying the profession [of medicine] base themselves on the ancient methods? I personally study them together with the Western learning. We can take into consideration how the Menghe physicians enriched their [own] knowledge through studying and grasping [the ideas of others] in the Qing dynasty. In researching and collecting the theories of [their] contemporaries, they were not limited by sticking to the ancients.67

That this attitude did not exhaust itself in empty rhetoric is demonstrated by how Menghe physicians responded to contentious issues of their day. Again, I shall give two examples. The first are polemics between proponents of the warm pathogen and cold damage approaches to seasonal disorders that constituted one of the most important topics in Chinese medicine during the late Qing and early Republican period. Historical evidence shows the existence of real divisions on this issue among both professionals and the public.68 Lu Jinsui’s statement cited in the introduction to this section and the evidence from case records by Fei Boxiong, Fei Shengfu or Ma Peizhi demonstrate that Menghe physicians embraced a strategy of flexibly shifting between the two according to circumstance, and even of their integration.69 In this they predated what is known today as the “integration of cold [damage] and warm [pathogen therapeutics] (hanwen tongyi 寒溫統一), a modern synthesis said to have been achieved by physicians belonging to the Ding scholarly current, a branch of the Menghe scholarly current discussed in more detail below.70

A second example is the reputation of many Menghe physicians as experts of both internal and external medicine. In late imperial China, external medicine, including acupuncture, was frequently associated with family medical traditions and the usage of empirically based remedies and treatment techniques. As it required the use of one’s hands, it constituted, furthermore, an undesirable occupation for members of the elite. Internal medicine, on the other hand, was associated with classical discourse and doctrine and, as such, an occupation fit for literati.71 Initially, the distinction between physicians and families practicing external and internal medicine appears to have been distinct also in Menghe. Literati families such as the Fei specialized in internal medicine, while others,

67 Chao Zude 巢祖德 (1945), chap. 1, pp. 6a-6b.
69 Fei Boxiong yi’an 費伯雄醫案 (Fei Boxiong’s Case of Records), pp.162-167; Fei Shengfu yihua 費盛夫話醫案 (Fei Shengfu’s Medical Essays and Case Records), pp. 270-290; Ma Peizhi yi’an 馬培之醫案 (Ma Peizhi’s Case Records), pp. 429-430.
70 Zhang Xiaoping 張笑平 (1991), pp. 13-15 cited Ding Ganren 盧甘仁, Zhang Cigong 張次公, and Qin Bowei 秦伯未 as leading exponents of this movement.
like the Ma or Sha, earned their living as external medicine specialists. Over
time this distinction became increasingly less clear, however. Ma Peizhi, Fei Lanquan, Cao Chongshan, Ma Bofan, Yu Jinghe and Chao Weifang all were
renowned experts in both internal and external medicine, and those who wrote
about what they did consciously subsumed the practice of the latter to the prin-
ciples of the former.  

I interpret these principles, referred to by Fei Boxiong as harmonization and
moderation, as representing the core of the Menghe medical style. Fei Box-
iong, his family and disciples consciously perceived of these principles as em-
bodying the quintessence (chunzheng 醇 正) of Chinese medicine. They were
formulated, furthermore, as guides to medical practice intended to influence
others. As such, they were explicitly taken up in both writing and clinical prac-
tice by later physicians outside the Fei family, including Ma Peizhi, Yu Jinghe,
Deng Xingbo, and others. In practice, these principles thus translated into a
preference for the use of bland (pingdan 平 淡) and inexpensive medicines that
nevertheless achieved substantial therapeutic effects. This choice resonated with
a general aesthetics of efficacy among Jiangnan physicians at the time, which
favored the use of “light [drugs] that can get rid of serious [problems]” (qing ke quzhong 輕 可 去 重). The genealogy of this aesthetics is complex and awaits
detailed examination, though it was clearly influenced by patient perceptions of
their own bodies at the time. These preferences help to explain the emergence
of the Menghe medical style at the intersection of wider intellectual and social
trends, and the concrete contexts of local medical practice.

Intellectually, as the historian Huang Huang 黃 煌 argues, Fei Boxiong be-
longed to a wider movement in Chinese medicine, which he labels the “[treat-

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72 Examples are WYAH, pp. 1357-1358; and YLZC, p. 396.
73 Fei Boxiong’s most straightforward programmatic statements about the nature and
practice of medicine are his forewords to the YCSY, pp. 6, 14-15, and YFL, p. 92. They
are reiterated in the course of both texts. The clearest summary is by Xu Xiangren 徐 相 任. For a modern analysis see Qiu Peiran 裘 沛 然 and Ding Guangdi 丁光 迪 (1992), pp.
675-686.
74 Ma Peizhi reiterates the importance of Fei Boxiong’s principles in his foreword to
Ma ping waike zhengzhi quanshengji 馬 評 外 科 症 治 全 生 集 (Ma’s Commentated
‘Complete Compendium of External Medicine Symptoms and Their Treatment’), p. 615.
Yu Jinghe does the same in his introductory notes to WYAH, pp. 1357-1358. Ding Gan-
ren’s usage of these principles is discussed by Cao Yingfu 曹 穎 甫 in his foreword to
Ding Ganren yi’ an 丁 甘 仁 醫 案 (Ding Ganren’s Case Records), reprinted in ZYT, p.
5813.
75 The important influence of patients’ treatment preferences on this aesthetics sur-
faces in numerous accounts by physicians. See for instance the account of Ma Yuanyi 馬 元 儀 in Lenglu yihua 冷 廬 醫 話 (Medical Stories from Cold Cottage), p. 63. A first
step towards an understanding the social origins of this aesthetics has been made by
Hanson (1997), though much work remains to be done.
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ment of miscellaneous disorders [based on] the classics current” (jingdian zabing pai 經典雜病派). Although this is a category constructed by Huang rather than by these physicians themselves, it allows us to place certain features of medical practice observed in Menghe into a wider cultural context, and here in particular the influence of Han learning and evidential scholarship on medicine. This influence resulted, among this group of physicians, in a stress on pre-Tang classical learning, an emphasis in research on formulas and drugs rather than on theoretical concepts, a valuation of personal experience, and the integration of various techniques in treatment that could include, in addition to drugs, also acupuncture and external applications. Noteworthy, too, is the fact that Huang Huang determines Yu Chang to have been the guiding light of this current. Readers may recall that Yu Chang had a major influence on Wang Jiufeng, who himself influenced medicine in Menghe.

Locally, the specific features of Menghe medicine were crucially shaped by the patients that came to the town and the medical problems for which they sought help. Leading Menghe physicians such as Fei Boxiong and Ma Peizhi had extremely busy practices. We have few first-hand descriptions of their actual surgeries. However, by relating these to published case records and secondary sources, we can conclude that even the most prominent physicians in Menghe treated not only wealthy members of the elite, but also poorer peasants. One commentator claims that Fei Boxiong operated a dual fee system, treating the poor for free, while “[residents of] Shanghai and Suzhou, who asked [him to come for a consultation] had to expect to pay several hundred gold [dollars]. His consultation fee in his [own] surgery was one silver dollar.”

The particular combination of personal reputation, high fees and Menghe’s status as a rural, if easily accessible, backwater, conspired to create a very specific patient population: gentry suffering from chronic disorders, often caused by, or associated with, emotional problems, that had not responded to treatment by other physicians, and poorer locals. Both types of patients only had short-

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78 This can be read off from the case notes left by Fei Boxiong, Fei Shengfu and Ma Peizhi. A good example is the discussion of the treatment of ’plugged and rejecting disorder’ (guan’ge 閘格), where Fei Boxiong links the disorder directly with patients in whom “this pattern frequently arises from constraint due to worry, sadness and anger, especially so in patients of wealth and rank many of whom suffer from secret anguish that they find difficult to express.” See Fei Boxiong (1984), pp. 47-48. One might note in this
time access to the elite Menghe physicians: the rich, because they lived too far away, and the poor because they still had to cover expenses for medication. Resorting to gentle and moderating treatment and the use of inexpensive drugs was ideally suited as a clinical response to this situation. It allowed for the use of relatively inexpensive and mild acting prescriptions formulated to be taken over long periods of time without the need for frequent adjustments and further consultations. Fei Boxiong, in particular, thus became famous for formulating complex prescriptions that could be taken over one hundred times in succession. 79

Finally, by rooting clinical efficacy in the subtleties of personal understanding rather than the specific actions of powerful drugs, Fei succeeded, too, in distinguishing himself from the vulgar physicians of his day. Creating such difference was a preoccupation among literati physicians threatened economically by competition from below and forever insecure about their own membership of the elite. 80 His example thereby shows in the clearest possible manner how issues of social identity and the concrete existence of bodies in time and space are forever entangled in the search for therapeutic efficacy.

As Menghe physicians moved to other towns and cities, the number of networks to which they were attached multiplied. These multiple attachments are reflected in the case records and writings of these physicians, and it becomes increasingly difficult to identify them as representatives of a single medical style. Too diverse are the resources on which they draw, the intellectual currents and teachers to which they owe allegiance, and the changing contexts in which their practices are situated. One is consistently struck, however, by a willingness to utilize diverse resources in an attempt to adapt medical practice to the requirements of the day while holding fast to what is perceived as the essence of their medicine. As I have shown elsewhere, this essence has been defined since the 1920s, by means of four key terms: ‘principle’ (li 理), ‘strategies’ (fa 法), ‘formulas’ (fang 方), and ‘medicinals’ (yao 藥). Although the use of these terms dates back much further than the practice of medicine in Menghe, their integration into a well-defined discourse on the nature of Chinese medicine can be

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79 Xu Xiangren 徐相任 (1933).

80 See Chao (1995) and Chang (1998), chap. 1. The discursive categories by means of which such difference was constructed—such as between literati and vulgar physicians (yongyi 庸醫)—endure to this day. In discussions regarding the modernization of Chinese medicine during the 1980s, key architects of contemporary ‘traditional’ Chinese medicine like Yue Meizhong 岳美中 (1900-1982), for instance, used terms such as ‘vulgarization’ (yongsuhua 庸俗化) to criticise the views of their opponents. Yue Meizhong was a student of Yun Tieqiao and is thus, at least indirectly, related to Menghe medicine. See Scheid (2002), chap. 7.
shown to have been channeled via Menghe and Wujin, and the various networks that reached out from there to the rest of China.\textsuperscript{81}

In the next section I turn to this emigration of persons, ideas and practices from Menghe eastward throughout Jiangnan and, in particular, to Shanghai.

\section*{9 The Eastward Spread of Menghe Medicine}

The successful construction of such networks played a crucial role in facilitating the diffusion of the Menghe scholarly current out of its place of origin, a process that began historically with the Taiping rebellion. Although Menghe itself remained an important local centre of medical practice for another century, more and more of its most famous physicians moved to other regional towns and cities such as Wuxi, Changshu, Suzhou and Shanghai. This eastward spread of Menghe medicine was motivated by diverse reasons. The importance of Menghe as a transport hub declined with the construction of the Shanghai to Nanjing railway during the first decade of the twentieth century, while the emergence of Shanghai as China’s foremost economic and cultural city shifted the focus of the entire Jiangnan economy eastward.

Chao Chongshan (1843-1909) was the first Menghe physician to move to Shanghai in 1859, where he sought refuge in from unspecified suffering during the Taiping Rebellion.\textsuperscript{82} He succeeded in establishing a very busy practice gaining a particular reputation for his use of “knife and needle” in treating bowel abscesses, a skill he most likely acquired while still in Menghe.\textsuperscript{83} Chongshan’s line was carried on by his son Chao Fengchu and his nephew Chao Songting, a scholar from Menghe, who moved to Shanghai in order to study with his uncle.\textsuperscript{84} Peisan’s second son Chao Chuanjiu and his grandson Chao Kecheng also moved to Shanghai after having practiced in Menghe for some time.\textsuperscript{85}

Ma Peizhi, too, sojourned in Shanghai before finally settling in Wuxi. Other members of the Ma lineage had moved there even earlier, though we know little more of them than their names: Ma Junzhi, a nephew of Ma Peizhi; Ma Luochuan and his son Ma Shuchang, who apparently were

\textsuperscript{81} See Scheid (2002b).
\textsuperscript{82} Li Jingwei 李經偉 (1988), p. 587.
\textsuperscript{85} WJRW, Chao Peisan 巢佩三; Dai Dafu 戴達父 (1940), p. 56; FZB, pp. 36-37.
well-known physicians; and Ma Liangbo 马良伯, a county level graduate and expert at pulse diagnosis, who wrote a number of well-received medical treatises. Of these, the only one still extant today is “Medicine Apprehended” (Yiwu 醫悟), which was published in 1893. It is cited as an important work by He Lianchen 何廉臣 in his “Newly Edited Popular Discussions of Cold Damage” (Chongding tongsu shanghanlun 重訂通俗傷寒論).87

As the number of Menghe physicians in Shanghai increased—the Fei, as we saw, also had began moving there during the 1880s—relatives, colleagues and friends formed an ever enlarging network on which new arrivals could call on for support. In a city inhabited by sojourners from all over China, who continued to be connected to their hometowns and districts by powerful emotional and social bonds, native place associations constituted one of the most important forms of social support and organization. Menghe itself never had any official native place association in Shanghai, and even that of Wujin County was established relatively late in 1919.88

Nevertheless, Menghe physicians effectively mobilized native place affiliations and sentiment to move their medicine—and thereby themselves—into dominant positions within the field of medicine in Shanghai. As a consequence, the little town of Menghe was apparently better known there during the early years of the twentieth century than the much larger provincial capital of Changzhou.89 Although all of the Menghe physicians cited so far contributed to this process, it is embodied nowhere more comprehensively than in the life of Ding Ganren 丁甘仁 (1865-1926), whose biography will constitute the core of the next section.

10 Urban Networks: Ding Ganren

Ding Ganren’s biography demonstrates with exemplary clarity the various strategies that individual physicians and families employed to chart the transition from rural Jiangsu to metropolitan Shanghai, and, in a wider context, from imperial to

86 FZB, pp. 36-37.
87 He Lianchen 何廉臣 (1956 [1916]), p. 149. For biographical information see WJRW, Ma Liangbo 马良伯; Li Jingwei 李經偉 (1988), p. 16; personal information by Ding Guangdi 丁光迪 (2000), Professor at the Nanjing University of TCM and eighteenth generation physician from Wujin County.
88 The Changzhou Association of Fellow Provincials (Changzhou tongxianghui 常州同鄉會) appears to have been a latecomer among similar associations in Shanghai. It raised funds to built a Guild Hall (huiguan 會館) as late as 1919, where none had previously existed. See Goodman (1995), p. 223.
89 This assertion is based on personal information by Cao Zhiqun 曹志群 (2000).
modern China. As in all periods of transition, the social institutions on which these strategies depend are more obviously than in times of stability hybrids of different structures—some oriented to the past, some to the future—and all in a state of transition themselves. From the old China represented by Menghe, Ding could draw on family connections, teacher disciple relationships, and the personal networks created on the basis of native place affinities, and other shared identifications. From the new China, Ding exploited the commercial opportunities afforded by a metropolitan market that desired ready-made, mass-produced products; the extension of power and influence made possible by the formation of Western-style institutions such as professional associations, schools and journals; and the solidarity amongst Chinese medical physicians created in their struggles against the proponents of Western medicine.

That Ding Ganren emerged as one of the most powerful and influential physicians in Shanghai during the early twentieth century was due to his personal skills in the clinic, in the cultivation of social connections, and in the exploitation of the multiple opportunities that presented themselves to him during a time of rapid social change. Yet, his success would not have been possible were it not for his connection to Menghe, both clinically and socially. And while he represents the emergence of a new type of Chinese medicine physician—urbane, integrated into a professionalizing and newly politicized medical elite with an increasingly international outlook—he could become this person only by way of emphasizing his roots in Menghe. Once this transition had been achieved, however, it was only a logical next step for his children and students to move on even further away from Menghe to Hong Kong, San Francisco and New York, and thereby to contribute to the on-going globalization of Chinese medicine.

Ding Ganren was the son of a family of Confucian scholars that had moved to Menghe from neighboring Danyang 丹陽 County in the early nineteenth century.  

According to his biographers, Ding decided upon a medical career at age twelve when he began reading the medical classics with a teacher named Ma Zhongqing 馬仲清, from Xutang 圩塘 just outside Menghe. Teacher Ma was a member of the Ma lineage, though his precise relation to Ma Peizhi or its other famous physicians remains unclear.  

In 1881, aged fifteen, Ding entered into a

90 Biographical accounts of Ding’s life can be found in: WJRW, Ding Ganren 丁甘仁; Zhongyi zazhi bianjibu 中醫雜誌編輯部 (1926); Yao Wenguo 姚文國 (1926); Cao Yingfu 曹穎甫 (1927); Cao Zhongheng 曹仲衡 (1985); Shen Zhongli 沈仲理 and Chao Bofang 巢伯舫 (1985); Zou Yunxiang 鄒云翔 (1985); He Shixi 何時希 (1997), pp. 1-17; Yang Xinglin 揚杏林 and Lou Shaolai 楼邵來 (1997).

91 Li Jingwei (1988), p. 2, gives the teacher’s name as Wenqing 文清. According to Ding Zhongqing in his postscript to Housha zhengzhi gaiyao 喉痧症治概要 (Outline of Symptoms and Treatment of Laryngeal Sand), reprinted in ZYT, vol. IV, p. 5816, his name was Shaocheng 邵成; WJRW, Ding Ganren 丁甘仁, gives the name as Zhongqing 仲清. Under the entry for Ma He’an 馬荷安 the same text lists Ma Xirong 馬希融, the grandfather of Ma Richu 馬日初, as having the style name Shaocheng 邵成.
formal two year apprenticeship with his paternal cousin Ding Songxi 丁松溪, who had studied with the Fei family, most likely with Fei Shengfu. Ma later claimed that Songxi had passed on to him a secret manual on pulse diagnosis kept in the Fei family that he had been able to copy.

Following Songxi’s early death two years later, Ding continued his studies with other physicians from both the Ma and Chao families. In 1884, already married and having exhausted his personal funds, Ding moved to Suzhou in the hope of establishing a medical practice, confirming, once more, how difficult it was for young physicians to compete with the established medical families in Menghe. Things did not work out as planned, however, and in 1890 Ding moved on to Shanghai, hurried along by a medical mishap in treating the child of a Suzhou county magistrate. In Shanghai he moved in with an impoverished scholar from Menghe named Huang 單, who also lent him his scholar’s clothes when Ding tried to make an impression with potential patients. Ding continued to struggle to make a living until, in 1894, he obtained a position at a charitable dispensary, the Renji shantang 仁濟善堂, through the recommendation of fellow Menghe physician Chao Chongshan.

In his early years Ding had assimilated medical learning from a wide range of different sources. In Menghe he had studied with all the major medical families. During his time in Suzhou he came into much closer contact than before with local physicians experienced in treating warm [pathogen] disorders (wen-bing 溫病). In Shanghai he studied as an apprentice with Wang Lianshi 汪蓮石, who was at the time one of the foremost proponents of the cold damage scholarly current (shanghan xuepai 單寒學派) in the city. Ding is also said to have learned Ma Peizhi’s secrets of combining drugs from a relative named Ding Lusheng 丁鹿生, a pawnbroker with no interest in the practical side of medicine, who had been Ma Peizhi’s closest friend during his time in Shanghai and studied these ideas with the great physician.\(^\text{92}\) In his new position he was able to put what he had learned to good use, and to synthesize from all these varied influences his own novel synthesis, when an epidemic of “putrefying throat sand” (lan housha 罫喉痧, equating to scarlet fever in biomedicine) swept Shanghai in 1896. The disease particularly affected the poorer population that looked to charitable dispensaries for medical help, where Ding’s therapeutic approach, derived directly from his combination of Ma family medicine with cold damage and warm [pathogen] disorder therapeutics, proved extremely effective. According to most biographers, Ding’s success in treating this epidemic established his reputation as an exceptional physician. Others argue, instead, that his career took off when he was able to cure a powerful business tycoon that had

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\(^\text{92}\) FZB, pp. 33, 37.
been given up by other physicians. Whatever the real story, Ding Ganren’s achievements doubled his yearly income to about one thousand yuan and allowed him, finally, to set up his own practice in Zhonghe Lane, off No 4 Road 四馬路中和里 (today’s Fuzhou Road 福州路), just north of the Chinese Old Town.  

Shanghai attracted physicians from all over China, bringing Ding into contact with a wide circle of new friends and colleagues. When studying with Wang Liangshi, one of his fellow disciples was Yun Tieqiao 悚鐵樵 (1878-1935), who was later to become one of the chief ideologues of Chinese medicine in its struggle with the proponents of medical revolution.  

Other early acquaintances of Ding Ganren included Tang Zonghai 唐宗海 (1862-1918), from Sichuan, an important theorist on the assimilation of Western to Chinese medicine; Zhang Yuqing 張聿青 (1844-1905), from Wuxi, a well-known clinician; and Yu Jinghe 余景和, the former disciple of Fei Lanquan 費蘭泉, who had by then become a famous physician himself and was publishing a number of works in Shanghai.

By all accounts a gifted practitioner, charismatic teacher, able businessman and effective networker, Ding Ganren quickly established himself as one of the leading physicians in Shanghai during the early years of the twentieth century. In 1905 he became a partner in the Mushude pharmacy, which produced a range of ready-made products for which Ding wrote the catalogue. In conjunction with another pharmacist named Xi Yuqi 席裕麒 he also developed a range of his own mass-market pharmaceutical products. Bearing flowery names such as “Benefiting the Brain and Supplemenenting the Heart Juice” (yi’nao buxin zhi 益腦補心汁) and “Stop Smoking Elixir” (jieyan dan 戒煙丹) and cashing in on his growing reputation, these products provided the finances for some of Ding’s many other ventures.

During a second scarlet fever epidemic in 1912, Ding demonstrated, once again, his outstanding ability in treating the disorder. Over the following years, Ding and his close friend, the physicians Xia Shaoting 夏紹庭 (1871-1936), were instrumental in bringing together a group of prominent Shanghai physicians, businessmen and scholars with the purpose of establishing a school of

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94 Qiu Peiran 裘沛然 and Ding Guangdi 丁光迪 (1992), pp. 748-762.
95 FZB, pp. 33, 37.
96 For a biography see Qiu Peiran 裘沛然 and Ding Guangdi 丁光迪 (1992), pp. 722-737.
97 For a biography see Xu Xiangting 徐湘亭 (2000).
Chinese medicine. Excluded from the newly developed state educational system, Chinese medicine was increasingly coming under attack from modernizers and reformers among the Chinese elite. Ever the pragmatist, Ding did not get involved in the ensuing polemics but concentrated on steps that would modernize Chinese medicine without surrendering its principal values. The founding of the Shanghai Chinese Medicine Technical College (Shanghai zhongyi zhuaimen xuexiao 上海 中 醫 專 門 學 校) in 1916, which Ding Ganren directed until his death ten years later, was a major achievement along this road. In the early 1920s, the College became the centre of Chinese medicine in Shanghai and, by extension, in China. It served as the basis for the Shanghai National Medicine Association (Shanghai shi guoyi xuehui 上海 市 國 醫 學 會), founded in 1921 by Ding and Xia, and for the publication of the “Journal of Chinese Medicine” (Zhongyi zazhi 中 醫 雜 志), which was sponsored by the National Medicine Association and edited by Ding’s students.100

Ding’s status and connections helped him to attract support and outside funding for many other projects. These included the foundation of the Shanghai North and South Guangyi Chinese Medicine Hospitals (Hu bei nanguangyi zhongyi yiyuan 滬 北 南 廣 益 中 醫 醫 院) in 1918, which served as teaching clinics for his college, and the establishment of the Shanghai Chinese Medicine Technical College for Women (Shanghai nüzi zhongyi zhuaimen xuexiao 上海 女 子 中 醫 專 門 學 校) in 1925.101 The strong presence in all these ventures of scholars, physicians and businessmen from Menghe and Wujin County is characteristic of the importance that native place affiliations played in Shanghai society at the time, a form of association that built on existing ideologies of mutual obligation and native place, but reshaped these to fit the needs of life in the new urban centres.102

I have already pointed to the Menghe connections that enabled Ding to establish a foothold in Shanghai. These connections were mobilized, too, in 1905 when Menghe physicians including Fei Shengfu, Chao Chongshan, Chao Songting and Ding Ganren were instrumental in organizing a campaign to boycott


102 On native place networks in Shanghai see Goodman (1995). If one examines the leadership of the Shanghai National Medicine Association and the editorial structure of the “Journal of Chinese Medicine”, its dominance by Ding and his network of colleagues, friends and students is easily apparent.
imports of American ginseng.\textsuperscript{103} Attracting key staff to the Shanghai College also was facilitated by native place affiliation, while the school—once established—provided Ding with an opportunity to patronize less well-known Menghe physicians.

The first principal of the College, for instance, was Xie Guan 謝觀, a proficient scholar and educator from the hamlet of Luoshuwan 羅墅灣, about ten miles south of Menghe. Xie is chiefly remembered today as editor of the monumental “Encyclopaedic Dictionary of Chinese Medicine” (Zhongguo yixue dacidian 中國醫學大辭典) published in 1921. His grandfather Xie Run 謝潤 (1830-1892) was a hereditary physician who may have studied with the Ma family in Menghe. Some modern historians include both Xie Run and his brother Xie Lansheng 謝蘭生 among the famous Menghe physicians, though this may result from later attempts by Xie Guan to fabricate a clinical pedigree for himself.\textsuperscript{104} Xie left the College in 1925 to set up his own school, indicating that whatever ties native place affiliations provided, they were—like the ties of kinship—always open to renegotiation in the context of concrete lives subject to many different demands.\textsuperscript{105}

Also from Menghe was Ding’s first anatomy teacher, a doctor named Shao Ji 邵驥, who had studied medicine in Germany.\textsuperscript{106} Another important teacher with Menghe connections was the brilliant scholar and leading proponent of the classical formula current (jingfang pai 經方派) in Chinese medicine Cao Yingfu 曹穎甫 (1868-1937). Cao headed the school’s education department from 1920 to 1927 and became one of Ding’s closest friends. Although his ancestral home was in Jiangyin 江陰, Cao had worked as a private tutor for a Menghe physician called Chao Wuzhong 巢梧仲 in 1915.\textsuperscript{107} Less well-known physicians from Menghe employed by Ding as teachers at his college included

\textsuperscript{103} This boycott was part of a general boycott against American goods in Shanghai and China. Goodman (1995), pp. 183-187, demonstrates the importance of native place affiliations and organisations in the organisation of the boycott.


\textsuperscript{105} For biographies of Xie Guan and his family see CZWSZ, p. 395; Xie Guan謝觀 (1935), Xie Liheng xiangsheng zhuang 謝利恆先生傳 (Biography of Mr. Xie Liheng), reprinted in ZYT, vol. 4, pp. 5922-5924; Chen Cunren 陳存仁 (1954); Shanghaiishi zhongyi wenxian yanjiuguan 上海市中醫文獻研究館 (1959), p. 322; Li Jingwei 李經偉 (1988), p. 628.


\textsuperscript{107} For biographies of Cao see Qin Bowei 秦伯末 (1955); Cao Yingfu 曹穎甫 (1956), forewords by Huang Wendong 黃文東 and Jiang Weiqiao 蔣維喬; Huang Shuze 黃樹則 (1985), pp. 6-10; Chen Yongqian 陳永前 (1986).
Native place affiliations also served as a tool used by physicians in Shanghai to carve out for themselves an identity that provided them with a competitive advantage in the struggle for status and patients. Ding Ganren, in particular, used it in order to extend his own medical pedigree backward in time. By 1915 at the latest, he had assimilated himself in unmistakable terms to Menghe medicine, as his foreword to a volume of case records by Yu Jinghe makes clear:

The medical scholarship flourishing in my [native] province Wu is the finest in the world and the many famous physicians of my native Menghe are the best of those in Wu.109

This association was re-emphasized in a postscript to his treatise on diphtheria “Outline of Symptoms and Treatment of Laryngeal Sand” (Housha zhengzhi gaiyao 喉痧症治概要), published in 1927 by his son Ding Zhongying 丁仲英 (1886-1978). This is first text that explicitly defines Menghe medicine as a scholarly current and Ding Ganren as the apotheosis of its various strands:

My home county has many physicians. Their capacity to benefit [patients] extends north and south of the Yangzi. Throughout the world they are referred to as the Menghe medical current. It is just as superb as the Tongcheng 桐城 and Yanghu 阳湖 [currents in the field] of ancient literature, or the Southern 南和 Northern schools 北宗 in the domain of painting. My late uncle [Ding] Songxi studied medicine with elder [Fei] Jinqi 晋卿 obtaining [the knowledge] transmitted [in his lineage]. Unfortunately, he did not enjoy a long life and did not develop what he carried [with him]. My late father studied medicine with Ma Shaocheng 马绍成 from Xutang and was [thereby] also associated with Mr. Ma Peizhi. Through exchange with my late uncle within [the family] he obtained the private and refined [skills] of the great Feis and Chaos. Thus his erudition attained scope and depth, while his craftsmanship gained in proficiency. Having practiced in Shanghai for over forty years, those that live [as a result of his treatment] cannot be counted.110

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109 Foreword by Ding Ganren to ZYJ, p. 5a.
These statements clearly mark a new stage in the development of Menghe medicine, for it defines it for the first time by means of explicit attachment to a geographical place rather than to individual physicians or an intellectual or practical tradition. The important status of native place as marker of identity and principle of social organization in Shanghai was, undoubtedly, a major factor causing this shift. It does not, however, fully explain it. For as Goodman has remarked, “native place sentiment was not necessarily traditional or automatic. It could arise where there was little tradition, and it flourished especially where it was useful.”

In the present case, it was useful to Ding Ganren and his descendants, because unlike the Fei, Ma or Chao they did not represent an established medical line. By locating all these traditions within a shared space—that of native place—, it became possible, however, to erase the boundaries between them and to substitute the separate genealogies of family and lineage with the shared genealogy of the current. The comparisons used to support this new genealogy raised all of Menghe medicine onto an entirely new level of proficiency, while the imagery it evoked allowed the Dings to tie all the different strands of Menghe medicine to just one person: the apical ancestor of their own family medical tradition, Ding Ganren.

The constructed nature of this genealogy is thrown into relief, if we compare it to a quite different one elaborated by Ding Ganren’s close friend Cao Yingfu, significantly entitled “An alternate biography” (biezhuan 別傳). Consisting of anecdotes taken from Ding’s medical practice that depict him as a master diagnostician, Cao ties his friend not to Menghe but to his teacher Wang Lianshi, and thence to the ‘classical formula current’ (jingfang pai 經方派) in Chinese medicine. Cao himself was, of course, a chief proponent of this current and, therefore, pursuing his own agenda by tying a famous physician like Ding Ganren to it.

The discourse of native place, the sentiments it evoked, and the practices of exchange it facilitated thus constituted the essential context in which a network of family based medical traditions could be made to congeal into the Menghe scholarly current. However, native place based social relations did not thereby make redundant these other kinds of social affiliation. Rather, they overlapped in a complex array of crisscrossing social networks, whose points of intersection and modes of attachment were continuously redefined. Ding Ganren, for instance, also established his family as a lineage by publishing a genealogy, and constructed marriage alliances in order to consolidate and extend its social influence. In 1909, he arranged for his son Zhongying 仲英 to marry Yu Lan 余蘭 (1891-?), the daughter of his friend and fellow Menghe physician Yu Jinghe.

This alliance was carried on in the next generation and constitutes a continuation

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112 Foreword by Cao Yingfu to Ding Ganren yi’an 丁甘仁醫案 (Ding Ganren’s Case Records), reprinted in ZYT, vol. IV, pp. 5813-5814.
of established network building between Menghe physicians. Ding also used marriage alliances to consolidate his business interests, arranging for his grandson Ding Jiwan 丁 濟 萬 (1903-1963) to marry the daughter of his business associate, the pharmacist Xi Yuqi 希 裕 麒, whose son, in turn, became a student at Ding’s college. ⑩

Another grandson, Ding Jimin 丁 濟 民 (1912-1979), was married to the younger sister of Guo Liangbo 郭 良 伯 (1885-1967), a physician from Jiangyin, who had established himself as a well-known physician in Shanghai. ⑩⑤ Guo later developed a novel approach to the treatment of asthma, which serves as a useful example for the practical efficacy of these marriage alliances. When Guo decided to publish “A New Doctrine on Asthma” (Xiaochuan xinshuo 哮 喘 新 說) to propagate this approach, he was able to secure a foreword by Ding Zhongying and, by implication, the public support of one of the foremost medical families in Shanghai. The Dings, on the other hand, gained intimate access to his clinical strategies, which are little remembered in contemporary China today, but put to excellent usage by a contemporary Ding family physician specializing in the treatment of respiratory disorders. ⑩⑥

With regard to the novel social institutions established by Ding—explicitly modeled on the West and therefore representing a more radical departure from established modes of social organization—these, too, were seamlessly integrated with the older networks to which Ding Ganren belonged, in particular his extended family (Figure 12: The Ding Family), his Menghe contacts (Figure 13: Social Relations Among Menghe Physicians), and his many students and disciples (Table 5: Important Disciples of Ding Ganren). In doing so, Ding created hybrids between the old and the new, the Western and the Chinese, that consolidated his power at the time, while in the long run they ensured his continued influence throughout the world of Chinese medicine. In the next section I will discuss in more detail the distinctive nature and modalities of this integration.

Table 5: Important Disciples of Ding Ganren

<table>
<thead>
<tr>
<th>Name</th>
<th>Place of Origin</th>
<th>Career after Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cao Zhongheng 曹 仲 衡 (1897-1990)</td>
<td>Shanghai</td>
<td>Teacher at Ding’s College</td>
</tr>
</tbody>
</table>

⑩ Personal information by professor Ding Yi’e (2002).
⑩⑥ Guo Liangbo 郭 良 伯 (1948).
<table>
<thead>
<tr>
<th>Name</th>
<th>Place</th>
<th>Role/Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chen Yaotang 陳耀堂</td>
<td>Jiangxi</td>
<td>Teacher at Ding’s College; physician at Guangyitang Hospital and later at Longhua Hospital</td>
</tr>
<tr>
<td>Cheng Menxue 程門雪</td>
<td>Shanghai</td>
<td>Teacher at Ding’s College; first President of Shanghai College of TCM</td>
</tr>
<tr>
<td>Menghe</td>
<td>Shanghai</td>
<td>Gynecology specialist in Shanghai</td>
</tr>
<tr>
<td>Menghe</td>
<td>Jiangxi</td>
<td>Made important contributions to development of Chinese medicine education in Jiangxi</td>
</tr>
<tr>
<td>Gao Lingyun 高凌云</td>
<td>Danyang</td>
<td>Instrumental in establishing Shanghai Chinese Medicine Association; editor of “Journal of Chinese Medicine”</td>
</tr>
<tr>
<td>He Yunsheng 贺云生</td>
<td>Wujiang</td>
<td>Director of Studies at Ding’s College; second President of Shanghai University of TCM</td>
</tr>
<tr>
<td>Huang Wendong 黄文东</td>
<td>Wujiang</td>
<td>Director of Studies at Ding’s College; second President of Shanghai University of TCM</td>
</tr>
<tr>
<td>Pan Mingde 潘明德</td>
<td>Wujiu</td>
<td>Physician in Shanghai</td>
</tr>
<tr>
<td>Qin Bowei 秦伯未</td>
<td>Shanghai</td>
<td>Teacher at various Shanghai Colleges; educator and writer; Director of Shanghai China Medicine College; advisor to Ministry of Health after 1954</td>
</tr>
<tr>
<td>Wang Shenzuan 王慎軒</td>
<td>Shaoxing</td>
<td>Gynecology specialist in Suzhou; founder of Suzhou College of Chinese Medicine</td>
</tr>
<tr>
<td>Wang Yiren 王一仁</td>
<td>Xin’an</td>
<td>First editor of “Journal of Chinese Medicine”; educator; teacher at various Shanghai Colleges</td>
</tr>
<tr>
<td>Name</td>
<td>Birth-Death</td>
<td>Place (Province)</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Wu Guanting 吳冠廷</td>
<td></td>
<td>Wuxi (Jiangsu)</td>
</tr>
<tr>
<td>Xu Banlong 許半龍</td>
<td>(1898-1935)</td>
<td>Wujiang (Jiangsu)</td>
</tr>
<tr>
<td>Yan Cangshan 嚴蒼山</td>
<td>(1898-1968)</td>
<td>Ninghai (Zhejiang)</td>
</tr>
<tr>
<td>Yang Boheng 楊伯衡</td>
<td></td>
<td>Songjiang (Shanghai)</td>
</tr>
<tr>
<td>Yang Shuqian 楊樹千</td>
<td>(1895-1967)</td>
<td>Hubei</td>
</tr>
<tr>
<td>Yang Zhiyi 楊志一</td>
<td></td>
<td>Xi’an (Jiangxi)</td>
</tr>
<tr>
<td>Ye Jinqiu 葉勁秋</td>
<td>(1900-1955)</td>
<td>Jiashan (Zhejiang)</td>
</tr>
<tr>
<td>Yu Jihong 余繼鴻</td>
<td>(1881-1927)</td>
<td>Changshu (Jiangsu)</td>
</tr>
<tr>
<td>Zhang Cigong 章次公</td>
<td>(1903-1959)</td>
<td>Jiangyin (Jiangsu)</td>
</tr>
<tr>
<td>Zhang Boyu 張伯輿</td>
<td>(1901-1987)</td>
<td>Shanghai</td>
</tr>
</tbody>
</table>

SOURCES: WJRW; WJWSZ; WJXZ; Li Jingwei 李經偉 (1988); Qiu Peiran 裘沛然 (1998); Shi Qi 施杞 (1994); Wang Qiaochu 王翬楚 (1998).
11 Opening Up a New Current: The Ding Current in Chinese Medicine

The main channel through which Ding Ganren transmitted his medicine and which ensured the cultivation of his memory up to the present were his numerous disciples, and the disciples of these disciples. These can be sorted into four groups: members of the Ding family who studied with him personally; members of other Menghe medical families, some of whom were also related to Ding through kinship ties; personal disciples educated within the old style apprenticeship system; and, finally, students enrolled at his new educational institutions, with whom he established traditional master student ties.

Ding’s eldest son Yuanjun 元鈞 was chronically ill and died early, making his second son Zhongying an important collaborator in many of his projects. However, following customary practice of patrilineal descent, he established Yuanjun’s eldest son Ding Jiwan 丁濟萬 as his primary heir by passing on to him his late residence and practice in Fengyang Road 風陽路, while Zhongying had been given the older Fuzhou Road practice. Hence, it was twenty-eight year old Ding Jiwan, rather than his older uncle Zhongying, who led the memorial service at his grandfather’s funeral, and who eventually took over the directorship of the college, which he renamed the Shanghai College of Chinese Medicine (Shanghai zhongyi xueyuan 上海中醫學院).

Ding Jiwan proved to be an able heir, a colorful society physician, an accomplished teacher and resourceful educator. A member of Parliament with many influential friends in the Nationalist Government, Ding fled to Hong Kong in 1949, where he died in 1963. His youngest son Ding Jingyuan 丁景源 (1930-1995) immigrated to New York, where he was instrumental in gaining state recognition for acupuncture practice. Ding Zhongying remained on the board of his cousin’s College, but mainly worked as a private physician and clinical supervisor for other Shanghai schools. He, too, emigrated, initially to Hong Kong and later to San Francisco. Three of his sons became physicians, though none trained at their cousin’s college, indicating the intrafamilial tensions caused by the clash between authority derived from descent and that, which

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117 For biographies of Ding Zhongying see Guanghua yixue zazhi bianjibu 《光華醫學雜誌》編輯部 (1937); Chen Cunren 陳存仁 (1978); He Shixi 何時希 (1991a), and (1997), pp. 18-21.
118 For biographies of Ding Jiwan see He Shixi 何時希 (1991a), and (1997), pp. 22-46; Zheng Songting 鄭松亭 (no date). Additional information by Xi Dezhi 席得治 (2000), physician at the Mingyi tang 名醫堂 in Shanghai and disciple and brother-in-law of Ding Jiwan.
119 For biographies of Ding Jingyuan see Yu Xin余信 (no date); Anonymous (1995).
Ding Zhongying perceived was due to him because of seniority of age.

Zhongying’s second son Ding Jimin (1912-1979) was most successful in negotiating China’s transition to Maoist rule, which—given the Ding’s long standing association with the rich and mighty in Shanghai—was not easy for the family as a whole. An avid book collector and historian, Ding Jimin became Vice-director of the Shanghai No. 11 People’s Hospital (Shanghai dishiyi renmin yiyuan 上海第十一人民医院) in 1956, followed by appointments as Director of the Medical History Department at the Shanghai College of TCM (Shanghai zhongyi xueyuan 上海中医药学院), and as Vice-director of its Longhua teaching hospital (Longhua zhongyi yiyuan 龙华中医医院). His son Ding Yi’e (1944-) is also now a consultant at the Longhua hospital and the last practicing physician of the Ding family in China.

Zhongying’s eldest son Ding Jihua (1909-1964) had to endure considerable hardship following the anti-rightist campaigns of the late 1950s. Two of his children practice Chinese medicine in the US. Zhongying’s third son, Ding Jinan (1913-2000), turned to medicine in his late twenties, following earlier interests in music and the arts. The odd one out in the Ding family, he self-consciously developed a treatment style of his own rather than following family practice. He reasoned that this was the only option, if he wished to escape the long shadow of his grandfather. Jinan, too, suffered during the Cultural Revolution, but later returned to work as senior consultant in the Chinese Medicine Department of the Ruijin Hospital in Shanghai (Ruijin yiyuan zhongyike 瑞金医院中医科). His adopted daughter now runs a Chinese medicine college in Florida.

The second group of disciples is constituted by members of other Menghe families. These included from the Chao family a younger cousin named Chao Ruting 巢儒廷, who assisted in Ding Ganren’s private clinic, and Chao Yuchun 巢雨春 (1904-1971), son of Songting and grandnephew of Chongshan; from the Ma lineage Ma Duqing, the youngest son of Bofan and his...
cousin Ma Shushen.\textsuperscript{125} I also count as belonging to this group Yu Jihong (1881-1927), the youngest son of Yu Jinghe and brother-in-law of Ding Zhongying, who went on to become a teacher at the Shanghai college and a physician at its teaching hospitals.\textsuperscript{126} The fact that established Menghe physicians sent their children to Shanghai in order to study there is indicative of Chinese medicine’s transition from a system organized entirely on the basis of personal networks to one based on bureaucratic institutions. It equally underlines, however, the ability of these older networks to insert themselves into these new institutions and to manipulate them for their own ends.

The third group of disciples is comprised of students who studied with Ding in old-style apprenticeships, even if some were also awarded diplomas at his College. This group is very heterogeneous and its members came to Ding through a variety of networks. Chen Yaotang (1897-1980), according to some accounts Ding’s most accomplished disciple, stemmed from a Menghe family sufficiently wealthy to afford his studies in Shanghai. After completing his apprenticeship, he became a teacher at Ding’s college and a physician at one of its teaching hospitals.\textsuperscript{127} Pan Mingde (1867-1928) was a peasant from Wujin county who had managed to learn medicine through self-study and by sitting in with physicians in Menghe. He sought out Ding in Shanghai and through his patronage became a physician wealthy enough to finance a school for poor children in his home county.\textsuperscript{128} Cheng Menxue (1902-1972) was referred to Ding by his former teacher Wang Lianshi, when he himself became too old to take on apprentices. Cheng became a well-known physician and scholar who taught at Ding’s school for many years.\textsuperscript{129} Cao Zhongheng (1897-1990) decided to study with Ding, because he had succeeded to cure his father after other physicians had failed.\textsuperscript{130}

The fourth group is made up of students at Ding’s college who studied with him as part of their training, some going on to longer private discipships. Graduates of the first five classes at the college had a particular close affinity to Ding and many left a decisive mark on the development of contemporary Chinese medicine. They include Cheng Menxue and Huang Wendong.

\begin{itemize}
\item \textsuperscript{125} Chen Daojin (1981), p. 43. See also Zhu Daming (1999), pp. 203-207; Zhang Yuan and Wang Tongqing (no date), pp. 87-90; WJWSZ, p. 256; personal information, Zhu Liangchun (2000).
\item \textsuperscript{126} Dai Zuming and Yu Xin (1997), p. 54.
\item \textsuperscript{127} Shi Qi (1994), pp. 593-598; Ding Xueping (2000), professor at the Shuguang Hospital of Chinese Medicine (Shuguang zhongyi yiyuan 曙光中醫醫院).
\item \textsuperscript{128} Jiangsu sheng wujinxian xian zhi bianzuan weiyuanhui (1988), p. 931.
\item \textsuperscript{129} He Shixi (1997), pp. 244-256; Zhongguo kexue jishu xiehui (1999), pp. 158-167.
\item \textsuperscript{130} Shi Qi (1994), pp. 599-604.
\end{itemize}
(1902-1981), the first and second Presidents of the Shanghai College of TCM;¹³¹ Yan Cangshan 嚴 蒼 山 (1898-1968), a famous Shanghai scholar-physician and father of the current president of the Shanghai University of TCM, Yan Shiyun 嚴 世 芸;¹³² Zhang Boyu 張 伯 奧 (1901-1987), a senior consultant at the Shuguang Hospital for Chinese Medicine (Shuguang zhongyi yiyuan 翠 光 中 醫 醫 院) in Shanghai and chief-editor of national textbooks for internal medicine;¹³³ Yang Shuqian 杨 樹 千 (1895-1967), deputy director of the prestigious first class of Western medicine physicians studying Chinese medicine that was set up in Beijing in 1955;¹³⁴ Qin Bowei 秦 伯 未 (1901-1970), an enormously influential educator in Republican China and advisor to the Ministry of Health after 1955;¹³⁵ Wang Shenxuan 王 慎 軒 (1900-1984), who established the Suzhou National Medicine Technical College (Suzhou guoyi zhuanmen xueyuan 蘇 州 國 醫 專 門 學 校) in 1924 and, as a gynecology specialist, exerted a strong influence on the development of gynecology in Chinese medicine;¹³⁶ and Zhang Cigong 章 次 公 (1903-1959), a medical innovator and advisor to the Ministry of Health after 1955.¹³⁷

The transformation of Chinese medical education that Ding Ganren helped to initiate contributed to a reshaping of identities and inter-personal relationships on many fronts. A typical discipleship in Menghe, like anywhere else in late imperial China, consisted of the reading and memorization of medical texts chosen by the teacher, accompanied or followed by internship in his clinic. Sometimes a teacher would guide such reading, sometimes he would delegate it to his senior students, and sometimes he would simply let students get on with it by themselves. Studying with a particular master might thus imply anything from personal tuition to the opportunity of studying specific texts. Besides established canons from the medical archive, often with commentaries by the teacher, such texts may have included closely guarded diagnostic manuals or formularies passed on in the family. Clinical internship would take place in the master’s

¹³² Shanghai zhongyi wenxian yanjiuguan, pp. 24-27.
¹³³ Shanghai zhongyi wenxian yanjiuguan, pp. 77-85.
¹³⁵ He Shixi 何 時 希 (1997), pp. 197-207. See also Yang Xinglin 楊 杏 林 and Tang Xiaohong 唐 晓 紅 (1991), which contains a wealth of additional data on Qin.
surgery as well as during house calls, and involved observation, the copying of prescriptions, the preparation of medicines and supervised practice.\textsuperscript{138}

Widespread criticism of the old society and ubiquitous calls for modernization began to transform this teaching system from the beginning of the twentieth century onwards. Ding Ganren’s school was the most influential of a number of colleges established in various cities of China at the time. It was an attempt to integrate Western models of classroom teaching with traditional models of apprenticeship education under the motto “developing medical learning, preserving the national essence” (\textit{changming yixue, baocun guocui} 昌 明 醫 學, 保 存 國 粹).\textsuperscript{139} Most students entered the school at age fifteen or sixteen and classroom teaching included the reading of Chinese medical classics, Western anatomy and physiology, and the study of Chinese language and culture. The goal was to produce not mere clinicians, but scholar-physicians, and this is what many of the students did indeed become. The school journal had its own section for essays and poetry, and the biographies of students who went on to become famous physicians show that almost all of them also were accomplished calligraphers, painters, poets or writers.

Following two years of classroom studies, students enrolled for internships at teaching hospitals and clinics affiliated to the school. This implied entering into a formal apprenticeship with one of the senior physicians at the college—Ding Ganren, Cao Yingfu, Xia Yingtang, and others—marked by a ceremony in which they asked their chosen teacher (\textit{baishi} 拜 師) to accept them as a disciple. Although this main teacher had considerable influence over the future development of a given student, the latter also had the chance to study with other teachers on some occasions. Furthermore, students enjoyed a wide range of opportunities for social learning and the exchange of views and information. Newly emergent activities such as joint medical practice in teaching hospitals, student associations, the twice-monthly meetings of the National Medicine Society, and the publication of the “Journal of Chinese Medicine” created new identities and patterns of interaction.\textsuperscript{140}

Dynamic relationships and frequently competing loyalties were the result. In 1927, for instance, shortly after Ding Ganren’s death, some of his brightest and most progressive students including Qin Bowei, Yan Cangshan and Zhang Cigong broke away from Ding’s school to establish the rival Shanghai China

\textsuperscript{138} A personal account of a traditional apprenticeship in the Ma family in Menghe was communicated to me by Zhu Liangchun (2000). See also Deng Tietao 鄧 鐵 濤 (1999), pp. 114-22; Hsu (1999); Scheid (2002), chap. 6. Note that my research at the very least questions Hanson’s (1997) claim (p. 33) that the Qing witnessed a general trend away from master-disciple transmission patterns.

\textsuperscript{139} Qiu Peiran 裘 沛 然 (1998), p. 25.

\textsuperscript{140} Accounts of learning at Ding’s school can be found in Qiu Peiran 裘 沛 然 (1998). See also Zhang Boyu 張 伯 真 (1985) [erroneously listed as Zhang Baiyun in the bibliography in EASTM 22]; Zou Yunxiang 鄒 云 翔 (1985).
Medicine College (Shanghai zhongguo yixueyuan 上海中 国 医 学 院). For these young physicians allegiance to a more rapid course of modernization in Chinese medicine mattered more than fidelity to the conservatively perceived heritage of their teacher. Other, such as Cheng Menxue and Huang Wendong, made the opposite choice and remained loyal to their master’s institution. Whatever differences in scholarship and practice developed between these physicians, and whatever other relationships, networks and institutions they entered into, their relationship to Ding Ganren, nevertheless, left an enduring mark on their individual and collective identities.

In each individual case the degree of this influence and the nature of identification between teacher and student differed. On one end of a wide spectrum were loyalists like Huang Wendong. Huang was a graduate of the first class at the Shanghai Technical College of Chinese Medicine in 1921, where as a gifted student he had caught the attention of Ding Ganren and been guided in his studies with particular care. After a spell practicing in rural Jiangsu, he was recalled by Ding Jiwan in 1931 and appointed Director of Studies. Huang held this post for the next seventeen years until the forced closure of Chinese medicine colleges in Shanghai by the Guomindang government in 1947. From 1956 onward, he worked as a lecturer at the newly established Shanghai College of TCM, where his friend Cheng Menxue had been appointed President, and as a consultant at the Longhua Hospital of Chinese Medicine, where Ding Jimin was now a Vice-director. Owing to his reputation as a clinician and his status as a teacher—but also, one must suppose, due to his excellent connections—Huang was appointed chief editor of the first national textbook on internal medicine (neike 内 科), which was compiled during the early 1960s. From 1978 to his death in 1981 Huang served as the second President of the Shanghai College of TCM.

Huang’s clinical style was shaped by his reading of the classical literature, his own experience, and, especially after 1949, by the politically determined integration of Western and Chinese medicine. Yet, in his case records and other publications the enduring influence of Ding Ganren is everywhere apparent. Like Ding Ganren, Huang used shanghan six stage diagnostics as fundamental rubrics in internal medical practice, and, like all physicians in the Ding family, he accorded a central importance to the treatment of spleen and stomach.

More radical innovators such as Zhang Cigong occupy the other end of the same spectrum. Zhang graduated from Ding’s college in 1925. In 1928 he participated in setting up the Shanghai China Medicine College, from which he broke away only one year later to establish the even more radically modern Shanghai National Medicine College (Shanghai guoyi xueyuan 上海国 醫 學 院). The college failed and Zhang turned to private practice, becoming one of

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141 The formation of the college is described in detail in Yang Xinglin 揚 杏 林 and Tang Xiaohong 唐 晓 紅 (1991).
142 Huang Wendong 黃 文 東 (1994); Huang Wendong (1962).
Shanghai’s best-known clinicians. In 1955 he moved to Beijing as an advisor to the Ministry of Health charged with establishing the new national infrastructures for Chinese medicine.

Zhang’s clinical practice and views on medicine were shaped by a multitude of other teachers besides Ding Ganren. These included Cao Yingfu, who, like Zhang himself, came from Jiangyin, and who guided Zhang towards a preference for the classical formula current in Chinese medicine. This preference was further strengthened by his literature teacher, the famous intellectual Zhang Taiyan 章太炎 (1869-1936). Zhang Taiyan also familiarized him with Hindu logic and supported the rejection of Song learning already assimilated from Cao. To this were added an appreciation of Western science and medicine developed through self-study, friendship with Western medicine physicians, and advocates of modernization in Chinese medicine like Lu Yuanlei 陸淵雷 (1894-1955), a student of the Wujin scholar-physician Yun Tieqiao. An individualist by nature who was always ready to sacrifice relationships for the sake of his ideals, Zhang Cigong thus developed his very own medical style, described by a contemporary as “neither Western nor Chinese.”

Yet, for all his independence and individualism, Zhang Cigong never lost sight of his origins. He explicitly emphasized the influence of the Menghe current on the development of his own clinical style. He never broke his attachment to the network of Ding Ganren’s disciples to which he belonged. And many of the other relationships that shaped him—such as that to his teacher Cao Yingfu—grew out of the institutional framework set up by Ding.

Huang Wendong and Zhang Cigong both owed their careers to a variety of factors: their ambition, their personal skills as scholar physicians, their ability to form relationships on the basis of joint identifications, and their willingness to participate in the various transformations imposed onto Chinese medicine in the course of their lives. Both physicians had a life-long commitment to teaching and writing, and both emphasized the importance of classical scholarship. Yet, they also embraced modernization and both joined the Chinese Communist Party during the 1950s in order to labor under its directive for the development of their discipline. In all of this, the connection to the Ding family and their students constitutes a recurring theme. Huang’s appointment as president of the Shanghai College of Chinese Medicine was to no small degree a result of his being a prominent student of Ding Ganren. Zhang, on the other hand, went to Beijing on recommendations made by other students of Ding, who were by then established in positions of influence within the political circles that directed Chinese medicine. For Huang, Zhang and an entire generation of physicians, their status as graduates of the Shanghai College of Chinese Medicine—and thus as disciples of the Ding family—has provided a joint identification and an alternative resource in the bureaucratic medical system organized by the Maoist state that constituted an anchor of stability in a climate of frequently changing political conditions.

winds. I include two anecdotes that emphasize the usefulness and necessity of such connections.

During the Cultural Revolution, Deng Xiaoping’s son Deng Pufang, who was living in Shanghai at the time, suffered a back injury that eventually paralyzed him. At the time, the Dengs had been stripped of their official power and were dependent on personal networks to organize Pufang’s treatment. As part of this effort the Deng family in Beijing recruited the help of Zhang Hongyuan, a son of Zhang Cigong. Zhang Hongyuan was known to Deng Xiaoping via his deceased father, who had treated many Communist Party functionaries during his time at the Academy of Chinese Medicine (Zhongyi yanjiuyuan). Zhang Hongyuan, using his own connections in Shanghai, was able to arrange for Deng Pufang to be treated by Ding Ganren’s grandson Ding Jimin, who was then the senior physician of the Ding family in Shanghai.144

If this anecdote demonstrates the social efficacy of personal networks embodied in a scholarly current, my second anecdote ties this efficacy even more directly to the stability of social relations that has endured across the contingencies of rapid historical change in modern China. Ding Yi’e, the last practicing physician in the Ding family, had been advised by his father Ding Jimin to study Western medicine. This advice reflected Mao Zedong’s preference, at the time, for the integration of Chinese and Western medicine (zhongxiyi jiehe). Apparently, Ding Jimin was also trying to avert any charges of exploiting hereditary privileges that could easily have been made had his son enrolled to study at the Shanghai College of TCM. During the Cultural Revolution, Ding Jimin, seeing at first hand the adverse results on Chinese medicine of overhasty modernization, changed his mind and through a connection at the Ministry of Education succeeded in obtaining for his son a place on a Chinese medicine course at the Shanxi College of TCM. When Ding Yi’e was sent down to the countryside in rural Jiangsu, the family again utilized their connections, this time to Zou Yunxiang in Nanjing, in order to obtain a better position for him. Zou, as readers may recall, was a self-affiliated member of the Menghe scholarly current. He also had worked as an editor of a journal published by Ding Zhongyin during the 1930s and was thus personally related to the Ding family. Using his influence as Vice-director of the Nanjing College of TCM, Zou succeeded in obtaining a position for Ding Yi’e as a Chinese medicine doctor at a small hospital in Nanjing. During this time Ding Yi’e regularly visited Zou socially and also studied with him, re-infusing Menghe medicine into the Ding family via Zou’s personal interpretations. Finally, at the end of the Cultural Revolution, a period in which personal connections were essential in bringing young people sent

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down to the countryside back into the cities, Ding Jimin used his own status at the Longhua Hospital in Shanghai to obtain a position for his son there.\textsuperscript{145}

If these anecdotes demonstrate the practical usefulness of joint identities that tie together the members of a scholarly current into a socially effective network, it must be emphasized, too, that such identities are by now means given once and for all. They need to be continually reaffirmed, if they are not to be washed away by the inevitable development of individual careers, styles of practice, and the numerous other contingencies that shape individual lives and shared history. In the construction of the Ding scholarly current such affirmations took the form of publications, conferences, and joint activities that share many characteristics with the strategies employed to ensure lineage solidarity in late imperial China.

Huang Wendong’s seminal article on the development of the Ding current in Chinese medicine, for instance, remains to this date the most authoritative reference on Ding Ganren’s scholarship, and the most visible trace, too, of the nature of this construction. In a manner reminiscent of older lineage genealogies, the article constitutes Ding Ganren as the ‘first ancestor’ (bizu 鼻祖) of the Ding scholarly current, and all the students of the Shanghai College as his ‘disciples’ (menren 門人). The article itself originally appeared in the Shanghai Journal of Chinese Medicine. It was reprinted in first position in a collection of eleven essays on important scholarly currents in the recent history of Chinese medicine published by the Shanghai College of TCM in 1961, underlining the extent to which the Shanghai College of TCM post-1956 was a continuation of the Shanghai College of Chinese Medicine pre-1948.

The driving force behind this publication project was Ding Ganren’s disciple Cheng Menxue, who was then the President of the College. The general objective, according to Cheng, was to

\begin{quote}
let the distinct characteristics of each current and each [individual] scholar-physician become fully apparent. Then, after allowing for ample consultation, they may be assimilated and dissolved [into each other] in a process of synthesis.\textsuperscript{146}
\end{quote}

In this definition, a definition that focuses on social organization rather than ideological content, scholarly currents are defined as the essential building blocks of Chinese medicine. Although they are to be subjugated to the vision of an undivided national medicine, they are, for the moment, accepted as real and necessary. Four decades later, at the dawn of the twenty-first century, the goal of one Chinese medicine has been realized in national textbooks and standards of diagnosis and practice. Yet, Cheng’s book also helped to establish a genre of writings on scholarly currents that has gone from strength to strength. This genre, and through it scholarly currents, constitute, if not an alternative, then

\textsuperscript{145} Personal information by Ding Yi’e 丁一諤 (2002).
\textsuperscript{146} Shanghai zhongyi xueyuan 上海 中 医 學 院 (1962), p. 2.
certainly a supplement to the homogenized ‘traditional Chinese medicine’ promoted by the state.

12 Summary and Conclusion

What appears most significant, then, at this provisional endpoint of my chronological history of the Menghe and Ding scholarly currents, is the important and enduring role of networks in Chinese medicine: networks constructed through kinship and marriage alliances, through discipleship, native place affiliations and guanxi ties, embodied in medical lineages, in scholarly currents and in genealogies of descent. The exploration of such networks has become the focus of much recent work on China in a variety of fields. This work is motivated, in part, by a desire to open up horizons of inquiry that avoid the ever-present lure of euro-centric generalizations. As a result, fluid person-centered networks rather than fixed social institutions are increasingly being used as primary analytical concepts in Chinese social theory and the social history of China.147

Relating these epistemological issues to the topic of the present essay leads us to two interrelated questions: First, are scholarly currents useful analytical concepts around which to organize a history and anthropology of Chinese medicine? Second, and more specifically, how does the analysis of such currents enable our understanding of continuity and change in Chinese medicine?

Chinese historians certainly take scholarly currents seriously and have developed clear criteria for how they should be defined and related to other core concepts such as doctrine (xueshuo 學説), medical scholars (yijia 醫家), medical works (yizhu 醫著), and case records (yi’an 醫案).148 Debate and controversy does not question the fundamental utility of these concepts but centers on definitional issues and evaluations of their relative importance.149 The ordinary physicians I encountered during various periods of fieldwork in China also use these categories to communicate their personal understanding of how Chinese medicine has evolved and how it is organized.150 Hence, in both oral and written discourse the disciples of Ding Ganren as well as those of his grandson and heir

147 The seminal text for this tradition is Fei (1992). See the introduction by Hamilton and Zheng for an overview of the influence of Fei’s work on contemporary scholarship.


149 Examples of such debate are Ouyang Qi 欧陽琦 (1979) and Gu Zhishan 顧植山 (1982).

150 Naturally, these definitions may vary from speaker to speaker and also between contexts. Roughly, the notion of current as used by contemporary Chinese physicians would appear to match the definition offered by Wu (1993-1994).
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Ding Jiwan are classified as “Ding [family] disciples” (Ding menren 丁門人) and counted as belonging to the Ding scholarly current (Ding xuepai 丁學派). Those members of the current I have spoken to see it as their task to keep the current’s memory alive—be it through joint publications, the organization of commemorative meetings or the upkeep of Ding Ganren’s tomb—even if in practice many of them have long left its more narrowly defined clinical style behind. Membership of the Ding current bestows a common identity to these physicians that can function as the basis for joint action, but also provides a network that can be mobilized for the pursuit of individual and common goals.

None of these physicians, however, considered themselves as belonging to the Menghe current even if many are clearly and self-consciously influenced by its doctrines. Nor would they be perceived as such by others. The visiting card of Professor Ding Yi’e, the last physician in the Ding family still living in China, however, reads, “fourth generation physician of the Ding family medical dynasty from Menghe” (Menghe Dingshi sishi yilu 孟河丁氏四世醫盧). Professor Fei Jixiang, the only other practicing physician of the four Menghe families in the People’s Republic, equally defines himself as a Menghe physician and as the main representative of the Fei family medical tradition. In the late 1950s and early 60s both doctors had to overcome state organized attempts to cut them off from their inheritance during a period when hereditary privilege was considered politically suspect. Both now face the equally difficult challenge of finding an heir in their families, as careers in medicine are becoming increasingly unattractive.151

Based on the material presented in this essay the following specific and general observations regarding the concept of scholarly currents and its utility for future research in the history of Chinese medicine can therefore be made. First, scholarly currents in the history of Chinese medicine fulfill a dual function. As a concept used by physicians, it functions as a tool for creating social identities and as a strategy for ordering their social world. As a concept used by historians, instead, it functions as a projection onto the field of medicine of the person-centered networks that many scholars see as constitutive of Chinese society at large.

Second, contrary to Wu’s (1993-1994) earlier assertion, scholarly currents share important attributes with ‘descent groups’ and ‘lineages’ in the manner that these concepts are employed by social anthropologists. Descent groups refer to “groups of agnates, defined by descent form a common ancestor, who are not all members of a single jia 家 or a single line.” A jia or family is a property-holding group that normally resides together, while a line indicates the genealogical link that connects one generation to the next, in the Chinese context usually through the patriline. A lineage, on the other hand, is a “corporation in the sense that members derive benefits from jointly-owned property and shared

151 Personal information by Fei Jixiang 費季翔 (2000), and Ding Yi’e丁一 （2000).
resources.” Both descent groups and lineages can be localized or dispersed, and both may be organized into major and minor segments or branches or even into higher-order lineages that function as ‘umbrella organizations’ tying different lineages together.

Anthropologists working in Chinese societies have long taken the property holding lineages of Southern China to be the model of lineage organization in China. More recently, social historians have relativized this definition by demonstrating great variability in Chinese lineage organization on both macro (i.e. variability between historical periods or geographical regions) and micro levels (i.e. within a single locality during a specific period). As a result, lineages are no longer defined purely on the grounds of their joint possession of tangible assets such as land, shrines or schools. In some instances what holds a lineage together are intangible assets such as information or reputation. Furthermore, uxorilocal marriages and non-agnatic adoptions appear to have been routine strategies in imperial China by means of which new members were recruited into lineages.

The many overlaps between the scholarly currents examined in this essay and this wider definition of lineage are striking. What is Huang Wendong’s article on “The formation and development of Mr. Ding’s learning and current,” if not an attempt at creating a lineage genealogy? What was the conference organized in Shanghai in 1985 to celebrate Ding Ganren’s one hundred and twentieth birthday, if not a joint ritual affirming the continued existence and importance of the lineage? What is the usage and further development of “gentle and harmonizing” treatment, if not a contribution to jointly held intellectual assets and a partaking in the benefits accruing from their use?

There remains, of course, one major difference between lineages and scholarly currents. Recruitment into the former is by way of natural or acquired kinship. The formation of a current, on the other hand, is embedded within the social relations through which medical knowledge and skill are passed on. As Wu (1993-1994) has shown, such transmission does not necessarily involve one to one contexts of learning but can be constituted by book learning and the expression of sympathy for the views of a particular physician. Nevertheless, acquiring membership of a current involves explicit declarations of filiations, which, in turn, evoke feelings of connectedness, loyalty and obligation.

Discipleship, for instance, is frequently referred to by social actors in explicit kinship terms and evokes the sentiments and obligations associated with kinship.

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152 All definitions and quotes are from Ebrey and Watson (1986a), pp. 4-6.
153 The seminal works are by Freedman (1966), (1958). For an overview of subsequent research see Watson (1982).
154 For overviews see Ebrey and Watson (1986a), and Watson (1986), p. 284.
relations. Ding Ganren is called by disciples of his grandson “the earliest ancestor” (bizu 鼻祖). When I interviewed disciples (as opposed to students) of contemporary master physicians, they, too, spoke of their teacher as of a father. Becoming the formal disciple of a master physician (baishi 拜師) has been marked for centuries by ritual. Such ritual may still involve prostration (ketou 磕頭), but will at the very least be marked by banqueting, gift giving and formal speeches. Even where filiations are the consequence of reading and self-study, it still creates bonds of belonging that shape identity both through real or imagined benefits, but also by way of shaping clinical action and affective behavior. It also can become effective only, if such declarations are accepted by other members of the peer group.

Recruitment into a scholarly current (whether by way of discipleship or self-declaration) is not therefore sociologically different from the uxorilocal marriages or non-agnatic adoptions described above. What membership in a current stands for, however, how it ties teachers to students and both to their shared medical ancestors, what benefits accrue from it and what kind of obligations are created, all these may change over time and from place to place. Questions regarding the authenticity of knowledge in late imperial China, finally, had long been framed in terms of lineage terminology and the metaphor of a river and its branches.

For all of these reasons, perceiving of scholarly currents as medical lineages allows us to describe more precisely the structure of the medical field in late imperial and modern China. Besides scholarly currents this field is populated by individual physicians, families, descent groups, native place networks, state institutions, and other organizational forms adopted from the West such as schools, professional associations and societies. Each of these entities participate in the formation of the medical field in different ways and for different ends. Individual physicians can draw on—and are, in fact, constantly shown to do so—heterogeneous and plural resources in their pursuit of money, fame or the practice of benevolence. Families will have a different set of goals, such as securing benefits not merely for individuals but for the group as a whole. Medicine can be a resource to this end, though very often it is merely one among many

159 During my fieldwork I have become myself a disciple in the course of a ritual that consisted of publicly bowing to the teacher and a banquet. I have spoken to other disciples, who have partaken in similar ceremonies. The obligations that such discipleship entail are defined, however, by the particular relationship between master and disciple. See Scheid (2002), chap. 6.
160 I base this assertion on conversations with Chinese medicine physicians. See Scheid (2002), chap. 6, for some discussion of this issue.
different strategies. Scholarly currents perceived of as medial lineages function as networks that tie styles of doctrinal thinking and medical practice to specific kinds of identity and reciprocal obligation.

These entities interact with each other not merely via external relationships, but through being nested into each other and also their mutual transformation over time. My research indicates, for instance, the important role scholarly currents, descent groups and native place networks played in the formation of modern Chinese medical institutions. This role can be interpreted at various times to be progressive (pooling local resources for the construction of a national medicine), conservative (undermining new bureaucratic forms of organization through their emphasis on personal relationships) or localistic (emphasizing local tradition against state homogenization).

The formation of a current requires of individual physicians or families to affiliate themselves to it. Such affiliation implies processes of identity formation played out against a cultural background in which networks and genealogies are seen to be socially significant. In Republican China, where the Fei were still a well-connected family and the medical market was competitive, they sought to emphasize their own identity as a medical lineage over and above its assimilation into a current defined on the basis of native place. Sixty years later, in a context where scholarly currents function as a social memory that preserve individual identities in the face of increasing pressure for homogenization in the field of Chinese medicine, the Fei actively participated, instead, in their inclusion in the Menghe current. Who belongs to a medical current and who does not is thus determined by ongoing negotiations not merely among physicians but also by others, who may have an interest in such definitions: the state for sake of promoting certain perceptions of national medicine or discipleship; provincial, regional or institutional groups or organizations for the sake of promoting local identities; academics for the sake of argument.

What precisely a current stands for will change over time and vary from place to place. Currents have histories, just as families and lineages have histories. Lu Jinsui’s notion of an identity being defined by how a current “establishes its name” is important here. I have explored this process for the Menghe current, though much more work will need to be done to explore the precise interconnections between knowledge, practice and the formation of social fields for other currents in the history of Chinese medicine. Analyzing medical currents by means of these criteria, however, opens up a far wider horizon of research than I have been able to follow up in this essay. Two forms of inquiry are of particular importance. The first concerns comparisons between different currents

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162 See for instance the Jiading medical families described by Dennerline (1981), pp. 118-119.

163 Since the 1950s the state has taken an active role in the creation and supervision of discipleship in Chinese medicine. I discuss some of the consequences in Scheid (2002), chap. 3 and 6.
with respect to their formation, social construction, history, and so on. The present investigation, for instance, shows the emergence of the Menghe and Ding currents to be tied to social contexts that bestow upon each their own and very different character. The Menghe current developed in a rural setting that allowed a small number of interrelated medical families to consolidate local pre-eminence as a basis for regional expansion. The Ding current, on the other hand, formed within the competitive environment of a rapidly modernizing urban metropolis. It was a time during which newly emergent institutions were still sufficiently flexible to be shaped by person-centered networks and native place based associations, and where they could be used to recruit competent and motivated students into family based networks. Other currents may form along different lines and may lead to a revision of the definitions presented here.

The second type of inquiry is a comparison between medical systems that succeeds in remaining sensitive to cultural and historical context. Lineage-like genealogical networks, for instance, are only useful analytical constructs for social historians because Chinese social agents actively deploy them in their daily lives. An awareness of this fact opens a space for the development of histories of Chinese medicine unencumbered by problematic notions—such as, for instance, professionalization—derived from and centered on the development of medicine in the West. From the perspective of medical currents, the question is not why Chinese physicians did not professionalize, or what the basis of such professionalization might be taken to be. Chinese physicians did not professionalize because they did not define themselves solely or primarily as ‘physicians.’ Rather, they thought about themselves as persons related to others within multiple networks established through real or fictive kinship, native place affiliations, shared occupation, and many other shared identities.

This leads to a further important point. Focusing on how Chinese physicians built—and continue to build—scholarly currents and social networks in order to construct identities for themselves, to transmit knowledge and skills, to compete for social influence and reputation, and to exchange social capital bestows an agency to these physicians that all too easily gets lost in discussions that view change in medicine as determined solely by political process and institutional transformation. Such agency, furthermore, is not merely motivated by instrumental considerations at the level of clinical practice, but conjoins it with all those other skills, labors and desires that go into the creation and establishment of effective social bonds.

My exploration of two currents from the recent history of Chinese medicine thereby demonstrates that the concept of scholarly currents may be employed as a useful analytical construct in the social history of medicine and the comparative study of medical systems. Ren Yingqiu 任應秋 is the historian widely credited with having moved these currents to the forefront of medical history in modern China. Poignantly, in doing so, Ren drew on the influential “Discussion on the Origin and Development of Chinese Medicine” (Zhongguo yixue yuanliu...
Ren, like so much else in contemporary Chinese medicine, thereby connects to the very world of physicians and scholars from Menghe to which Xie by then considered himself to belong.

The point I want to make by drawing out this connection is that although currents in Chinese medicine are socially constructed, they are not therefore imaginary. They are part of the very real networks by which the past connects to the present, and in their continuity can function as vehicles for change. Conceptualizing much more clearly than I have been able to do this dual nature of currents and networks—ensuring historical continuity while being subjects, also, of historical transformation—will be an important challenge for future historians of Chinese medicine.

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For all other references, see EASTM no. 22.

\(^{164}\) Xie Guan 謝觀 (1935). This influence is acknowledged by Ren Yingqiu (1981), p. 2.