NOT QUITE GENTLEMEN?

DOCTORS IN SUNG AND YUAN

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Who were the doctors in traditional China? What were their social origins? What was their status? Students of the social history of Chinese medicine agree on the importance of these and similar questions, but the work of finding answers is just getting under way. It is already obvious that one cannot expect answers that will be true of all times, places, and levels of society. The need to paint a more complicated picture than the one usual in histories of medicine emerges from the pathbreaking work of Joseph Needham, Nathan Sivin, and others.2

But the best recent work on the history of medicine does not reflect a shared understanding of what the major transformations were and when they took place. Needham, in an article that was the first serious approach to the problem in any Western language, saw a gradual transformation in the status of doctors during Chinese history:

The whole history of the social position of doctors might be summarized as the passage from the *wu* 孫 , a sort of technological servitor, to the *shih* 詩 , a particular kind of scholar, clad in the full dignity of the Confucian intellectual . . . there was a general move throughout the Middle Ages to raise the intellectual standing of the physician. . . . In Hangchow from about +1140 onwards the candidates were expected to pass tests in the literary and philosophical classics as well as in medical subjects. An imperial decree of +1188 ordered that unqualified medical practitioners must pass the provincial examinations, and these included

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the general classical writings as well as sphygmology and other medical techniques. Anyone who did really well could gain an opportunity of rising to the ranks of the Han-lin Medical Academicians. The gradual change was important, for it ensured the existence of considerable numbers of physicians well educated in general literature and with greater culture than their predecessors had possessed. Such men were called ju-i 儒医 (literally Confucian physicians) as opposed to yung-i 庸医, common practitioners. . . .

Here we find a general picture of social ascent, in which the crucial changes fall within China’s medieval period, in particular the Sung dynasty. Compare the views of Manfred Porkert:

From the Sung period, the Great Medical Office (t’ai-i chü 太醫局) became a permanent institution, receiving some 300 medical students; and the academy-trained physicians inherited some of the prestige, but not the social independence, of the [earlier] Taoist practitioners. To the transmission and continuous evolution of Chinese medical science, its institutionalization and integration into the Confucian administration was a doubtful benefit. . . . The qualitative decline of Chinese medical science, and with it the social downgrading of its practitioners, began under the Yuan in the fourteenth century. It continued under the Ming and became rife by the middle of the Ch‘ing era. . . .

Perhaps these two accounts are not, strictly speaking, logically incompatible, since Needham places the climax of the rise from wu to shih in Sung, while Porkert dates the beginning of social decline only from Yuan. But Needham’s view does not suggest any later decline in status. He and Porkert clearly agree that institutional changes in the middle period vitally affected the social position of medicine and doctors, whether

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3 Needham, “Medicine and Chinese Culture,” p. 265. The Chinese scholar Hsieh Kuan 謝觀 in 1934 gave an account of changes in medicine’s social status similar in some ways to Needham’s and centered in the same period. Hsieh argued that, before the Sung, medicine had been largely a specialized craft handed down from master to apprentice at a fairly low level of society and rarely indulged in by men of scholarly or official standing. “From Sung on, medicine changed completely, becoming an occupation for the shih-ta-fu 士大夫; if one was not a Ju doctor one did not merit the serious attention of the world.” This change, Hsieh argued, brought with it a corresponding deterioration in the standing and skills of medical craftsmen of the older type. See Hsieh, Chung-kuo i-hsueh yuan-liu lun 中國醫學源流論 (Shanghai, 1934), p. 51. On medical institutions, as opposed to the social position of doctors, there is of course a far more extensive literature. For some of the most important work on Sung and Yuan, see note 36 below.

immediately or "in the long run"; but they differ sharply on the nature of the effects. In one or two places Needham misrepresents the structure of Sung medical administration, and he implies wrongly that the government supplied practicing doctors to the localities; but these mistakes do not explain his disagreement with Pankert. For evidently there is room for further research.

Two monographs on medicine under Sung and Yuan mainly describe institutions, the intellectual content of medical texts and theories, and the lives of famous physicians. Neither attempts a systematic inquiry, well defined in time and place, into the social origins and status of doctors as an occupational group. The present study is a tentative step in that direction, based on evidence turned up in the course of research on one Sung prefecture, Fu-chou 福州 in Chiang-hsi 衢州. In what follows, after a brief background sketch of Fu-chou, I will first present evidence of a striking change in the social background of doctors between Sung and Yuan; then examine possible institutional and intellectual explanations for the change, dealing in particular with elite attitudes toward medicine in its various aspects; and finally offer a tentative explanation that is neither wholly institutional nor chiefly intellectual.

**Fu-chou**

Fu-chou, a regular prefecture of the upper grade, lay along the middle course of the Ju 晉 river in the eastern and southeastern reaches of the Po-yang 鄱湖 Lake basin, in Chiang-hsi circuit (present Jiangxi or Kiangsi province). Its administrative seat was at Lin-ch’uan 林 smallest county (modern Fu-chou city), and its four subordinate counties were sited along tributaries that joined the Ju within the Lin-ch’uan borders. Its population, hovering in the low and middle ten-thousands during much of T’ang, had risen to a few hundred thousand by early Sung and continued to rise through the next two centuries, leveling off at somewhat over a million in middle Southern Sung. This growth reflected the general trend in Chiang-hsi and indeed in most of South China during Sung. The population remained more or less stable under Yuan. The relatively high population densities of Sung and Yuan supported and were supported by a flourishing economy. Under both dynasties economic life seems to have centered around the production and export of rice and rice products to other prefectures. Local industries in papermaking, shipbuilding, bronze casting, porcelain manufacture, and hemp and kudzu textiles were apparently also important, but a quantitative assessment is impossible. It is certain that a considerable number of Fu-chou

5 For a discussion of details in Needham’s argument see "Appendix C. Needham on Sung Medical Officials" on page 74.

families or lineages were able to establish, whether through landholding, trade, or other enterprise, an economic foundation for continuous production of degreeholders, officials, and local notables over a period of generations or centuries.\(^7\)

The first Sung palace degreeholder (*chin-shih* 進士) from Fu-chou passed his examination in 980, only five years after the prefecture joined the new Sung empire. From then until the end of Sung, Fu-chou men were successful in the pursuit of degrees and office. Well over six hundred achieved the palace degree while an even higher number reached office through other routes. During Northern Sung the prefecture's consistent success in officeholding had extended to the highest levels of the bureaucracy. This was somewhat less true in Southern Sung, far less under the Mongols; but in both periods occasional Fu-chou men still reached high posts at court.\(^8\) The abolition of the examinations with the coming of Yuan brought the stream of degreeholders, though not of officials, to an end. But when the court revived the examinations some forty years later, the names of Fu-chou men soon appeared once more on the much reduced triennial degree list.

Fu-chou's success in the examinations and in office rested upon a thriving local academic and literary life. In Northern Sung, men like Yen Shu 燕叔 (991-1055), Wang An-shih 王安石 (1021-1086), Tseng Kung 曾巩 (1019-1083), and Yueh Shih 楊時 (930-1007) achieved national reputations for scholarship or poetic skill; four other locals were

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7 Fu-chou was the name of the prefecture in Sung. In Yuan it was called Fu-chou Lu 路 (Fu-chou circuit), which in theory reflected an administrative upgrading; but its territory and real position in the structure of regional and local control were unchanged. I use the term Fu-chou in both periods for convenience. Similarly, Chiang-hsi circuit is a Sung administrative unit. The Yuan equivalent was the *Chiang-hsi teng-ch'u hsing chung-shu-sheng* 江西等處行中書省, best translated as Chiang-hsi province, since the Yuan unit was the direct ancestor of the Ming and Ch'ing provinces. For a modern map of Southern Sung Fu-chou see *Chung-kuo li-shih ti-t'u chi* 中國歷史地圖集 (8 vols., Shanghai, 1982), VI, Map 61, Long. 116°4 E, Lat. 28° N. The map of Northern Sung Fu-chou (Map 26) in the same work is significantly misdrawn, including territory within Fu-chou's boundaries that did not become part of the prefecture until Southern Sung (these remarks apply as well to the maps in the 1975 edition of the same work). For Fu-chou's Sung population see Robert Hymes, *Statesmen and Gentlemen: the Elite of Fu-chou, Chiang-hsi, in Northern and Southern Sung* (Cambridge, 1986), pp. 248-52. For Yuan population figures see YS, 62: 1511. On Fu-chou's long-lived elite families see Hymes, pp. 62-65.

8 Five Northern Sung and three Southern Sung men served as chief or assisting councillor. See Hymes, p. 25, n. 94. In Yuan, academic posts were by and large the only high central offices available to men from South China. Thus Fu-chou men like Wu Ch'eng, Yü Chi, and Wei Su exerted relatively little political power, though their informal influence may have been considerable.
active in the circle of poets later called the “Chiang-hsi school.” In Southern Sung the philosophic tendency represented by Lu Chiu-yuan 陸九淵 (Lu Hsiang-shan 象山; 1139–1192) became a major “school” of Neo-Confucianism; Lu’s younger contemporary Ho I 何異 was prominent enough to be proscribed as one of the exponents of “false scholarship” (wei-hsueh 儒學) in the factional crisis of 1195. Wu Ch’eng 吳澄 (1249–1333) was a leading Neo-Confucian teacher of Yuan; his student Yü Chi 虞集 (1272–1348), also a famous scholar, achieved a certain notoriety as court propagandist for the usurping emperor Tugh Temür. In sum, throughout Sung and Yuan Fu-chou was a prefecture of some political and intellectual importance, its local elite deeply involved in academic and literary pursuits. This overlap of commerce, culture, and access to official status was typical of southeastern China.

**Fu-chou Doctors in the Sung**

Against this background it is interesting to examine what Sung and Yuan sources have to say about Fu-chou doctors. These sources provide just twenty-six unambiguous cases of local men who were practicing physicians or in some sense medical specialists. I will list and discuss first the eight instances from the Sung period.

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10 I identify someone as a doctor primarily by evidence that he practiced medicine regularly as an occupation (for example, mention of payment or description in terms associated with artisanry such as chi 技, i 藥, or kung 腦), and evidence that his contemporaries identified him to a significant extent by his involvement in medicine. These criteria apply to some who were active as conventional scholars or officials. I count them as physicians if the sources give medicine a weight equal, or nearly equal, to their other activities.

At the outset of my research I did not assume that the word i 医 (physician) distinguished those who practiced medicine as an occupation from intellectual dabblers and polymaths. In my Sung and Yuan sources the word turned out to be important indeed. When a man is called an i, i-jen 医人, liang i 良醫 (good doctor), or ju i 項醫 (scholarly doctor), there
1. The Buddhist monk K'o-ch'i 可栖 was the head of the Ts'ai-yuan 圆 Monk Monastery in Lin-ch'uan county. This had been abandoned until K'o-ch'i revived it. In 1048 he persuaded several prominent local laymen to contribute funds for a Hall of Buddhas, completing a process of reconstruction whose earlier stages he had paid for with funds gained in the practice of medicine.

2. The Taoist Ch'üan Tzu-ming 全 自明 came to Lin-ch'uan county around 1050 and rapidly established himself as a doctor. According to Wang An-shih, "the sick of the district relied on him to cure them, and all dreaded his departure." Consequently a number of local men joined in petitioning the prefectural authorities for a grant of funds, which they used to rebuild an abandoned Taoist temple to serve as lodging for Ch'üan.

3. Two doctors, surnamed Li 李 and Wang 王, were involved in the treatment of a rich man of Ch'ung-jen 崇仁 county in late Northern or early Southern Sung. After Li failed to cure the ailment, he advised sending for Wang as the only man up to the task. Wang took Li's place but achieved a cure using Li's own methods. He then attempted to pass on the fee (5000 strings of cash) to Li; but Li refused to accept it. The source reports that both Li and Wang were "by origin common people" (yung jen 庸 人).

4. An unnamed mendicant Taoist of Lin-ch'uan county, again active in late Northern or early Southern Sung, treated a man suffering from a Wasting Thirst Disorder (hsiao k'o 消渴, a group that in part corresponds to diabetes) whom he encountered in a teashop. The patient is said to have tried ten different doctors before this one, all without success.

5. The Buddhist monks of the Cheng-chueh 正觉 Monastery in the prefectural city staffed a hospital for travelers and visitors to Fu-chou.

is almost always accompanying evidence of occupational or regular practice. Not a single Sung man of established elite background in Fu-chou is called an i, even though, as we shall see, a number are said to have "read medical classics" or taken an intellectual interest in medicine. The pattern consistently suggests that, even in the absence of other evidence, i indicates remunerative medical practice.

A great deal of confusion has been caused by misunderstanding ju i as "Confucian doctor." To be considered a Confucian in the Sung or Yuan one normally had to be associated with the master-disciple lineages summed up in such works as Sung Yuan hsueh an 宋元學案 (begun ca. 1680). Ju, as can be seen in many quotations below, is a term that was used loosely (as historians still use it) for conventional education, elite family traditions, scholarly interests, a pedagogical career, or a high moral tone.
that was founded about 1201 by the circuit intendant Chang Chen 張震. 11

6. The grandfather and father of Ch'en Liang-yu 錯良又, an early Yuan doctor from Lin-ch'uan county, had both been doctors before him; at least the grandfather and probably the father lived in late Southern Sung. The language used in the source implies that no member of the family had yet held office or gained any special local prominence. 12

7. Four generations of the ancestors of the Yuan physician Ts'ai K'o-ming 蔡可名, a man of Lo-an 樂安 county, had practiced medicine. It is impossible to date Ts'ai's life precisely; but at least two or three generations of his doctor ancestors must have lived and practiced under Sung. “As the family day by day grew richer, many of the sons and grandsons studied Ju 餐 (i.e., prepared for the examinations). Those who did so were no longer doctors. K'o-ming was the only one to preserve what had been handed down for generations.” It is not clear here whether the turn away from medicine toward scholarship took place in the first generations after the original doctor ancestor, or only later; but evidently wealth gained in medicine enabled the shift. There is no suggestion that any Ts'ai reached office or passed an examination, and no man of this surname from Lo-an county appears in any other source.

11 On K'o-chi, see Tseng Kung, Yuan-feng lei-kao 元豐類稿 (SPPY), 17: 7a-7b. On Ch'üan Tzu-ming, see Wang An-shih 安石, Lin-ch'uan chi 錦川志 (SPTK), 83: 6b. Doctors Li and Wang appear in Hung Mai 洪 懷, I-chien chih 畫堅志 (TSCC), 9: 65; this section of the I-chien chih was first published in 1161 and places the events described “several decades” earlier. For the Taoist who treats the Wasting Thirst Disorder, see Hung Mai, I-chien chih (Kyoto, 1975), chih-keng 支庚, 8: 6b, where the man is called a tao-shih 道士. For the monks of the Cheng-chueh Monastery, see Yung-lo ta-tien 永樂大典 (Beijing, 1960), 10950: 6a.

12 WWC, 27: 20b-21a. The family is said to have “sowed virtue for three generations.” The term “sow virtue” is conventionally used of men or families whose pursuit of upright occupations has not yet led them to office or wealth. The source is a preface to poems written for Ch'en Liang-yu by Ch'eng Chü-fu 樑鉉夫, who is referred to by a title he held for the first time in 1300 and for the last time in 1311 (YS, 172: 4017). Even assuming that Ch'en was only in his twenties when the preface was written, his grandfather must have lived most of his life in Southern Sung.

Wu Ch'eng's collected works are the most voluminous of the extant works of Yuan dynasty Fu-chou men. Because of a particularly high concentration of funerary inscriptions, stele inscriptions, farewell essays, and book prefaces, they are a rich source for elite social history. I suspect that this richness, shared to a lesser degree by the works of Wu's student Yü Chi and Yü's student Wei Su, reflects the strategic role that Wu, Yü, and Wei, men well connected with Yuan officialdom, played in Fu-chou elite society; on this see “Changes in the Yuan” on page 64 below.
8. The family of the Yuan doctor Wang Yuan-chih 王元直, also a man of Lo-an, had produced doctors for five generations. Again Wang's own dates are unclear, but his father is said to have "clung to scholarly refinement in times of transience." This is almost certainly an allusion to the disorder accompanying the fall of Sung; if so, four of the five ancestral generations lived at least part of their lives in Sung. As with the Ts'ai, there is evidence in the middle generations of a move away from exclusive concentration on medicine and toward general scholarship and, in this case, officeholding. A man of the third generation is referred to by a minor official title, and his son reached the palace degree, evidently during the Sung.¹³

The sources give little direct evidence as to the sorts of patients these men treated, but it is likely that we are dealing here mainly with doctors to the elite.¹⁴ Judging from the limited evidence, such doctors in Sung Fu-ch'ou fell into two major categories. On the one hand were religious practitioners, whether Buddhist or Taoist. On the other were lay doctors of unclear—but apparently low or middling—social origins, who often made medicine a hereditary calling. The cases suggest that men might move into Ju studies and into office from an original base of family medical practice (in other words, that doctoring could be a route of social mobility). They also imply that some members of the family might remain in medicine after others had moved up.

But there is no evidence that career doctors ever came from families long and firmly established in scholarship or officeholding, and well ensconced in local elite social circles. Nearly eighty families are known to have maintained themselves in the Fu-ch'ou local elite for an average period of close to a century and a half. The abundant sources on hundreds of men from these families yield not a single doctor.¹⁵ This is es-

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¹³ On Ts'ai K'o-ming, see WWC, 28: 7b-8a. Ts'ai must have been active before 1333, when the source's author, Wu Ch'eng, died. On Wang Yuan-chih, see WWC, 27: 3a-4a.

¹⁴ Li and Wang cured a "rich man"; the patients of Ch'üan Tzu-ming successfully petitioned the prefecture for funds to rebuild his temple; K'o-ch'i's practice was lucrative enough to pay for the building of a monastery; Ts'ai K'o-ming's family grew rich in the profession. In general, mention by a scholar-official author probably signals contact with the local elite. The exceptions here may be the mendicant who treated the Wasting Thirst Disorder, recorded in a source unusually attentive to non-elite matters, and the monks of the Cheng-chueh monastery, who may have treated mainly travelers who could not afford private doctors.

¹⁵ The nearest thing to an exception is the Lu family of Ch'ing-t'ien 青田 in Chin-ch'i county—the family of Lu Chiu-yuan—who were dependent for most of their income on a drugshop managed during Chiu-yuan's lifetime by his brother Lu Chiu-hsu 隆九錦. Although contemporary references to selling drugs seem to distinguish it from medical practice—for
pecially striking because the same sources show men of elite families in many other roles that in stereotypical "Confucian" terms might be thought—and indeed often were thought—not quite proper: merchant, militia leader, litigant against members of the same family, hoarder of grain in resistance to official famine relief, contributor to Buddhist or Taoist temples, even monk or priest. Conventional prejudice against medicine, then, even if it existed, cannot fully explain the absence of physicians.

The Fu-chou evidence is particularly intriguing in that it gives no support to one commonly expressed view of medical practice in China. Jutta Rall may serve as one authority among many: "It also frequently happened that a young privately-trained scholar who had failed the examination for the chin-shih would then turn to the medical classics, which of course he could read with no difficulty, and next complete a practical apprenticeship. After this he could open a practice." 16

Now in Fu-chou not only is there no evidence that medicine was ever a second choice for the failed examination candidate, but the second choice was often quite another vocation. The many funerary inscriptions and biographies that record "life after failure" fall into two groups. Some men, we are told, simply returned to live in retirement or to concentrate on farming, putting the household economy on a firm foundation, and educating their sons. But at least as many went home to gather students about them (many had taught before) and teach poetry or the classics. There seems to have been strong demand for men who had failed at the capital and who presumably knew something—through contact with successes and failures alike—about what made a good examination essay and what did not. It is chiefly as a teacher, and never as

instance by separate references in the same sentence—the two occupations were not mutually exclusive. The patient sometimes got his prescription from the pharmacist, as is usual in Taiwan today. There is no reason to believe, however, that Lu Chiu-hsu diagnosed and prescribed. The Lu "shop" seems to have been an enormous business with large numbers of employees, capable of supporting a household with hundreds of members. One might expect the director of such an enterprise to concern himself mainly with the business side rather than with the direct provision of services. Lu Chiu-hsu’s funerary inscription tends to confirm this expectation, touching on Chiu-hsu’s trade mainly to praise his virtuous management and dealing with merchants. If he had practiced medicine, surely his brother Chiu-yuan, author of the inscription, would have seized the opportunity to celebrate Chiu-hsu’s lifesaving prescriptions and his humane and generous dealings with the sick. The Lu may well have employed some who could diagnose and prescribe, but there is no evidence that any Lu was a doctor. On Lu Chiu-yuan’s taking a doctor—who was not a fellow Lu—with him to an official post, see note 86 below.

16 Rall, p. 32. Rall’s two examples are drawn from Chin and Yuan.
a doctor, that one encounters the failed degree candidate in Sung Fu-chou.  

**Fu-chou Doctors in the Yuan**

In Yuan there are eighteen cases:

1. Ch’en Tzu-ching 陳子清 was a Taoist of the Shang-fang 上方 Temple in Ch’ung-jen county, who “devoted his energies particularly to medicine.” He classified the prescriptions of various ancient and modern authorities into categories, tested them, and compiled those he judged effective into a book called the Great Compendium of Medical Prescriptions, for which Wu Ch’eng, also of Ch’ung-jen, composed a preface.

2. Hsieh Shih-ch’eng 謝師程, a Taoist and disciple of the superintendent of the Chao-hsien 播仙 Temple in Lo-an county, studied medicine both through reading on his own and under the guidance of a teacher. A contemporary remarked that he had “progressed unceasingly, to become an excellent doctor.”

3. Ch’en Liang-yu (see No. 6 for Sung)

4. Ts’ai K’o-ming (see No. 7 for Sung)

5. Wang Yuan-chih (see No. 8 for Sung)

6. Ch’en Ching-ho 陳景和, a man of Ch’ung-jen county, had by some unmamed mischance lost the considerable landed estates built up in his grandfather’s time. Left with no property, he turned his talents to medicine and drew the praise of his neighbor Wu Ch’eng as a man of stability whose conduct was that of a gentleman.

7. Ch’eng Yuan 程遠 (died ca. 1305), also of Ch’ung-jen, was a traveling physician who attended “lofty families and great houses.” His own wealth was great enough to allow his wife, running the family in his absence, to hire famous teachers for his sons. Ch’eng claimed descent, at nine generations’ distance, from a man who had come to Ch’ung-jen as its sheriff and stayed to make it his home. We are told nothing of the intervening generations; but a series of Ch’ung-jen men of this surname appear on the prefectural examination lists between 1150 and the end of

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17 Examples of failed candidates who went home to teach are too numerous to list here, but see the case of Tung Te-hsiu 董德修 in TCLA, 8: 13a. A failed candidate who was called on to judge the work of other would-be candidates was Chu Kuei-fa 朱桂發, whose funerary inscription is in WWC, 75: 8a-9b.

18 Ch’en Tzu-ching’s work was the I-fang ta-ch’eng 醫方大成, no longer extant; WWC, 33: 17a-18b. On Hsieh Shih-ch’eng see WWC, 24: 21b-23a.
Sung. Since there is no other Ch'eng family recorded in the Ch'ung-jen sources, it is conceivable that some or all of these were Ch'eng's relatives. By the end of his life Ch'eng had been appointed assistant instructor in the Grand Medical Bureau at court.

8. Chang Po-ming 章伯明 lived and practiced medicine in the prefectural city, where his skills drew the attention of two famous contemporaries. Wu Ch'eng became ill while in the city, and Chang cured him. Yü Chi heard and recorded two stories of Chang's prescient diagnoses.19 Neither tells us anything of Chang's family or other background. A family of the same surname had lived in the prefectural city in late Southern Sung; at least one of its sons received the palace degree, while others were active as teachers or took part in local famine relief programs. There is no way of knowing whether Chang Po-ming was of the same family.

9. P'eng I-cheng 彭一誠 served as recorder at the state medical school in Chien-ch'ang 虔昌, the prefecture bordering Fu-ch'ou on the east and southeast. P'eng's family lived in Lin-ch'uan county; his father had been appointed director of the official school of yin-yang studies in Fu-ch'ou in 1324. There is no indication of any earlier office in the family.20

10. Tung Ch'i-ch'ien 東起泉 was a scholarly doctor of Lo-an county. When a grandnephew of Wu Ch'eng contacted a strange ailment that no

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19 On Ch'en Ching-ho see WWC, 33: 18b-19a. The praise of Ch'en for his "stability" is an allusion to a widely-quoted passage on doctors in the Confucian Analects. See "The Case of Chu Hsi" on page 47 below. On Ch'eng Yuan see WWC, 73: 6a. On Chang Po-ming see WWC, 29: 17aff., and TYHKL, 34: 16a-16b.

20 WWC, 86: 16b-17b. The local medical schools of Yuan will be discussed below. The position of recorder (lu 錄) was not mentioned in the first edicts creating the medical schools and must have been added later, perhaps ad hoc and only in certain places. The model was clearly the post of the same name in the state's Confucian schools. There is nothing in the name itself to indicate that medical expertise and experience were required of its incumbent, but there are good reasons for supposing that they were. In the first place, in both Confucian and medical schools an appointment to a subordinate post normally led, with time and good performance, to higher posts in the same sort of school; these did require expertise in the school's field of study. In the Confucian schools in both Sung and Yuan this pattern seems to hold for the recorder as for any other school post. In the second place there is direct evidence that acceptance of the post was seen as representing either an entry into or a continuation of a specifically medical career. Wu Ch'eng, in his farewell essay for Wu I-feng (no. 11 on the list), who held the same recorder's post as P'eng I-cheng, takes the opportunity to quarrel with unnamed persons who "ridicule those who, though sons of Ju families, change their calling to medicine." The remark would have been pointless if the recorder had not been a medical position.
other doctor could deal with, Tung cured him. Later, in 1330, he advised Wu that he would fall sick between summer and autumn of the coming year. Tung’s prediction was borne out and he returned to effect a cure. Wu describes the Tung as “an official family and a famous lineage.” In fact they had been the most consistently illustrious of all Fu-chou local elite families in Sung, producing some thirty palace graduates and countless other officeholders between 1018 and the end of the dynasty. A member of the same family, Tung T’ien-ch’ü 趙天衢—himself the grandson of a Sung palace graduate—achieved the palace degree under Yuan in 1324, soon after the examinations were resumed.21

11. Wu I-feng 吳一鳳 of I-huang 鹿野 county became recorder at the official medical school of Chien-ch’ang prefecture in 1327. His grandfather had passed the prefectural examination in 1270, at the very end of Sung; the family had been prominent in the Fu-chou local elite for at least six generations before this, producing its first of several prefectural graduates in 1144. Under Yuan, other members of the family held academic and administrative posts in local government in other prefectures.22

21 WWC, 26: 18a-20a. On the Tung family, see Hymes, p. 238. Was Tung Ch’i-ch’ien an amateur rather than a career physician? The sources suggest a little ambiguously that medicine was Tung’s chief concern, not an occasional sideline. Wu has nothing to say of any scholarly vocation apart from doctoring. Tung was not a scholar who merely dabbled in medicine and sometimes treated friends. On the contrary, Wu tells us that Tung was “among those who abandoned scholarship (Ju) to practice medicine (hsi-i)” when Sung gave way to Yuan. Tung is, for Wu, the long-searched-for, rare example of an “enlightened doctor” (ming-i  atravail ). Wu asks: “How is the merit of a good doctor, in his broad aid to the people, different from that of a good prime minister?” The rhetorical question would be inapposite if Tung were not chiefly a doctor. In a separate farewell essay for Chang Po-ming (no. 8 on the list) Wu mentions Tung along with Chang; the two are the only “doctors worth using” Wu has found “among a thousand and hundred men.” (WWC, 29: 17a ff.) Wu does not mention any payment made to Tung, but this point, I think, is not crucial. In the first place one could not expect Wu to mention anything as sordid as a fee in a tribute to Tung’s character and skill. In the second place doctors with a thriving and quite professional practice often refused to take fees from certain categories of patients—the poor, friends, or respected local gentlemen. Finally, even if Tung never charged fees and so was in that sense an “amateur”, his involvement with medicine was still clearly of a kind and degree unrepresented among Sung Fu-chou men of similar background. I will argue further on that the potential income to be drawn from medicine was an important factor in its attractiveness in Yuan. This potential need not always have been exploited, even by men who were in other respects career doctors.

22 WWC, 30: 19b-20a. On the post of recorder, see note 19 above. For the
12. Ho Chi-hsin 何季新 of Lo-an county was "skilled in medicine"; his son Ho Ch'ing-ch'ang 何慶長 carried on his vocation, "working at belles-lettres after the fashion of a Ju, but doubling in a craft," and traveling to practice far from home. Wu Ch'eng tells us that the lineage from which the two men came had been "the most successful in the whole district" in scholarship. This can only refer to the Ho of Hsi-fang 西坊, whose academic achievements in Sung went back to a prefectural graduate in 1121, with eight palace graduates emerging between then and 1274. Several members of the family had played a part in the anti-Yuan resistance movement led by Wen T'ien-hsiang 文天祥 (1236-1283). The son of one of these, Ho Chung 何中 (1265-1332), attained considerable renown as a scholar under Yuan and in 1330 was persuaded to accept official invitations to lecture at two famous state-run academies in Hung-ch'ou to the north.23

13. Teng Ju-ch'en 鄧汝貞 (1311-1352) of Chin-ch'i 金溪 county, a neighbor and student of the prominent Yuan-Ming Neo-Confucian and official Wei Su 魏素 (1303-1372), also studied and practiced medicine, traveling as far as the capital in pursuit of his craft. Ju-ch'en's great uncle Teng Hsi-yen 鄧希顏, a prefectural graduate at the end of Sung, had taken over the leadership of the chief local militia organization of Fu-chou at the fall of the dynasty. He apparently soon submitted to Yuan and was given the post of sheriff in a nearby prefecture.24 The Teng family had been preeminent in this same militia at least since 1127, working at times in close association with other important local elite families, including that of Lu Chiu-yuan. Three Tengs had attained the palace degree in the last sixty years of Sung. Under Yuan at least one other close relative of Ju-ch'en's held office. Ju-ch'en himself returned from the capital at the beginning of the 1350's to revive the family's militia units in the face of collapsing local order.

14. Liu Tzu-ch'eng 劉自成, like Teng Ju-ch'en a man of Chin-ch'i county, "apart from his studies also gave his attention to the medical arts. The sick came to him for examination, and he gave them medicine; they improved dramatically. Many were grateful to him. . . ." Liu came from a very old Sung officeholding family that had achieved prominence in neighboring Lin-chiang 林江 prefecture and then moved to Chin-ch'i. He counted among his lineal ancestors a number of court and local

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23 WWC, 27: 13a-14a; Ho Chung, Chih-fei t'ang kao 知非堂稿, in Chih-fei t'ang chi 增 (1719 ed.), endmatter, pp. 19a-21a. On the Ho family in Sung, see Hymes, p. 225.

24 TPYL/HC, 6: 5a-7a; WWC, 79: 10a-11b. On the Teng family in Sung, see Hymes, pp. 139-147 and 233.
officials; most recently his grandfather had passed the prefectural examination near the end of Sung. 25

15. Wei Yung-chi 危永吉 (1272-1328), also of Chin-ch'i and the father of Wei Su, “apart from his Ju studies, was also expert in medicine.” His biographer goes on to tell us that he responded to calls for his services even when the illness was a severe one. When his patients were poor, “he gave them medicine without stinginess.” Yung-chi’s grandfather had been a palace graduate in 1262, not long before the fall of Sung; the grandfather’s uncle had passed earlier, in 1235. By the end of Sung the family had intermarried with one of the oldest local elite families in Fu-chou. Yung-chi’s own father held office under Yuan.

16. Tseng Te-an 曾德安 of Lo-an county (fl. 1333) was “a capable scholar (Ju) and a capable doctor.” His fifth-generation ancestor Tseng Feng 曾丰 (b. 1142) had passed the palace examination in 1165 and later taught Chen Te-hsiu 真德修 (1178-1235), who was to become one of the major Neo-Confucian thinkers of Southern Sung. Eight other members of Tseng Feng’s family passed the prefectural examination during Southern Sung, and two went on to reach the palace degree. 26

17. Tsou Shih-hsien 鄭世賢 “studied Ju, but was thoroughly expert in the doctrines of the medical authorities.” When he asked Wu Ch’eng to write an essay on the studio he had built, Wu devoted most of the essay to a comparison of medicine with Ju studies. Wu tells us that Shih-hsien is the son of a cousin of Tsou Sheng-jen 鄭聖任, who had studied with Wu in his youth. This identifies Shih-hsien with a family whose scholarly and personal connections to Wu Ch’eng are well attested elsewhere. The family’s history of local elite membership, scholarship, and degreeholding reached back to middle Northern Sung. Tsou Tz’u-ch’en 鄭次傳 (d. 1324) and Tsou Tz’u-fu 鄭次傅, both friends of Wu’s, succeeded in the examinations at the very end of Sung; their sons held academic offices during Yuan.

18. Teng Wen-piao 鄧文彪, a man of Chin-ch’i county and relative of Teng Ju-chen, was a teacher of medicine. Early in his career he traveled to the Yangtze delta region, where he attracted the attention of a number of local men, who built him a house in scenic surroundings, hoping that he would remain there. His pupils, however, persuaded him to return home, where he began the compilation of a Complete Collection of Medical Texts (I shu chi ch’eng 藥書集成). This labor

25 TYHKL, 43: 15b-17a.

26 On Wei Yung-chi see Huang Chin 黃湛, Chin-hua hsien-sheng chi 金華先生集 (SPTK), 32: 18b-20b; for the Wei family in Sung, see Hymes, p. 240. On Tseng Te-an see TYHKL, 34: 3a-4a; on his family see Hymes, p. 234.
spanned several decades, and Teng died soon after its completion. One of his pupils, Fei Wu-yin 黄无隐, undertook to act as agent for Teng’s family in seeing that the book achieved publication: he showed it to “various gentlemen,” including a high provincial official, who agreed to have it engraved and printed and who had Fei obtain a preface from Yu Chi.27

Here again we are dealing chiefly or exclusively with doctors to the elite. The difference from the Sung evidence in other respects, however, is striking. Religious practitioners and hereditary families of physicians still appear; but about half the cases recorded are of men from families long prominent in the Sung local elite, and mostly still successful in scholarship and officeholding under Yuan. The evidence suggests a considerable movement of old elite families into medicine.

Some caution is in order. It would be wrong to claim that Sung men of “good” family and high official standing never took a special interest in medicine: Su Shih 苏轼 (1036-1101), Shen Kua 沈括 (1031-1095), and Wei Liao-weng 魏了翁 (1178-1237) are prominent counter-examples.28 But the Fu-chou evidence does suggest that a change took place between Sung and Yuan. In this prefecture medicine was in Sung a very unlikely outlet and in Yuan a rather common one for the talents of a man of established elite pedigree. Contemporaries recognized the change. Here is Wu Ch’eng on Tung Chi-ch’ien: “Among those who, with the abolition of the examinations at the end of Sung, put aside Ju for medicine, was Chi-ch’ien of the Tung family.”

There is also evidence in the secondary literature that the same change took place elsewhere. Denis Twitchett, in his study of the Fan 范 lineage of Su-chou 苏州 from its founding by Fan Chung-yen 范仲淹 through the Ch’ing, has pointed out that the Fan genealogy begins recording physicians among its members in Yuan, continuing on into

27 Wu Ch’eng’s essay for Tsou Shih-hsien appears in WWC, 4: 14a-15a; for his Sung kinsmen see Tsou Tz’u-ch’en’s funerary inscription in WWC, 47: 12b-14b. On Teng Wen-piao see TYHKL, 34: 11a-13a.

28 Su Shih collected a number of prescriptions that were later combined with those in a separate book by Shen Kua as the Su-Shen liang fang 苏沈良方 (Excellent Prescriptions of Su and Shen). The two did not, as is sometimes said, collaborate on this work. Su’s reputation for medicine, despite his enthusiasm for it, is not high. See, for instance, Chao P’u-shan 赵璞珊, Chung-kuo ku-tai i-hsueh 中国古代医学 (Beijing, 1983), pp. 125-126. For Shen’s medical interests, see Sivin, “Shen Kua: A Preliminary Assessment of his Scientific Thought and Achievements,” Sung Studies Newsletter 1977, 13: 45-46, reprinted from the Dictionary of Scientific Biography, XII, 383-384. Wei Liao-weng authored a very brief collection of jottings on medicine called Hsueh-i sui-pi 学医随笔. See the ed. in TSCC.
Ming. Harriet Zurndorfer has noted precisely the same phenomenon in the genealogy of the Fan 家, lineage of Hui-chou.  

In their study of Yuan painting, Sherman Lee and Wai-kam Ho declare the phenomenon a general one: “The fourteenth century is probably the only period in Chinese literature in which mention of Confucians turned physicians is commonplace.” Lee and Ho group medicine with fortunetelling, crafts, and the Taoist and Buddhist clergy as professions that absorbed large numbers of “Confucians.” Medicine and the crafts were “especially popular in the North and in the capital.” Lee and Ho suggest a number of reasons for the new developments. The chaos of the Mongol occupation drove honorable men into unconventional professions for the sake of survival. When the examinations were abolished, opportunities available to scholars shrank so greatly that the status of conventional pursuits declined or even collapsed. The Yuan state through its institutions encouraged medicine, divination, and the more elaborate crafts.

The several elements of Lee and Ho’s explanation deserve a closer look. In the first place, in Fu-chou at least, Yuan does not seem to have been a period of particular crisis or chaos. The conquest itself certainly involved some destruction and loss of life; but once the largely ineffectual Chiang-hsi resistance had been put down, the Yuan seems to have established a structure of control that remained undisturbed by serious local unrest or banditry until the 1350’s. In this respect the Yuan was certainly more effective than Southern Sung. Fu-chou or its neighborhood had seen severe banditry in 1175, in 1230, and repeatedly in Sung’s closing decades. The Yuan was apparently able to disband rather quickly the multi-lineage local militia organization on which the Southern Sung court had been forced to rely as a mainstay of local “order” since 1127. By the 1280’s men from the prominent Sung local elite families—some of whom had at first given their allegiance to resistance movements—were beginning to be drawn, largely by peaceful suasion, into office or other collaboration with the new dynasty.

This process of absorption seems to have been completed fairly quickly. Despite sources far less comprehensive than those for Sung, one can identify more than a hundred Fu-chou men who held office under Yuan. Most had Sung official ancestors. All of this suggests a social and


political structure of some stability, with considerable continuity from the previous dynasty.31

As to Lee and Ho’s second point, the abolition of the examinations, along with the ethnic appointment policies of the Mongols, did restrict the opportunities of Chinese scholars for office and so turned many away from scholarship itself. Advocates of a revived examination system in Yuan apparently took for granted that examinations encouraged men to study, or fathers to educate their sons, who otherwise would not do so. The Fu-chou evidence, though impressionistic, suggests that they were right. In Yu Chi’s funerary inscription for Wu Ch’en-tzu 吳辰子 (1268-1339), for example, we find: “Before [Ch’en-tzu] was ten years old, Lin-ch’uan was conquered. Many of those who had studied gave it up; but [Ch’en-tzu] still followed the Ju masters Feng Te-i 鳳德一, Fu Yang-feng 傅陽鳳, and Hsieh Yuan-li 謝元禮.” Similarly, Wu Ch’eng’s inscription for Tsou Tzu’u-ch’en tells us that Tsou “never worried of teaching others,” but that “when our Celestial Dynasty’s decree of the examinations came down”—that is, when the Yuan revived the examinations—“the gentlemen studying [under him] grew even more numerous.”32

More examples could be cited,33 but the thrust of these is clear enough. With the examinations gone, the number of students of Ju declined; when the examinations were restored, the number grew again. Yet however much the overall pool of students may have shrunk, by far the greatest number of the offices Fu-chou men held in Yuan were posts in official Confucian schools or academies in the counties and prefectures.34 Fu-


32 Wu Ch’en-tzu’s funerary inscription is in TYHKL, 18: 28a-29b; Tsou Tzu’u-ch’en’s inscription is in WWC, 80: 8b-10b. John Dardess has pointed this out in his study of Confucian political debates and conflicts under the Yuan: “As the Kiangsi Confucian Chieh Hsi-ssu put it, with the prospect of an examination career dangled before them, men will drop their plows, their weapons, or their clerkly tools in order to follow it; but with that prospect gone, even the sons of the great Confucian literati will abandon Confucian study for other pursuits.” See Conquerors and Confucians: Aspects of Political Change in Late Yuan China (New York, 1973), p. 64.

33 See for instance WWC, 82: 1a-1b and 86: 1a-2a.

34 Lee and Ho (p. 77) note the existence of school posts as a possible focus of scholarly ambitions; but they take at face value Hsieh Fang-te’s 謝杭得 testimony that school officials were impoverished and debased. A diehard Sung loyalist, Hsieh is not a trustworthy witness to Yuan social conditions. Lee and Ho recognize that much else of what he says is hyperbole.
chou men achieved influence, or at least renown, at the Yuan court largely through their reputation as scholars. Wu Ch'eng, Yü Chi, and others like them attracted large followings and won considerable honor and influence in their own prefecture. The status of scholarly pursuits, then, clearly did not decline in Fu-chou so drastically as Lee and Ho suggest.

As we have seen, most of the old elite families whose sons were doctors in Yuan still produced scholars of a more conventional sort; and some of the doctors themselves were equally expert in Ju studies. Though the reduction of the scholarly pool was surely not unrelated to the elite movement into medicine, one must still explain why many doctors came from precisely the families that most successfully maintained their old attachments to scholarship and, through it, to office.

One must also explain why men turned to medicine and not to something else. There is no evidence that the old elite moved increasingly into other specialized vocations, such as commerce or the religious life. This bears on Lee and Ho's third point that the Yuan government strongly encouraged medicine, along with fortunetelling and crafts. If this policy was effective, one might expect some sign of similar movement into fortunetelling and crafts in Fu-chou. The Fu-chou sources for Yuan supply only one man involved even indirectly in crafts: Mao I-k'uei 毛一人, who held office in Ch'ien-t'ang 錫塘 county, Hang-chou 杭州, as superintendent of private artisans.35 Mao's ancestors seem not to have been prominent in any way in Sung, emerging as wealthy locals under Yuan. There is no evidence of old elite movement into crafts in Fu-chou, despite the state's undoubted interest and encouragement. This raises doubts about the importance of similar efforts to encourage medicine. The issue deserves detailed consideration, and I will return to it, and to divination, presently.

In the light of what has emerged so far, the key question can be restated: what made medicine particularly attractive to men from old elite families under Yuan? This implies a complementary question: what had made medicine unattractive to these same families under Sung? Two answers, or components of an answer, suggest themselves. The position of medicine in the official institutional structure was more favorable in Yuan than in Sung. Perhaps, as Lee and Ho suggest, this drew men from the old families into medicine. Another possibility is that the social evaluation of medicine among the elite may have altered dramatically. It is worth examining each of these possibilities in some detail.

Medical Institutions
What was the position of medicine and medical education in the institutional structure? The history of the Sung central medical administration

35 HSCC, I: 39a-40b. This post was first created in Yuan and reflects the Yuan state’s wish to encourage artisanship. I have not been able to determine whether the holder of such a post was expected to know crafts.
is fairly well documented, and its basic outlines have been explored in the secondary literature. Government doctors held posts in the Han-lin Medical Officers' Bureau (Han-lin i-kuan yuan 翰林醫官院), a branch of the Han-lin Artisans' Bureau, and might be called upon to serve the emperor or members of his family or to examine and treat residents of the capital during epidemics. These functionaries were not regular civil officials. At first, their salary grades were drawn from those of the military bureaucracy, and later a special scale was devised to rank them separately. How Bureau doctors were selected during the first several decades of the dynasty remains unclear.  

In 1044 the Assisting Councillor Fan Chung-yen was instituting the short-lived innovations that foreshadowed much of what Wang An-shih attempted twenty-five years later. Fan proposed that the state begin formal instruction and testing in the medical literature as a requirement for appointment to all Bureau posts. His memorial led to the creation of the Grand Medical Office (T'ai i chü 太醫局), a national medical school founded on a curriculum of medical classics but providing clinical instruction as well. Students practiced (in both senses of the word) on soldiers, and were graded on their successes and failures. Fan's advocacy of state medical education fits his general emphasis on government schools to prepare and eventually recruit talented and virtuous officials, an emphasis that was inherited by the later reform administrations of Wang An-shih and Ts'ai Ching 㩲. It is surely no coincidence that these two regimes witnessed the only major Northern Sung attempts to expand or elaborate the structure of medical education that Fan had es-

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36 The best secondary account of Sung medical institutions is Miyashita, pp. 134-37 and 139-42. A few of the basic documents are assembled in Ch'en Pang-hsien 陳邦賢, Chung-kuo i-hsueh shih 中國醫學史 (Shanghai, 1927), pp. 47a-48b. The most important primary sources are SHY/CK, 22: 35-44, 36: 97-106, 109-125; SS, I57: 18b, I64: 10a; Li T'ao 劉, Hsu tzu-chhü t'ung-chien ch'äng-pien (Che-chiang shu-chü 浙江書局 ed.), 147: 14b and 275: 4a; Ma Tuan-lin 馬端臨, Wen-hsien t'ung-k'ao (Commercial Press ed.), 42: 398. For Yuan see YS, ch. 81; and especially Yuan tien-chang (1908 ed.), 9: 26a-29b, 32: 1a-12a. For Sung medical grades see SS, I69: 27a-27b.

Recruitment early in the dynasty seems, from what little evidence there is, to have been occasional and ad hoc. Thus, we read in one source that the emperor T'ai-tsung, shortly after the death of his respected minister Chia Huang-chung 閣中 (996), ordered capital doctors expert in the medical classics or in acupuncture, moxibustion, and pharmacology to be examined (apparently by T'ai-tsung himself) for possible appointments to posts in the Han-lin Bureau. See Chiang Shao-yü 鄭少虞, Huang-ch'ao lei-yuan 蘭朝課苑 (Ming ms. ed. from rare books collection, National Library, Peiping), 50: 11a. On the functions of the Sung Han-lin Medical Officers Bureau see "Appendix D. Responsibilities of the Han-Lin Medical Officers' Bureau" on page 75.
tablished. Unlike many of the reformers’ innovations, however, the Grand Medical Office seems to have persisted through periods when antireformers were dominant. Whether the Office was protected by its position as an organ directed ultimately at maintaining the health of the emperor, or whether it was simply never an important enough aspect of the reform project to draw the special hostility of antireformers, the sources do not show. In any case the Office, established once again at the new capital of Hang-chou in the early Southern Sung, survived with only one brief interruption through the rest of the dynasty. It trained many of the doctors who reached posts in the Han-lin Bureau.

The Yuan united the clinical functions of the Han-lin Bureau and the training functions of the Grand Medical Office under a single agency, the Grand Medical Bureau (T’ai i yuan 大醫院). In other respects this agency largely carried on the curriculum and the system of medical examinations of Sung. The major change came not at the center but in the prefectures and districts, where the Yuan established local medical schools parallel in structure to the state Confucian schools inherited from Sung. These medical schools trained students according to a curriculum set at the center, and then fed candidates into the capital medical examinations. Those who passed entered the Grand Medical Bureau, which supplied men both for official medical attendance in the capital and for teaching duties there and in the local schools. Inscriptional records scattered through collected works of Yuan authors prove that the schools were built in a good many prefectures. For Fu-chou the four surviving inscriptions deal not with the schools themselves but with the Temple of

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37 Fan’s memorial is reproduced in part in Li T’ao, 147: 14b, and in full in Fan Chung-yen, Fan Wen-cheng Kung cheng-fu tsou-i 北京正定府奏議 (SPTK), 37b-38a, and in Chao Ju-yü 趙汝愚, Sung-ch’ao chu-ch’ien tsou-i 宋朝諸臣奏議 (SKCSCP), 84: 28a-29b. A translation is given in Appendix A as Item 2, on page 67.

In 1076 the Grand Medical Office was detached from the Court of Imperial Sacrifices, established as an independent agency, and moved into renovated offices. At the same time the quota of students was expanded and various changes were made in the curriculum. (See especially SHY/CK, 22: 37b.) Some sources give 1076 as the date of the Office’s creation, but this is clearly wrong. The materials in SHY/CK, 22: 35a-37a show that the Office was functioning as a medical school in 1044, 1060, 1061, 1064, and 1072; Chang Fang-pin 張方平 (1007-1091) discusses it in a memorial dating from about 1055. See Lo-ch’üan chi 樂全集 (SKCSCP) 25: 21a-22a. In 1103 the Office was replaced by a new, further expanded school subordinate to the Directorate of Education. This, one of the several specialist schools created by the emperor Hui-tsung and his chief councillor Ts’ai Ching 景, , was called simply the Medical School (SHY/CJ, 3: 11b ff). Over the next seventeen years it was more than once abolished and reestablished, sometimes coexisting with a revived Grand Medical Office. In 1120 the Medical School was abolished permanently, and medical education reverted to its earlier structure (SHY/CJ, 3: 11b ff; SHY/CK, 22: 38a).
the Three Emperors established alongside each as an analogue of the conventional schools’ Confucian temples.  

According to Wu Ch’eng, “That there are schools for doctors, that the schools have temples, and that the temples sacrifice to the Three Emperors, began with August Yuan: these are things that had never been.” It is certain that local medical schools and their temples were a Yuan innovation. Whether the change by itself can account for elite movement into medicine is questionable. Two issues are crucial. First, apart from the schools themselves, was a state focus on local medical training new? Second, did the Yuan state’s equivalent innovations in other fields of education bear similar fruit?

Previous discussions of Sung medical education have almost wholly neglected developments at the local level. John Chaffee has noted the abortive effort in 1115 to establish medical schools in the prefectures and districts—an effort that foreshadowed the policies of the Yuan—but no one has pursued the issue further. In fact, though sources are sparse, it appears that official medical training was carried out in the localities for some time before 1115.

As early as 982, in connection with the distribution throughout the empire of an imperially sponsored collection of prescriptions, each prefecture had been ordered to select one man well-versed in medicine to act as local Medical Erudite. This official, whose original functions are by no means clear, evidently played no instructional role before 1044, when Fan Chung-yen, in his memorial promoting formal medical edu-

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38 For the Yuan schools see YS, 81: 2033-34. For the Grand Medical Bureau and its various subordinate agencies, including the Superintendency of Medical Schools that ran medical education, see YS, 88: 2220-22. Much additional material on the schools is preserved in Yuan tien-chang, 9: 26a-29b, 32: 1a-12a. For records of Yuan medical schools or the associated temples in various prefectures see for example Huang Chin, 10: 4a-5a, 5a-6a; TYHKL, ch. 36, passim.; Ch’eng Chu-fu 程鉅夫, Ch’eng Hsueh-lou wen-chi 程雪樓文集 (Yuan-tai chen-pen wen-chi hui-k’an 元代診治病集輯, ed., Taipei, 1969), 12: 1a-1b, 13: 8b-9a. For Fu-chou, inscriptions survive for the temples in the prefectural city, rebuilt in 1331; in I-huang county, rebuilt in 1316; in Lo-an county, rebuilt in 1333; and in Ch’ung-jen county, rebuilt in 1304. See WWC, 38: 4a-7b and 7b-9a; TYHKL, 36: 16a-17b and 17b-19b.

The medical education bureaucracy did not, as Needham seems to suggest, supply doctors directly to the localities to practice there. Since it did supply personnel to the Han-lin Medical Officers Bureau, which for certain brief periods did station some of its doctors in local clinical posts (“Appendix D. Responsibilities of the Han-Lin Medical Officers’ Bureau” on page 75), some of these state-appointed local practitioners may have been educated in the capital.

cation at the center, asked also that the Erudites in the prefectures (whom he refers to as Erudites of Medical Studies) be ordered to train students. The sources give no direct evidence as to the disposition of this part of Fan's request. When in 1061 the Court of Imperial Sacrifices proposed, and the court adopted, a detailed set of regulations on the admission of medical students to training in the prefectures, its memorial implied that every prefecture already employed both Erudites and Assistant Instructors of Medical Studies. The second of these, to judge by its title, must have been a real teaching post even before the 1061 proposal went into effect. Its existence probably reflects the local implementation of Fan Chung-yen's plans after 1044. Memorials dealing with further changes in medical education in the prefectures, or with the promotion of particular prefectural Erudites and Assistant Instructors, survive from 1064, 1083, 1103, 1111, and 1119. The 1083 proposal, approved by the court, extended official medical training to the county level. These sources, scattered as they are, demonstrate that the structure first set in place by Fan Chung-yen had survived and grown, and that the short-lived medical schools of 1115 merely extended a commitment to local medical education that was already well established.\(^{40}\)

In Southern Sung the picture grows less clear, and the sources sparser. Ch'eng Chiung 程迥, under the heading "Medical Administration of the Present Dynasty" in his Book to Correct Fundamentals with Reference to the Canons of Medicine (I ching cheng pen shu 諏經正本書, 1176), reproduces without comment the articles on medical education from the Regulations and Statutes of the Ch'ien-tao 聞道 period, compiled in 1172. The passages cited deal with personnel and numbers

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\(^{40}\) The 982 edict appears in Sung ta chao-ling chi 宋太祖令旨, (author unknown; Peking, 1962), 219: 842. For Fan Chung-yen's memorial see note 36 above. The 1061 memorial appears in SHY/CK, 22: 36b and in Li T'ao, 147: 14b (translation in Appendix A, Item 3. on page 68). In 1064 a memorial from the Court of Imperial Sacrifices dealt with the promotion of the Erudite and Assistant Instructor of Medical Studies in Chin-chou 岐州 to leading posts in the Grand Medical Office. In 1083 the court approved a proposal to extend medical training to the county level. A memorial of 1103, also approved, asked that middle- and low-ranking graduates of the capital Medical School be given posts in the prefectures as Professors of Medical Studies. In 1111 another memorial cited material on prefectural medical education from the codes of the Yuan-fu 元符 period (1098-1100). It is clear from the context that the provisions still applied. An Assistant Instructor of Medical Studies in Ming-chou 明州, recommended for a central appointment in 1119, had been at his post since 1109. These sources are translated, and references provided, in Appendix A, Items 4. on page 69 through 7. on page 70.

When the local schools were abolished is not clear. The Ming-chou Assistant Instructor recommended in 1119, however, seems to have been subordinate to the Professor of the regular prefectural school. The medical school as a separate entity may thus already have ceased to exist.
of medical students for prefectures and for districts, with curriculum, and with procedures for admission to the Grand Medical Office. These correspond closely to the provisions recorded in the sources of 1061, 1083, and 1111. Apparently, as far as the legal codes were concerned, the system of local medical education had been carried over without major changes from Northern Sung. It seems unlikely that Ch'eng Chiung would have reproduced these articles without further remarks if they were not in effect, yet I have found little other direct evidence for state-run local medical training in Southern Sung. It is possible that the detailed regulations inherited from earlier codes had by this time become a dead letter. Nonetheless for as much as six or seven decades in Northern Sung, and perhaps for a certain time in Southern Sung as well, local medical education had been a going concern. If it was a going concern in Fu-ch'ou, no evidence suggests that it affected the local elite.41

41 I-ching cheng pen shu (TSCC), pp. 2-3. An exception to the correspondence between this source and the earlier provisions is that where the Northern Sung sources read i-hsueh po-shih 博士 (Erudite in Medical Studies) the articles from the 1172 code read chih-i 職員 (Staff Physician). The latter title had been created in 1116 as a substitute for Erudite of Medical Studies because the latter might be confused with the Erudite who headed the new capital Medical School (SHY/CJ, 3: 25a). In this same period the Professor of the newly created prefectoral medical school bore chief responsibility for local medical instruction. It seems likely that the tasks of the Erudite/Staff Physician were now largely clinical rather than educational. The name Staff Physician itself tends to strengthen this speculation. In the 1172 Statutes, however, the Staff Physician—like the Erudite in earlier codes—is mentioned in tandem with the Assistant Instructor, implying that both played some role in instruction. Presumably with the abolition of the prefectoral medical schools and their Professors, instructional responsibilities devolved once more upon the Staff Physicians, whose title nonetheless remained unchanged. For the date of the Regulations and Statutes of Ch'ien-tao, see Hsu Tao-fen 徐道芬, “Sung-ch'ao te hsing-shu 宋朝的刑書,” Sung-shih yen-chiu chi 历史研究集, 1975, 8: 329.

Ch'ien Tzu-ming 陳自明, a renowned Sung doctor, identifies himself in a preface to his Fu-jen liang-fang 婦人良方 (1237, reprint, Nan-ch'ang, 1983) as the Medical Instructor (i-yü 筆餘) of the Ming-tao Shuyuan 明道書院, a government-run academy in Chien-k'ang Fu 晉康府. A state academy, however, was a rare and peculiar kind of school in Southern Sung. One cannot conclude that medical instructors were common at regular prefectoral schools.

One must be cautious, however, in arguing solely from negative evidence that local medical education did not continue in Southern Sung. The sources for Fu-ch'ou, for instance, systematically neglect certain aspects of local institutions, especially the state military presence. If a fragment of a Sung gazetteer had not survived in the Yung-lo ta-tien 永樂大典, we would know virtually nothing of the nature and numbers of official army units stationed in Fu-ch'ou. Medical officials, like military officers, were a special category, set apart from the regular civil service. They might be just as likely to fall through the cracks in our sources.
The Sung state's role in local medical training is still poorly known. We do not know whether it meant to train physicians to meet the needs of society in general, or merely to supply those needed by the government. Evidence as to the general effectiveness of Yuan educational innovations is much clearer. Alongside the old Confucian school and the new medical school the Yuan state established prefectural and county schools in yin-yang studies and in Mongol language and script. Like the medical school, these fed successful students into positions at the center and into teaching posts in the localities. Enrollment in them, as in the medical school, freed students from various service levies. All three schools thus offered similar incentives in order to staff a state apparatus in certain valued specialties. Did men respond?

The Fu-chou sources for Yuan preserve the names of four local Mongolists. Chi'iang Ming-an served as preceptor of the Mongol school in Kan-chou and later as translator for the Fu-chien provincial government. He came from a family which had left no record in Sung but sent two or three members into low-rank offices in middle and late Yuan. Fu Yen 傳巖 (1273-1346), a man of Lin-ch'uan county, was first the instructor of the Mongol school at I-huang county, then translator for his own prefecture. His tomb inscription mentions no prominent ancestors, and no men of his surname and county appear in the Sung sources. Tseng T'an 曾檀 of Lo-an reached the top of the class at the National University in Mongol studies. His ancestors in Sung had included one who purchased military office and a 1256 palace graduate, but the family's prominence dates only from the last decades of Sung. Wu Sheng-jen 吳聖沱 of Lin-ch'uan taught at the Mongol school in Ting-chou. His family is entirely unrecorded in Sung. Thus we have three men of apparently "new" families and one whose elite pedigree extends back only to the end of Sung. The old elite families so prominent in medicine are not represented.

Lee and Ho evidently refer to the yin-yang schools when they mention Yuan encouragement of fortunetelling. These taught various means of divining and passed students on to the capital for testing and possible appointment to the Pavilion of Celestial Affairs (ssu-t'ien t'ai 司天台), the astronomical observatory, which provided calendrical services and interpreted omens.

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42 YS, 81: 2028, 2034.

43 On Chi'iang Ming-an and his kinsmen see WWC, 28: 13b-14b; and Fang Chan 方湛 et al., Lo-an Hsien chih 柳安縣志 (K'ang-hsi ed.), 5: 25b. Fu Yen's tomb was excavated in the early 1960's; the report appears in K'ao-k'ao 考古 1964, 7: 370-72. On Tseng T'an see WWC, 78: 6a-6b. On Wu Sheng-jen see WWC, 79: 1a-2a.

In Yuan Fu-chou two official yin-yang specialists and one private diviner have left some record. P’eng Ts’ung-lung 彭從龍 of Lin-ch’uan, the father of P’eng I-cheng (No. 9 of the Yuan doctors), was appointed to the yin-yang school of Fu-chou in 1324. The same surname and county do not appear together in the Sung sources, and the tomb inscription of P’eng’s wife mentions no successful ancestors. Tseng Jung-tsu 曾榮祖 (fl. ca. 1320) of Ch’a-lin 查林 in Lin-ch’uan was expert in the hexagrams, in astrology, and in physiognomy. His youngest brother reached office as a yin-yang specialist. Their father had been a prefectoral graduate under Sung in 1255, the first of their family to achieve this status or to leave any record in the surviving sources. Once again we are dealing with families whose demonstrable elite membership predates Yuan only a little or not at all.45

Some Fu-chou men did respond to the new opportunities created by the special schools in yin-yang and the Mongol language. Apparently the old elite families did not. Analogy thus does not suggest that the local medical schools were the crucial factor drawing old elite sons into doctoring. The local schools may have improved a would-be doctor’s chance of reaching an official medical post—though it is uncertain how much larger the pool of such offices was than it had been in Sung. But local schools did recruit students in other fields, apparently without influencing the old elite. What made men choose medicine remains an open question.

Attitudes in the Sung
What of possible changes in attitudes? Was medicine more respectable, more estimable, more prestigious in Yuan than it had been in Sung? The problem might easily be the focus of a monograph. Here I can offer only an impressionistic view. At the outset one must distinguish two aspects of medicine whose claims to respectability, in the eyes of contemporaries, were by no means equally strong. On the one hand medicine was a field of study, an intellectual endeavor linked to philosophy; on the other medicine was specialized practice, occupation, “craft.” The theoretical and clinical sides were of course not mutually exclusive. Somewhere between them might stand the scholar who had learned enough from medical texts—as one kind of text among others—to treat his family and friends occasionally. Neither he nor they would put him in the same category as those who earned a living as physicians. Some such amateurs received acclaim, but their existence did not blur the Sung distinction between the medical scholar and the clinician. I will argue that in Sung medicine was a respectable field of study, with its own classics, but as a career and mode of life was highly controversial.

If one’s standard were purely intellectual interest in medicine, it would not be difficult to find “doctors” among the Fu-chou elite in Sung. The

45 For P’eng Ts’ung-lung, see WWC, 86: 16b-17b. For Tseng Jung-tsu see WWC, 28: 6b-7b.
most famous and influential Fu-chou man of all, Wang An-shih, in a
discussion of the Confucian classics addressed to his friend and neighbor
Tseng Kung, had this to say:

But it is a long time since the world has seen the Classics in their
entirety. Reading the Classics and nothing else is not enough to let one
know the Classics. Thus there is nothing I do not read, from the texts
of the hundred schools and the various philosophers to the Canon of
Problems, the Basic Questions, and the Materia Medica, and the various
minor didactic authors. . . . only then can one know the whole scope of
the Classics and be free of doubts.46

The Inner Canon of the Yellow Lord: Basic Questions (Huang ti nei
ching su wen 黃帝內經素問 ), the Canon of Eighty-one Problems
[in the Inner Canon] of the Yellow Lord (Huang ti pa-shih-i nan ching
黃帝八十一難經 ) and the Divine Husbandman’s Materia Medica
(Shen-nung pen-ts ao 神農本草 ) are universally known medical texts
of the Han dynasty. The first and third were considered archaic divine
revelations, the founding scriptures of medicine and of materia medica.
The second was a catechism (probably of the second century A.D. ) that
tried for the first time to systematize the use of yin-yang and Five Phases
theory in medical reasoning. Wang picks out the three texts as supple-
ments (among a great many others, to be sure) to the Confucian classics,
esential to fully understand the original and whole Ju teachings. In this
letter, as usual, Wang An-shih presents his own notions as unusual, if
not unique. But his broad view of education was widely shared in Fu-
chou and elsewhere.

In the funerary inscription of Chi Fu 季復 (1050-1110) we find: “All
his life he was faithful to his studies. Of the six classics, the philosophers,
the histories, the hundred schools, the storytellers, the texts of medicine
and divining, there was none he had not probed to its limits. From youth
to old age he never for a single day set aside his books and failed to
read.”

Much the same picture is offered of Chi’s contemporary Ch’en
Tsung-o 陳宗鄂 (1039-1080): “Out in the world, he managed his
livelihood; at home, he supported his parents; in his free time he memo-
rized the Poems and the Documents. Even among the texts of medicine,
divining, yin-yang, and geography, there was none he had not
exhausted.” And a good deal later we read in a biography of Jao Yen-
nien 鞅延年 (ca. 1150-1230): “He was known for his study of the
classics; along with these he perused exhaustively the various Buddhist
treatises and the texts of astronomy, geography, medicine, and
divining.”47

46 Wang An-shih, 73: 10a-11a.

47 For Chi Fu, see Hsieh I 謝逸, Ch’i-t’ang chi 池堂集 (SKCSCP), 10:
5a-12a; for Ch’en Tsung-o, see ibid., 10: 1a-3b; and for Jao Yen-nien, see:
Here are three men of good social position whose erudition included (again, along with much else) erudition in medicine. Similar examples are scattered through the sources for Sung Fu-chou. Their number is not large, but what matters here is not how many elite men studied medical texts, but how their contemporaries viewed those who did. Here the nature of the sources from which these examples are drawn is crucial. A funerary inscription or a biography was not a full and unselective record of a man's life—assuming such a thing were even possible—but a eulogy. Its author, if competent and well-intentioned, would recount not simply what he admired, but what he thought his audience would find admirable as well. He knew that his readers would consider mention of medical study in a funerary inscription to be valid evidence of erudition or love of knowledge. In short, a sizable part of the public must have been prepared to see medical knowledge as a legitimate part of a broad education. That audience must have respected medicine as an intellectual domain.

What medical knowledge was being ratified? Primarily, it seems, a knowledge of texts. This point is important. What much conventional opinion in Sung found respectable about medicine was a body of texts—sometimes narrowly, sometimes broadly defined, but in either case stretching back to archaic times and authors. Medicine as a body of learning centered on written revelations of timeless truth guarded through centuries of scholarship, as an embodiment of the ultimately moral Tao revealed in the correspondences of bodily processes to cosmic process. Such learning was entitled to a place, however secondary, alongside study of the Classics themselves. Some sense of this emerges from, among other things, the acts and words of the Sung government.

The role of the Sung state in promoting the recovery, redaction, and creation of medical texts as the basis of its educational system has been explored by Okanishi Tameto and Miyashita Saburô, among others. In the century after the beginning of the dynasty the state published new editions of many canons and authoritative pre-Sung works on medicine, materia medica (per-tîs'ao), and prescriptions (fang shu), as well as new works that were influential for centuries.48

Various official compilations assert how important this activity was. Typical is the preface to the T'ai-p'ing Prescriptions for the Benefit of the People from the Office of Pharmacy (T'ai-p'ing hui min ho-chi-chü fang 太平惠民和劑局方), 1107:

Of old, Shen Nung tasted the hundred herbs in order to relieve the myriad people's illnesses. The Institutes of Chou (Chou Li) established a medical administration to take charge of the myriad people's

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48 Okanishi, Chûgoku isaho honzô kō (Osaka, 1974), pp. 183-199; Miyashita, pp. 135-138. See also Porkert, pp. 74-75.
sicknesses. These were recorded on slips and scrolls as a model for the myriad generations. When the Sung arose of a sudden and [its] divine Sages [i.e. the early Sung emperors] followed one upon another, each used perfect kindness and abundant virtue to cherish and nourish the living, and said: “Early death and epidemic disease recur season after season. Among all the arts of relief none takes precedence over that found in the prescription texts.” Thus from as early as K’ai-pao 賢寶 era (968-975) it was decreed that high officials were to collate the Materia Medica. Thereafter they compiled the Divine Physician’s Universal Relief (Shen i p’u chiu fang 神醫普救方, 986); printed and circulated the T’ai-p’ing Imperial Grace Formulary (T’ai-p’ing sheng hui fang 太平聖惠方, 992); reedited the Illustrated Canon of Loci for Acupuncture and Moxibustion for Use With the Bronze Instructional Statue (Chen ai shu-hsueh 針灸腧穴 = T’ung jen shu-hsueh chen-chiu t’u ching 慈人俞穴銘灸圖經, 1026); corrected and revised Prescriptions Worth a Thousand (Ch’ien chin fang 千金方, 650/659, reprinted 1066) and Arcane Essentials from the Imperial Library (lit., “from the Outer Belvedere,” Wai i’ai [pi yao] 外覷秘要, 752, reprinted 1067); and produced the Ch’ing-li prescriptions for Charitable Relief (Ch’ing-li shan chiu fang 慶暘善救方, 1048) and the Concise Formulary to Aid the Multitude (Chien yao chi chung fang 簡要濟眾方, 1051), as acts of grace toward all in the realm. Sometimes they were cast in metal [type] or displayed [engraved] in stone, sometimes cut on blocks and arrayed in volumes. This is something that even Shen Nung’s solicitude and the high Chou dynasty’s perfect governance could not outdo.

When Heaven conferred its divine wisdom and the astute Sages passed it down in legitimate succession, their virtue in loving the living was not seen only in prescriptions and treatises; they also set up the Grand Medical Office and the Institute for Prepared Drugs in the capital. Their efforts to relieve the people’s suffering may be called assiduous indeed.49

This statement does not ignore medicine’s practical functions. All Chinese medical books before the Sung were oriented toward therapy. Theory and therapy were not dichotomous in Chinese medicine. Even the high abstraction of the Inner Canon, imposing its yin-yang and Five-Phases framework on cosmic and somatic functions alike, is always grounded in what doctors and patients must do to maintain health and heal illness. The books cited typify Sung official publications in their clinical orientation. Several of them devote ample attention to underlying concepts as well as to therapeutic details.

What is striking about this statement and others like it is that a claim about enlightened policy is pressed in the form of a booklist. The textual aspect is so preponderant that the creation of the Grand Medical Office

49 Tseng-kuang T’ai-p’ing hui min ho-chi chü fang 太平惠民和濟局方 (TSCC), front matter. This book expanded an earlier abridgement of the official T’ai-p’ing sheng hui fang, begun in the third year of the T’ai-p’ing hsing kuo reign period, hence the title.
comes almost as an afterthought. Texts are honored, we are told, because they belong to a line that began by recording the learning and practice of Shen Nung and the Chou founders.

One might expect this stress on texts in the introduction to a book; but the same attitude is evident in sources of many kinds.

The Sung government first promoted medicine outside the capital—serving not only the imperial court but the people at large—by distributing two copies of the Imperial Grace Formulary to each prefectural headquarters in the empire (ordered 992; see "Appendix A. Translations of Documents on Local Medical Education in Sung" on page 67, Item 1). As we have seen the first local post in medicine, that of the Medical Erudite, was created expressly to "take charge of" this text.

These steps were taken fifty years before the earliest state attempt to intervene actively in the training and development of doctors. When this attempt was made, with the founding of the Grand Medical Office in 1044, the same textual emphasis animated much of the new educational program. The heart of Fan Chung-yen's original proposal, which aimed at improving the quality of medical personnel practicing in the capital, had been to appoint "men capable of expounding medical books" as Medical Masters to lecture on the Basic Questions and Canon of Problems. Direct instruction in "reading the pulse and compounding medicines" appears only as a supplement to this. As of 1061, under the system that Fan's memorial had helped to create, students applying for formal admission to the Grand Medical Office after the required preliminary year of auditing and reading were tested with ten questions, all on "the meaning of the (medical) classics." In that same year a similar system was adopted for admission to formal medical study in the prefectures. At other times, or at other stages in the educational process, testing standards were considerably more complicated. But at all times and stages test questions were tied closely to textual study.

Texts are emphasized in writing on private medical careers as well, perhaps especially in scholarly authors' biographies of respected physicians. These, not surprisingly, were usually written by men whose own attitudes toward medicine, even as specialized practice, were generally positive. Still, when they deal with their subjects' acquisition of knowledge and expertise, they deal first or above all not with apprenticeship to a master or with personal experience, but with texts. Textual and classical expertise in some eyes distinguished the physician worthy of praise from the rest. One of the most highly praised of Sung doctors in his own time was P'ang An-shih (fl. 1098). Two of the contemporary accounts of P'ang's career that have come down to us are es-

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50 SHY/CK, 22: 36b.

51 See "Appendix B. Textual Orientation of Sung Medical Examinations" on page 73.
pecially relevant here. One is a funerary inscription by the poet, historiographer, and follower of Su Shih, Chang Lei 張耒 (1054-1114):

Mr. P’ang’s given name was An-shih, his courtesy-name An-ch’ang 安常; he was a man of Chi’shui 淇水 county in Chi’chou 濟州. During his mother’s pregnancy there were a number of strange phenomena; then, when he was a child, the excellence of his reading far surpassed others. What passed once before his eyes he never in his life forgot. His neighbors marveled at him. His father, whose given name was Chih-ch’ing 之慶, and who was acclaimed as a doctor of high stature, was aged and ill. [Mr. P’ang] asked his father about medicine, and his father transmitted to him the secrets of the pulse. [Mr. P’ang] said “This is not enough,” and took up on his own the pulse texts of the Yellow Emperor and Pien Ch’üeh 扁鵲 to master them. Before long he had managed to penetrate their doctrines. . . . At this time he was not yet of age, and already suffered from deafness. He said: “Would Heaven then, have me hide myself in doctoring?” Then he went on to study the “Divine Pivot” (Ling shu 灵枢) and “Grand Basis” (T’ai su 太素) of the Inner Canon, the A-B Canon of Acupuncture and Moxibustion ([Huang ti] chia i [ching] 黄帝甲乙经, 256/282), and other such esoteric texts. Of all the places in the Classics, the commentaries, and the works of the hundred schools that touched upon this art, there was none he did not penetrate completely. From time to time he would treat people’s sicknesses, with marvelous success. . . .

What Chang Lei finds most notable in the first stages of P’ang’s career, then, are his unusual skill in study, his early impulse to seek in books what he felt he had not received in direct training from his father, and his earnest pursuit of that impulse through the widest possible range of texts.

The Northern Sung poet Huang T’ing-chien 黄庭堅 (1045-1105), in his preface to P’ang An-shih’s Epitome of Medical Disorders in the Treatise on Cold Damage Disorders (Shang han tsung ping lun 傷寒總病論), gives (interestingly enough) a somewhat different account of P’ang’s early career, but the crucial place of textual knowledge is no less stressed:

P’ang An-ch’ang, from the time he was young, was skilled at medical prescriptions. When he treated people’s sicknesses his prognoses of life or death were usually fulfilled. His reputation exceeded that of all the doctors of the southeast. But in spirit he was free and gallant, setting cocks to fight, racing dogs, and playing at ball games. In his youth he was brave and unrestrained: there was nothing he did not do. Games of skill, musical instruments—once he applied himself to their challenges, he could master them all. His family was wealthy, with many rear apartments; without going out of his door he could have anything he wanted. When people engaged him as a doctor they would always offer.

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52 Chang Lei, K’o-shan chi 46, 47 (TSCC), 49: 555-56. This was a major source of P’ang’s official biography in SS, ch. 462.
in abundance the things he liked, to accommodate his whims. When he
came, the sick person's household was like a marketplace; when the
sickness was gone, he would leave in an unhurried way without accepting
any fee.

In his middle years he cut himself off from sport and play, shut his
gate, and read. From the Divine Husbandman's Materia Medica, the
Canons of the Yellow Lord, the canonical collections of prescriptions
(ching fang 经方), the Canon of Eighty-one Problems of Pien Ch'ueh
扁 载, the Divine Pivot, the A-B Canon of Acupuncture and
Moxibustion, to the words of the hundred schools as collected by Ko
Hung 顏 洪 (283-343), there was none that he failed to penetrate com-
pletely. . .53

Texts are the pivot upon which P'ang moves from frivolous prodigy
to serious and dedicated adult. These two accounts are far from unique
in celebrating reading and texts as fundamental. Elsewhere we read of
the doctor Li Yin: "[He] came in scholar's clothing, called himself a
doctor, and could read the text of the Yellow Lord and Ch'í Po 崇 伯 [i. e., the Inner Canon] and the Canon of Prescriptions in the Gold
and Jade Caskets (Chin kuei yú han ching 金匮玉函经) as easily as
laying a finger upon his palm. He was also, on the side, conversant with
the various books of monthly ordinances (yueh ling 月令) and of yin
and yang." Or of a certain doctor Huai: "From his youth he was
good at medical prescriptions. From the Divine Husbandman's Materia
Medica and the Inner and Outer Canons of the Yellow Lord to the bi-
ographies of Pien Ch'ueh and Ch'un-yü 淳于意, he had failed to
read nothing. Subsequently through his prescriptions he gained a re-
putation as an erudite in medicine."54

53 Huang T'ing-chien, Yü-chang Huang Hsien-sheng wen-chi 胡青黃先生
文集, edited with variants from other recensions in Okanishi, Sung i-
ch'ien i-chi k'ao 宋 併 稱 之 詩 (Beijing, 1958), pp. 604-605. The text
is corrupt near the end, and the translation correspondingly uncertain.

54 For Li Yin, see Ch'ao Pu-chih 楊補之, Chi-lei chi 羣 聲 (TSCC),
85: 251. For Doctor Huai, see Huang T'ing-chien, Sung Huang Wen-chieh
Kung ch'iüan chi 宋黃文節公全集 (Huang Shou-ying 黃師英 ed. of 1894), 23: 1a-2a. This example and the three preceding are by prominent
students of Su Shih, who was deeply interested in medicine and who con-
sidered a wide range of fields and interests suitable for gentlemen. The high
regard of his disciples for medical practice, shown by their writing funerary
inscriptions for physicians, may have been inspired by their teacher. This
estee for medicine is not at all special to Su's followers, as can easily be
seen from the many Sung prefaces and inscriptions collected and carefully
edited in Okanishi, Sung i-ch'ien i-chi k'ao. The present point is the high
regard shown for medical texts in doctors' epitaphs and biographies even
when the doctors are of middling social origins.

The biographies of Pien Ch'ueh and Ch'un-yü I form chüan 105 of the
Another source tells us of a Taoist physician for whom treatment was virtually reduced to citation:

The Taoist Yang Ta-chün 楊大均, a man of Ts'ai-chou, was good at medicine. He could recite from memory the Candid Questions, the Materia Medica, and the two Prescriptions Worth a Thousand, all four, and not leave out a word. When he treated people, after reading their pulse he did not give medicine, but merely said: “The illness is such-and-such. You should take such-and-such a drug. This is in the Prescriptions Worth a Thousand, part X, chapter Y.” Then he would take paper, write, and hand it to them. His amounts and proportions were never the least bit off.

In all of these accounts book learning is responsible for therapeutic success and thus for high repute. Doctors read texts to become better therapists. Their therapy, naturally enough, generates new texts—sometimes classical commentaries, theoretical discussions or monographs, sometimes collections of prescriptions or therapeutic measures, occasionally the compendia of medical case records that were first compiled in the Sung period. The chain of text to practice to text is illustrated by these biographical remarks on Hsu Shu-wei 許叔微 (chin-shih 1132), who pursued both official and medical careers. They come from a preface by his contemporary Ch'ien Wen-li 錢聞禮:

Master Hsu Shu-wei was a native of Pai-sha 白沙 [modern Kiangsu]. He was precocious, and devoted to the writings of Ch'í-po and the Yellow Lord. In the Shao-hsing era (1131-1162) he was promoted to the chin-shih degree and appointed a Han-lin Academician. When he was not occupied with official duties he would pursue critical studies of the [medical] canons and works of scholarship. Whenever he encountered a doubtful point he would get to the bottom of it, expose its subtleties, delve down to its wellsprings, pursue its mysteries to the very end. As a consequence, no matter how odd the symptom or strange the ailment, he was able to treat them all. He himself wrote [several books], talk of which was on everyone's lips. As for his Formulas Presented in Clinical Context (Lei cheng p'u chi pen shih fang 類證普濟本事方), this was a late work. In it he set out the prescriptions that, over the course of his career, had saved patients and proved consistently effective. . . .

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Shih chi 謹記. I am grateful to Peter Bol for calling my attention to the passages I have quoted here.

55 Yeh Meng-te 齊孟德. Pi shu lu hua 避暑錄話 (TSCC), I: 20; preface to Lei cheng p'u chi pen shih fang, cited in Okanishi. Ibid., p. 1054. A character is missing from the first half of the second sentence of the latter quotation, and some sources give the name of the author as Ch'ien K'ai-lí 錢來 Holds. The "two Prescriptions Worth a Thousand" refers to Ch'ien chin fang 千金翼方, and its sequel Ch'ien chin i fang 千金翼方, documented in Okanishi, pp. 795-846.
We have seen knowledge of texts used, first, to prove erudition in gentleman-scholars who did not practice medicine regularly and, now, to show the eminence and respectability of physicians. All these citations presuppose an audience ready to admire expertise in medical texts.

For some Sung authors the earliest medical texts were not merely fundamental to medicine, but wholly encompassed it. Ch'eng Chiung argued against theories of contagion in two ways: on the moral ground that such theories encouraged members of families and communities to flee from one another in times of sickness, and on the epistemological ground that no such theories were to be found in the medical classics.

Of old and today, the specialists who have talked of the way of medicine are many indeed. One must reconcile the Basic Questions, the Canon of Problems, the A-B Canon, and the works of Chang Chung-ching [i.e., Shang han lun] and Wang Shu-ho [i.e., Mo ching], and other books. It is just as with those who discuss the way of governing. There are the Five Classics, the Analects, and the Mencius, all of which can be relied upon. There is no need for views apart from these. . . . Nothing is more important than human life; how can one fail to be prudent when it is involved? But when the whole world is deluded, customs and mores degraded, and human life is cut short, the doctors bow down and fall in line, none daring to point out the wrong, as when the closest of kin, in the crisis of illness, speak wildly of contagion and desert one another. Among the men of old this did not happen: the medical classics did not speak of it.56

Not everyone was willing to go so far. Shen Kua (1031-1095), the broadest and most original scientific figure of his age, had a conception of medicine—both as practice and as field of knowledge—that could not be founded solely on texts. In the preface to his own collection, Good Prescriptions (Liang fang), Shen outlines five areas of difficulty in medical practice. The second of these is the art of suiting the program of treatment precisely to the needs of the patient. He concludes this passage with the remark “One case cannot be described by another, nor can one person provide a precedent for great numbers. This is a human matter. Words cannot pass it down in books, nor can they express it in speech.”

After having dealt with all five areas, Shen comments “[My discussion of] the five difficulties is merely a general outline. Each is so subtle that words cannot make it known, so particular that books cannot record it. . . .” Of specific texts he has this to say: “The common run of those who originate prescriptions, when noting their effectiveness in therapy, tend to go too far. Even books such as the Prescriptions Worth a Thousand and the Emergency Remedies Ready to Hand (Chou hou [pei chi fang] 脱後備急方, ca. 340) are often excessive in what they say, so that one no longer dares to trust them. What [in this book] I call ‘good pre-

56 Ch'eng Chiung, front matter.
scriptions’ are always those whose efficacy I have witnessed. Only then do I note them down. Hearsay does not qualify them for inclusion.”

Shen is suggesting a medical epistemology partly formed by praxis, partly dependent upon a leap of consciousness, one in which texts are useful but only when tested. This view was not conventional among pedagogues or didactic writers, but it is not unique.

In a pair of memorials to the throne in 1063, Shen’s older contemporary, the historian and statesman Ssu-ma Kuang 司馬光, attacked the performance of four capital medical officials and suggested ways to deal with what he saw as the general incompetence of such practitioners. One problem, as he saw it, was the current system of medical examinations:

... A good doctor, by the acuity and extensiveness of his perception, examines the successes and failures of a lifetime’s treatment of men, extracts the most refined essence, and stores it in his heart; he need not always have read the ancient texts. It is just as with those who memorize the Odes and Documents. Are all of them capable of governing the people? Are all of those who have read Sun Wu 神武 capable of making war? At present we test [only knowledge of] the Canon of Problems and the Basic Questions. Thus we get only memorizers; by no means do we get doctors.

Both Shen and Ssu-ma clearly see medicine as a respectable field of knowledge with its own standards of excellence. Yet there is something in their words more than a little reminiscent of the wheelwright Pien 輪扁 in Chuang Tzu 莊子, who argued against classical learning and told Duke Huan of the knack of wheelmaking. One suspects that Sung men would have seen the resemblance:

Not too gentle, not too hard—you get it in your hand and it answers in your heart. Speech can’t express it, and yet there’s a knack to it somehow. I can’t teach it to my son, and he can’t learn it from me.... When the men of old died, they took with them the things that couldn’t be handed down.

Physicians were not mere craftsmen, possessors of knacks, for Ssu-ma and Shen. A view of medical knowledge that assimilated doctors to artisans surely could not do as much for the social acceptance of medicine among the Sung elite as the view we have seen spreading that as-

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57 Su Shen liang fang (TSCC). Shen would have known the Chou hou pei chi fang as Pu ch’ueh chou hou pai i fang補闕後百一方, an expanded version compiled by T'ao Hung-ching 陶弘景, ca. 500.

58 Ssu-ma Kuang, Ssu-ma Wen-kung wen-chi 司馬文公文集 (SPPY), 4:8b-9b.

similated doctors to classical scholars. Neither Shen nor Ssu-ma was rejecting this trend. Shen questioned over-reliance on texts but did not dismiss them all. Ssu-ma would not have drawn analogies to memorization of the Odes and Documents if he had thought the medical classics worthless. Both insisted on recognizing other sources of medical knowledge and skill, and in fact were willing to give these greater weight than texts taken by themselves. But neither, so far as one can tell from their writings, would have denied that there was material of intellectual value in medical texts. Their words give one a fuller sense of the range of Sung views on the intellectual foundations of medicine, but do not weaken the two general points I have tried to make. First, medicine as a field of knowledge, as intellectual endeavor, was widely valued and respected among the Sung elite. Second, the content of that endeavor was seen, usually though not always, as fundamentally textual, another sort of classical study alongside the study of the conventional classics.

What of practice? Even austerely intellectual gentleman-scholars who knew the medical texts sometimes applied them to ease their own ailments or those of parents or friends. In the light of this practical experience, what did such amateurs think of medical practice as career? The sources are less united on this issue than on the value of textual study. There may never have been a consensus. In both Sung and Yuan, however, many with no occupational involvement were ready to proclaim medicine a respectable, even laudable, calling.

Here one must draw a second distinction. We have seen laudatory biographies and funerary inscriptions for practicing doctors. Their authors and no doubt many of their readers saw medical practice as a perfectly upright, even distinguished calling with important functions in society, and they saw good doctors as worthy of the respect of gentlemen. But none of these doctors was of particularly distinguished social origins—all came from safely outside (or below) the social sphere in which the eulogists were born and traveled. Further, one may think medical practice respectable without considering it as respectable as some other calling—as classical and literary study combined with office or teaching, for example. The crucial questions are, first, whether Sung or Yuan elite men thought that those like themselves might properly, without loss of position or respect, choose doctoring as a career; and second, whether they were willing to treat doctors in general, or at least the most educated and cultivated doctors, as roughly their own social equals. To these questions, again, it seems that Sung men gave varying answers.

In a second-hand account from Southern Sung we learn that Fan Chung-yen as a young man once prayed at a shrine to learn whether he might eventually become chief minister. When the answer was negative (this oracle seems to have had poor connections in the spirit world) Fan expressed his wish to become a good doctor instead. Again the answer was no. Fan was distressed that he would not be able to fulfill his ambitions to benefit the people in some way. Later, when asked why he would want to be anything so humble as a doctor, Fan explained:
Now a great gentleman, in his studies, certainly hopes to encounter a perfect sovereign and to be able to carry out his Way. He thinks that if any of the men and women of the empire have not been benefited by him, it is as if he had pushed them into a ditch himself. And to be sure, it is only a statesman that can reach all the people, great and small. But given that [high office] is unattainable, none can fulfill so well as a good doctor the desire to save people and benefit the world.60

Medicine was a dignified calling because through it the gentleman’s altruism was made effective. In this respect it nearly equalled high office. The story may well be a fabrication. Certainly there is no other evidence that Fan Chung-yen ever seriously considered becoming a doctor. We can be sure, however, that the story’s transmitter, Wu Tseng (prefectural graduate 1150), a Fu-chou man, approved these sentiments when he placed them (or left them) in the mouth of a man whose reputation in Southern Sung was virtually sacrosanct. Fan’s own memorial for the establishment of state medical education shows that he did attach enormous importance to medicine, but also that he was deeply dissatisfied with the quality of current practice.

The notion of a gap between what medical practice might be and what it was runs consistently through the thinking of the reformers who promoted medical education in Northern Sung. The memorial that in 1103 created a new and expanded state Medical School to replace the Grand Medical Office called attention to the problem:

At the present day we still do not have a proper method to encourage such medical craftsmen as exist. Their rank is low, and disdained by gentlemen. Thus none of higher knowledge and of the purer sort (ch’ing-liu 清流) are practiced in these matters... It would be proper, on the model of the several other schools, to grant qualification for office as incentive to those of the purer sort.61

60 Wu Tseng, Neng-kai chai man-lu 能改齋漫録 (TSCC), 13: 332. Charlotte Furth has pointed out to me that this story about Fan Chung-yen is commonplace in Ming and Ch’ing medical writings. I have found no record of the story that clearly predates Wu Tseng’s; but Wu’s younger contemporary Tseng Feng 楊福, also a Fu-chou man, remarked in passing in a farewell essay for a doctor friend from neighboring Chi-chou: “I understand (wei 務) that Mr. Fan Wen-cheng, if he achieved his ambition, would become a chief minister, but if he did not achieve (that) ambition, would become a doctor, because both could give life to men.” See Tseng Feng, Yuan-tu chi 猫譚集 (Yuan dynasty ed. in 40 ch., at Seikadô Bunko, Tokyo), 18: 8b. (The text does not appear in the more common SKCSCP ed.) Teng’s reference is concise in the extreme, and would probably require some familiarity with the story to be understood. The story may have had common currency in the Fu-chou region in Southern Sung.

61 SHY/CJ, 3: 11a, 13b. “The purer sort” refers in some contexts to men of
This proposal rests upon the notion that medicine is a proper and important pursuit, which “those of the purer sort”—gentlemen, men of good background, educated men, cultivated men—should undertake but do not. Once men of the right kind become doctors, the quality of medicine will improve.

This may differ slightly from the view informing Fan’s memorial, which can be read to mean that those already practicing medicine, whatever their background and present education, should be educated and so improved. But neither Fan nor the 1103 reformers show any disdain for medical practice as such, if it is undertaken by men of the right training or of the proper background. There is no hint that doctoring is in itself sullying. Tseng Kung, a Fu-chou man and brother of Tseng Pu 曾布, composed a laudatory farewell poem for a doctor (not from Fu-chou) who had healed him, and went so far as to call the man one “of the gentleman’s sort” (shih-liu ± 流). Perhaps most significantly, in the important Southern Sung manual of household management, Rules for the Generations, Yuan Ts’ai 袁氏 lists doctoring among the careers for the son of an official or of a gentleman which may “provide a living without disgracing one’s forebears.” The evidence, then, hardly suggests that in Sung medicine and its practitioners were universally disdained.62

All of this is not to suggest that no one disdained medicine. The surprise and skepticism which, in Wu Tseng’s account, greeted Fan Chung-yen’s wish to become a doctor suggest that some did not see it as a natural or appropriate choice for a man of cultivation and standing. Plans for state medical training were partly founded, as we have seen, on the assumption that many “gentlemen” saw doctoring as unattractive. This aversion was probably based at least in part on considerations of status and the respect of peers.

Fan Chung-yen’s 1044 memorial proposed that medical instructors lecture at the Wu-ch’eng-wang 武成王 Temple, where scholarly lectures of a more conventional kind were already being given. This part of the proposal was at first adopted with the rest. Before long, however, the Directorate of Education objected that “at a place where scholars (Ju-che 儒者) discourse, it is not proper that medical officers be assigned in coequality to lecture.” The medical lecture program, it seems, was transferred to the already crowded Bureau of Drums and Pipes, where daily music practice during the suburban sacrifices created an atmosphere “not conducive to lecturing.” Complaints from the Grand Medical Office soon prompted a move back to the original site, more convenient and more prestigious. Still the episode shows that any at-

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62 Tseng Kung, 2: 6b-7a; Yuan Ts’ai, Yuan-shih shih-fan 表氏世範 (TSCC), 2: 40.
tempt to raise medical studies to the same plane as Ju studies could excite opposition.\textsuperscript{63}

Similar frictions show up repeatedly in the history of the Sung medical administration. A memorialist in 1111 complained that medical erudites and assistant instructors were using their official status to take a special qualifying examination for the chin-shih degree open to officials on active duty. This gave them significant advantages in the fierce competition for degrees, and so allowed them to move from medicine into regular office, something the writer deplored.

A few years earlier officials had objected to the progress of one Ts'ao Shao 曹操, who had reached the post of judicial inspector of K'ai-feng 开封 while vice-administrator of the Grand Medical Office. Ts'ao had only medical skills, the petitioners complained. He practiced in the capital, using his craft to form connections with the powerful, but he was “not of the gentleman's sort.” They proposed that he be limited to his Bureau position, “in order that the devotees of medicine, divining, and physiognomy may know their proper place.” Clearly some within the bureaucracy were determined that the line between medical officials and others—between doctors and “gentlemen”—remain clear and sharp.\textsuperscript{64}

It was probably to satisfy this concern that the state acted at various times to regulate doctors. It paid medical officials according to a separate series of salary grades. It let them recommend or exempt from examination only candidates for posts like their own. It granted them “official household” status, with its attendant privileges, only when they reached a relatively elevated rank. It restricted or prohibited movement from medical into regular office.\textsuperscript{65}

The concern to maintain a separation, and the measures the state took to satisfy it, may partly reflect the need to manage a bureaucracy comprising various sorts and grades of officials, or to keep the numbers of officials within limits. But episodes such as the conflict over the site of the lecture program, and language like “not of the gentleman's sort” and “know their proper place,” leave little doubt that respectability and social standing were at issue in debates over medical administration. For some, doctors were separated from more conventional scholar-officials not only by function but by status. The measures taken to restrict the privileges of medical officials surely drew some initial impetus from officials who

\textsuperscript{63} SHY/CK, 22: 35a-35b.

\textsuperscript{64} SHY/CK, 3: 14a; 22: 38a-38b. Chaffee, p. 190, argues with some reason that the special examination for officials probably did not give those taking it any advantage. The present memorial, however, clearly states that medical instructors who passed the examination in the top or middle rank were promoted two grades and exempted from the departmental examination in the capital.

\textsuperscript{65} SHY/CK, 36: 113a-113a, 115b. Most of these measures were probably enforced only for short periods.
viewed the distinction in this way. Not everybody, it seems, shared the views of Fan Chung-yen, Wu Tseng, Yuan Ts'ai, et al.

The Case of Chu Hsi
This brief tour through widely scattered sources shows that Sung men disagreed as to the social acceptability of medical practice, particularly as a career for gentlemen. A young man of good background who was inclined to choose doctoring could justify his choice on altruistic grounds (Fan Chung-yen via Wu Tseng), on purely pragmatic grounds (Yuan Ts'ai), or on the grounds that medicine needed men of quality to raise its current standards (the memorialists of 1103). But he could not fail to be aware that an opposite current of opinion disdained the medical career as beneath the attention of a gentleman. I have argued that this disagreement contrasts with a rather broad acceptance of medicine as a respectable field of knowledge, especially as manifested in texts. It is worth citing one more authority whose views reflect this contrast rather neatly, the leading philosophical figure of Sung, Chu Hsi 趙幾. In some recent work on Chinese doctors Chu Hsi has been treated as an all-out denigrator of medicine; but this is too simple a reading of a nuanced position.66

It is true that Chu Hsi glossed unfavorably to doctors a passage mentioning them in the Analects. The passage (leaving the key words untranslated) is as follows: "The Master said: 'The men of the south have a saying: "Without stability, a man will not [even] make a good wu-i 勝." Well said, is it not?'"

All commentators, it seems, have assumed an implied "even" in this passage. Without it the point of the saying is wholly obscure; with it, the implication—"how much less can he succeed in a higher pursuit"—seems clear. Wu and i here can be read, and sometimes have been read, as a single expression, "shaman-doctor." If that is a correct understanding—and it may be—the passage implies nothing about doctors in general. Chu Hsi explains the two words instead—and most commentators since have followed him—as "shaman" on the one hand and "doctor" on the other: "... a man will not even make a good shaman or doctor." Chu Hsi's comment "Thus, even for lowly servitors, it is quite impermissible to be without stability," clinches the implied judgment of doctors.67 Chu Hsi was not in the habit of interpreting Confucius' views in ways that did not correspond to his own. He almost certainly shared the judgment rendered in his reading.

66 Paul Unschuld, Medical Ethics in Imperial China (Berkeley, 1979), pp. 38-39. Chu Hsi was also generally attacked as anti-scientific and reactionary in Chinese writings of the Great Proletarian Cultural Revolution era.

Other passages in Chu's works, however, allow us to see his views in a somewhat fuller light. Elsewhere in the Analects we read: "Tzu-hsia 子夏 said: 'Even the minor paths invariably have things in them worth looking at; [but] if one goes too far, he may well bog down. It is for this reason that the true gentleman does not practice them.'"

Paul Unschild, in discussing Chu Hsi's glossing "minor paths" to include medicine, overlooks Chu's comments elsewhere and so misses part of the point. Here is one of two remarks in the records of Chu's conversations with his students: "'Minor paths' does not mean 'heterodox doctrines.' 'Minor paths' too are truths; they are just minor. Farming, doctoring, divining, and the various crafts are instances. There is certainly truth in them, but if one merely makes a try at finding truth on their surfaces one will not penetrate to it. As for 'heterodox doctrines,' these are perverse paths: one cannot follow them even the shortest distance."

Another comment comes, like the remarks on the saying of the men of the south, from Chu's commentary on the Four Books. It mainly quotes an earlier commentator, Yang Shih 楊時 (1053-1135). Chu feels that Yang deals with the passage satisfactorily: "... 'minor paths' are those such as farming, doctoring, divining. ... Mr. Yang says: 'The hundred schools and multitudinous arts are like the eyes, ears, mouth, and nose: all have certain things that they illuminate, but they cannot make connections with one another. It is not that there is nothing about them worth looking at. If one carries [these kinds of learning] too far, one bogs down; thus the true gentleman does not practice them.'"

Tzu-hsia's words, if they are not self-contradictory, must be read as drawing a distinction between "practicing" (wei 做) the minor arts and simply "looking at" them (kuan 觀), which is permissible amid even useful within certain limits. Both Chu and Yang elaborate on this distinction. "Truth" (tao-li 道理) in Chu Hsi's spoken remarks is ambiguous. It is both the pattern underlying the phenomena studied and an implicit principle of action. The problem is that those attracted to the minor arts go to them for superficial knowledge, and miss the truth that lies deeper. Yang Shih's analogy with organs of perception and use of the word "illuminate" suggest that "looking at"—as the term itself would lead one to suppose—amounts to cognition.

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68 Cf. Unschild, p. 39. Tzu-hsia's words appear in Lun-yü XIX, 4. In rendering wei as "practice" I follow James Legge in The Chinese Classics (Hong Kong, 1960), I, 341. The first of Chu Hsi's comments is in Chu-tzu yü lei (Yamashinaya ed of 1668, entitled Chu-tzu yü lei ta ch'üan 朱子語類大全, reprint, Taipei, 1973), 49: 2b (IV, 2558). Chu's second comment is in Sus shu chi-chu, 10: 1b. Yang Shih's comment probably implies that medicine is among the "minor paths," but I believe Chu Hsi was the first to include it explicitly. The remarks in Chu-tzu yü lei, 43: 13b (III, 2388), are not pertinent to this discussion.
In neither comment is there any suggestion that one should have nothing to do with the minor paths. Chu Hsi’s care to distinguish them from “wrong doctrines”—which one “cannot follow even the shortest distance”—suggests that some involvement with minor paths is perfectly acceptable. Yang Shih’s (and by adoption Chu Hsi’s) analogy seems even to make the minor paths indispensable (one would not after all cut oneself off from one’s eyes, ears, mouth, and nose), if insufficient.

It is reasonable to conclude that “looking at” meant to these Sung scholars studying, reading, intellectual acquaintance. They understood “practicing” or “taking too far” to mean pursuing a mere occupational skill to the exclusion of deep devotion to study. “Doctors,” then, are “lowly servitors” because they practice medicine habitually, as their life’s purpose, and ignore fundamental concerns. But the gentleman who, as part of a general search for judgment and truth, reads the classics of medicine—explores the minor path without getting lost on it—is acting laudably. Chu Hsi’s comments, then, involve exactly the distinction I have been tracing. He agrees with the consensus of opinion that medicine is worth studying, and with the Northern Sung opponents of medical education that doctoring is not a proper occupation for members of the elite.

Another pronouncement by Chu confirms this picture. In 1194 he was given several books on medicine and mathematical astronomy written by Kuo Yung 郭蘊 (1091-1187). Two friends to whom he showed Kuo’s introduction to the Treatise on Cold Damage Disorders (Shang han pu wang lun 傷寒補亡論), 1181) praised it. “The point is that what Kuo says seems to come entirely from the ancient classics, with nothing added or taken away. But what is profound, discursive, and hard to follow in the canons is in this book clearly demarcated, set in order, and easily seen. How, then, was the distribution [of the book] to be widened so that ordinary people studying the preparation of prescriptions might keep it in their houses and themselves memorize it? Thus they would know what the Way of Medicine of the ancient sages and worthies was really like, without being put off by its difficulty.” Chu persuaded his two experts to prepare the book for publication, and found a patron to sponsor its printing.

Chu recounts these events in the preface he wrote in 1195 for the publication. Although he is diffident about his own learning in medicine and astronomy, the preface closes with a well-informed discussion of techniques for locating the three segments of the radial pulse that traditional physicians used for diagnosis—a very practical matter.

What was the book that Chu chose to promote, without pressure from others, at a time when he was heavily burdened with responsibilities and still recovering from a major illness?

Kuo Yung was quite a gentlemanly sort. He is formally ranked as the second master of the Chien-shan 山 lineage of Sung Confucianism, of which his father Kuo Chung-hsiao 忠孝 (a chin-shih and official) is considered the founder. Chu’s great precursor Ch’eng I 程頤 (1033-1107) had been Kuo Chung-hsiao’s teacher, and Kuo Yung was
his father's disciple. Like Ch'eng, both Kuo were considered leading orthodox masters of the Book of Changes. Kuo Yung spent his life as a recluse and teacher, granted many tokens of respect by successive emperors. His brother, a prefect, was enthusiastic about the Treatise on Cold Damage Disorders—which he felt was neglected—and encouraged Kuo Yung to take up its study.

The book that eventually resulted was an erudite work of research: “Every word and every item of information, as I looked backward, had to have a basis and, as I looked inward, had to incorporate my insight. Only then did I dare write it in this book. I entirely banished vulgar, foolish, deceiving techniques. . . . From Ch'i-po and the Yellow Lord to diverse modern writings I have assembled over 1500 items in 50,000 characters, comprising critical discussions, dialogues, and manifestation type determination [cheng 譯, roughly equivalent to diagnosis] and therapy.”

Diagnosis and therapy are indeed not excluded, for they are the point of the Han treatise. Kuo provided his book with five chüan of prescriptions culled from the most authoritative sources. But the one thing that he did not mention in his extensive preface is clinical experience. There is no sign in any primary source that he practiced medicine. His book combines, as he puts it, precedent and insight. His aim was partly to save the Treatise from oblivion, but more than that: “In antiquity Confucius was skilled in many lowly matters. According to Tzu-hsia, even the minor paths invariably have things in them worth looking at. If even the sages and worthies did not reject [medicine and kindred arts], so much less should those who come after do so.” This is a very selective use of quotation. Confucius was not proud of the lowly skills that had kept him busy while unemployed, and we have seen that Tzu-hsia's recommendation was originally accompanied by a warning. Kuo was appealing to an elite audience. His anticipated readership was not those who would earn a living at medicine, but those who would decide whether it is respectable. 69

Chu Hsi, on the other hand, wanted to put the book into the hands of “ordinary people” so that their practice would be improved by access to the words of the sages, even at second hand. This aim does not conflict with the evidence about his attitude discussed earlier. Medicine was worth encouraging both as an intellectual activity for people of Chu's

69 Chu's preface is found in Hui-an hsieh-sheng Chu Wen-kung wen chi (SPTK), 83: 23a-24b. Kuo's preface is edited in Okanishi, op. cit., p. 663-664, with a couple of mispunctuations. The allusion to Confucius refers to Analects, IX, 6; for Tzu-hsia see the last footnote. Kuo Yung is included in the "Biographies of Recluses" in SS, 459. For his status in orthodox Neo-Confucianism see Sung Yuan hsueh an (SPPY ed., entitled Tseng pu Sung Yuan hsueh an 增補宋元學案 ), 28: 2a-8a.
sort and as an occupation that had to be performed capably by ordinary people for the good of society. The dichotomy is the point.

Attitudes in the Yuan
Did attitudes toward practice change in Yuan, so that scholars accepted and respected the work of the clinic as they had respected disinterested study in Sung? This question is in principle quantitative, but it cannot be answered quantitatively; we cannot poll the Yuan elite. All the evidence allows is a general and qualitative impression, which indicates that the controversy continued.

If institutions in some degree reflect attitudes, it is perhaps significant that the structure of titular offices for Yuan medical officials extended three grades higher than the Sung equivalent. Yet for Chinese officials this probably meant little, since the highest grades in nearly all areas of the bureaucracy were almost wholly monopolized by Mongols and Central Asians. Medical ranks were still clearly set apart from military and civil ranks and were considered inferior. Not until 1316 did the state provide teachers in local medical schools with official livery like that worn by teachers in the Confucian schools. The Yuan system still restricted movement from the medical hierarchy into regular office. Such transfers seem to have been possible only under special circumstances or by decree.\textsuperscript{70} Medical service, then, though perhaps more favored than in Sung, was still segregated. But again there may have been bureaucratic and pragmatic reasons for such a stigma, apart from the valuation of medical practice in the society at large. One would like to find more direct evidence.

Some direct evidence does survive, curiously, in the works of a Fuchou man, Wu Ch'eng, whose sympathies lay on the side of medicine and doctors. In his farewell essay for Wu I-feng (no. 11 of the Yuan doctors), Wu commented “Some ridicule those who, though sons of Ju [families], change their calling to medicine.”

The remark is startling. A farewell essay was supposed to praise the man sent off. It is highly unusual to call attention to the opinions of those who would not praise him. That Wu Ch'eng did so here suggests that such opinions were too widely held to be ignored. And in fact Wu took the “ridicule” seriously enough to attempt a rebuttal:

I say: Ju and medicine are a single path. Ju uses the quality of humanity [jen \(\text{仁}\)] to aid the people of the empire. Is not the craft of medicine [an example of] the humanity that aids men? Those who take the name of Ju but starve others to fatten themselves, harm others to benefit themselves, are inhumane in the extreme. How can one call them Ju? For whether Ju is Ju does not depend on an erudition due to memorizing ten thousand words each day; it does not depend on a cleverness that can achieve perfection in writing. It has to do with filiality and obedience

\textsuperscript{70} YS, ch. 91; Yuan tien-chang, hsin chi 國史 6: 4a; YS, 81: 2033. The titular offices extended to grade 3b in Yuan as against grade 6b in Sung.
to one's family; good will and harmony with one's lineage; and loyalty and truth to one's neighbors. What it stresses is human relationships; what it practices is Heaven's principle; that is all. Although one advances through medicine, if one can cultivate the practice of filiality and obedience, good will and harmony, loyalty and truth, medicine may be the name but Ju is the reality. What then is left to ridicule?\textsuperscript{71}

This is the only passage in Wu's extensive writings on medicine in Fu-chou that explicitly mentions the prejudice that some hold against doctors. Much of what he has to say elsewhere, however, makes better sense and speaks with greater force if we take such prejudice as its context. Again and again Wu compares medicine favorably to Ju. Of Ho Ch'ing-ch'ang he says, "His practical effectiveness is sure to exceed that of some of the Ju sort." Of Tung Ch'i-ch'ien (echoing Wu Tseng) he says "How does the merit of a good doctor, in his broad aid to the people, differ from that of a good chief minister?" In speaking of Tsou Sheng-jen he writes "Though medical studies may be higher or lower, shallower or deeper, they always make aiding others their prime concern: they have no other method. Ju studies are not like this... In recent times great scholars (Ju) have pointed to memorizing, recitation, and elaborate writing as traits of vulgar pedants (su Ju 俗儒). If this is so, though the name Ju is one, the actualities of Ju are by no means one."\textsuperscript{72}

Wu Ch'eng, perhaps the chief contributor to the Neo-Confucian tradition in Yuan, is hardly out to discredit Confucian scholarship. His point is that moral distinctions are more important than the social distinctions that others draw between Ju and doctor. He wants to show that medicine can embody Ju moral ideals.

To embody the totality of the Way, so that the world may enjoy the blessings of tranquility and peace and the people may be able to live out their lives, is the way of Ju. To use an aspect of the Way, so that the world may escape the horrors of disease and wasteful early death and the people may be able to live out their lives, is the way of doctors. Whether "Ju" or "doctor," their way is the Way of the sages. They differ as totality differs from aspect; but inasmuch as they let the people live out their lives, there is surely no division between [the two callings].

If Wu is out to undermine the finality of the Ju/doctor distinction, he can do so just as well by stressing distinctions among doctors. Here he comments on Ch'en Ching-ho: "Medicine is a craft, but Ching-ho's conduct is that of a gentleman (shih 士). Embodying the conduct of a gentleman while maintaining the craft of a doctor: can this be equalled by those who merely specialize in a single craft?"

\textsuperscript{71} WWC, 30: 19b-20a.

\textsuperscript{72} WWC, 30: 19b-20a; 27: 13a-14a; 26: 18a-20a.
The conjunction of doctor's craft with gentleman's conduct would not be worth calling attention to if no one thought the two incompatible. Wu found them compatible in Wang Yuan-chih: "With others who are called 'doctor,' it is sometimes not a hereditary occupation, or they are sometimes not of the Ju sort. If it is not a hereditary occupation, they may well not be well-practiced in their art. If they are not of the Ju sort, then they may not be well versed in principles (li). The Wang family are hereditary doctors; they are Ju physicians. They are practiced in their art; they are well versed in principles. That they have risen well above ordinary doctors is certainly as it should be."

Wu is separating out one category of doctors (those who are cultivated, "Ju") and one category of Ju (those who are altruistic, not immersed in scholarship or literature to the exclusion of moral action), and showing that these two are equivalent and deserve equal respect. It is a persuasive strategy, but implies that some see the gap between Ju and doctor as unbridgeable. Wu's attention to the issue makes good sense precisely because "some ridicule those who, though sons of Ju [families], change their calling to medicine."

Another occasional piece on behalf of medicine, this one by Liu Hsun (1238-1317) of Nan-feng-chou 南豐州, Fu-chou's immediate neighbor, devotes attention in much the same way to views that relegated medical practice to a fairly low position in the social scheme. In 1301 Liu composed the text for a stone inscription commemorating the erection of the Temple of the Three Emperors in his prefecture.

The shallow knowledge that is the fashion classifies medicine as a [mere] technical skill. This shows unawareness that the power of a doctor in aiding the world may be a match for that of Heaven and Earth. Why? Heaven and Earth give life to men but cannot make men free of sickness. When men are sick they beseech Heaven; Heaven is unmoved. They call upon Earth; Earth is silent. If their sickness does not abate, they must turn back and seek [healing] from a doctor. With a doctor—if one finds the right man for it—agonizing pain will cease, the emaciated will grow stout and strong, and those on the verge of death will not die. Is it wrong to say that [the physician's] power is a match for that of Heaven and Earth?

Liu argues that medicine is not a "mere technical skill" because doctors ease human suffering. His attitude resembles that in Wu Tseng's anecdote about Fan Chung-yen. Liu thinks medical practice is something higher than a mere skill, but he does not suppose his view to be everywhere shared.

A last bit of evidence comes from quite another kind of source. The Yuan play The Gods Who Send Down Mulberries (Chiang-sang shen 下降)...

73 WWC, 38: 4a-7b; 33: 18b-19a; 27: 3a-4a.

74 Liu Hsun, Shui-yun-ts'un kao 水雲囘稿 (SKCSCP), 2: 3b-6b.
includes a comic scene involving two doctors, almost unconnected with the rest of the play. This scene was originally an independent skit entitled “The Battling Doctors” (Shuang tou i -双诀医) - a popular one judging from mentions of it in other writings of the time. It is also one of the most translated pieces of Yuan drama.\(^75\)

The two doctors—one of them the imperial Grand Physician—appear as buffoons, medically incompetent, driven by greed, and almost wholly without conscience. The scene ends with the two boasting of their skills antiphonally while thumping each other with their bags. Clearly the original author, who may actually have written under the Chin or even the Sung, and the Yuan dramatists or actors who included the scene in their plays, believed that there was an audience for portrayals of doctors as fools and scoundrels.

Caution is needed. We cannot argue very far from the mere ridiculing of doctors in a Yuan play. Yuan plays notoriously ridicule or hold up to scorn a wide range of social types, especially high officials of the most conventional kind. That doctors too are ridiculed tells us little. What matters is the particular way they are ridiculed. We see their incompetence and greed, but these characteristics are paralleled in many plays that caricature the malfeasance and corruption of officials. This skit differs from that stock caricature. Midway through the scene the two doctors, Tomb Stone and Chuckle Head, find themselves before a prospective patient’s door:

*Tomb.* After you, little brother.
*Chuckle.* I would not dare accept. After you, older brother.
*Tomb.* Most esteemed younger brother, you must go first, please.
*Chuckle.* Oh, but you are mistaken. You seem to think that I haven’t read the books of Mencius and Confucius and so lack the slightest comprehension of what constitutes the conduct of Former Kings. But has it not been said in the Books of the Sages (and I almost quote), “He who walks slowly behind his senior is younger-brotherly, he who hastens to pass an elder will never graduate. As the plowman’s fields yield, so the traveler yields the road. Who is older is senior, who is younger, junior.” You are senior and I am junior and this being so it is a question of seniority and juniority wherein one must distinguish between highly and lowly and in this matter the conduct of the Former

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Kings was absolutely correct-when-they-said-and-I-quote: “I'll be a horse's ass if I go first!”—My goodness! Don't I have an oily mouth!

Commentator/Interlocutor. And stuffed full of literary elegance, too!

Chuckles. No, I dare not go first. Esteemed Elder Brother, you first.

Tomb. Under no conditions! Honored brother, you are a cultured and superior man while I am but a dolt. My brother is the most virtuous of men while I have scarce a half-chaff-worth of ability. I have heard that my younger brother's practice of medicine makes one think the gods themselves were at work. The prescriptions you use in your treatments are effective without fail. My brother is the most accomplished of men and I am not worth a maggot's pelt. I'll be a gnawed dog's bone if I enter first!

Commentator/Interlocutor. A plague on you both! Shut up and go in!

One hardly need know anything of China to recognize the type caricatured here. It is recognizable not so much from life as from other literatures. Status, not simply competence or honesty, is at issue. Here we see, doubled, the man who cannot be called an arriviste only because he has not arrived—and probably never will. He affects a cultivation, an education, and with them an etiquette, far beyond him. The rituals of humility are caricatured. The Classics are assaulted by misquotation or sheer fabrication. Claims to status are trotted out, then unwittingly gutted and quartered before our eyes. These are men who wish to seem better than they are. They know their status is shaky but will put up the best front they can. No slight, real or imagined, can be overlooked. Here, for instance, is Tomb Stone when his client, instead of welcoming him at the door, sends a servant:

Tomb (bridling). I am physician to officials. When I come to someone's door I don't expect him to dispense entirely with paying respects. Where is he?

Doctors, then, worry about reputation, about appearances, about form, about affirming their own status by acting a part they lack the culture to master. This is not, so far as I have seen, how wicked or foolish officials are shown. Instead we sometimes see them lightly abdicating a dignity otherwise secure. Consider the judge in The Mo-ho-lo Doll (Chang K'ung-mu chih k'an mo-ho-lo 張孔目智勘魔合案):

Judge. . . Chang Ch'ien, see if there are any other litigants and if so, send one in.

Chang. Yes, sir.

(Enter Wen-tao and Yu-nang, talking)

Judge. Bring them over.

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Chang. Kneel! (The judge kneels.) No, no, your honor, the litigants kneel! Why are you kneeling to them?
Judge. Ah, you don’t understand at all! Litigants beget my daily bread. I have great respect for its parents!

or his colleague in The Child Shen-nu-erh:77

Chang Ch’ien. The clerk is here, your honor.
Magistrate. Would he please come in?
Chang Ch’ien. This way, please.
Clerk (greeting the magistrate). What is your pleasure, your honor?
Magistrate (greeting the clerk on his knees). Dear clerk, I wouldn’t have troubled you if I didn’t need your help. Someone’s come with a murder case and I can’t solve it, so I called you to judge for me.
Clerk. Get up, please. It would be disgraceful if this should be seen by other people.

This sincere but socially improper self-humbling contrasts with the exaggerated and insincere humility of the doctors at the door, or Tomb Stone’s indignation when greeted by a servant. The buffoonish official moves downward from a position of dignity, and must be reminded that it is his. The buffoonish doctor is caught out as he tries shakily to move upward from his natural position. It is interesting that Tomb Stone is presented as the Grand Physician, not the lowest among doctors. Whether or not Yuan doctors behaved this way, the stereotype of the doctor as futile but energetic climber, ashamed of his proper status, was alive in Yuan minds.

Yuan drama was a popular medium. But the doctor’s scene, like much else in Yuan drama, was surely aimed as much at the educated elite (whom we know made up at least a part of the audience) as at the masses. An illiterate audience would have grasped the general idea, but would probably have missed the point of Chuckle Head’s breathless, high-flown style and false classicizing in the argument at the door. From this scene, as from the testimony and arguments of Wu Ch’eng and Liu Hsun, it would seem that attitudes toward medicine as an occupation had not entirely changed since Sung. As before, eloquent arguments were made for the respectability of doctoring. As before, not everyone was convinced. One cannot know how widely views on one side or the other were held. One can only say that the decision to take up medicine remained significantly controversial. In what follows I will argue that while controversy itself was an important factor in elite choice of career, its relative weight changed as other circumstances changed.

Household Strategies and the Choice of Medical Careers

Strategies in the Sung: Institutional change clearly occurred. Change in attitudes also may have occurred, but is hard to demonstrate from the evidence. If these do not by themselves account for the Yuan move to medicine, how is one to account for it? I hypothesize that the choice of a medical career, like that of any other occupation, was an aspect of household strategies. From the point of view of a father plotting the careers of his sons, or of a young man planning the future of his own household, the Ju career (classical study with examinations and office as the ultimate goal, and teaching as a fallback) and the medical career were in several important ways strategically similar. These similarities meant that a change in the conditions for one could prompt people to choose the other. In the Yuan, for the first time, medicine was well positioned to receive just those men who earlier would have pursued Ju. Before elaborating, I will survey the determinants of career choice.

Sinologists used to assume that the pursuit of office so preoccupied Chinese families that any alternative could only be an unsatisfactory fallback. There were times when this was true, particularly for families whose social position made the exclusive pursuit of office a realistic goal. But the period surrounding the fall of Northern Sung saw a permanent shift among elite families from exclusive concentration on the achievement of high office to a broader strategy focusing on local position. In this strategy periodic presence in office was only one important element. In Southern Sung one may speak of "occupational choice" as a matter for concern, even in the most successful families. This is reflected in the influential late-twelfth-century household manual I have already cited, the Rules for the Generations of Yuan Ts'ai. Yuan deals with the problem of occupations in several places. In one passage he shows why it is desirable that sons occupy themselves at all. "People who have sons must make them have an occupation (yeh 男 ). If they are poor and mean and have an occupation, they will not come to be hungry or cold. If they are rich and titled and have an occupation, they will not come to do wrong. Whenever sons of the rich and titled are given over to wine and sex, liking gambling, fine clothing, and ostentatious carriages and horses, and associating with bands of good-for-nothings, until they ruin their family, it is not that their original intentions are debased; they have no occupation with which to pass their days."

78 Or "mobility strategies," as they are more often called. I prefer to avoid this term since it suggests that the goal was always to move. Chinese were often trying to stay where they were and avoid being forced downward.

Idle hands are to be made busy. But how? We have seen that Yuan Ts’ai thought medicine a plausible and respectable choice, but it was only one on a surprisingly comprehensive list. His first choice was unquestionably Ju-veh 儒 葉, the scholarly career.

The son of a gentleman or official, if he has no hereditary stipend to maintain him, and has no real property that he may rely on, but wants to make a plan for serving his parents and supporting his dependents, can do no better than be a scholar (Ju). One whose talent is so fine that he is able to study the palace degree curriculum may, if of the higher quality, take a degree and reach wealth and office or, if of lesser quality, open his gates and give instruction to receive the stipend of a teacher. One unable to study the palace degree curriculum may, if of the higher quality, work with brush and paper at writing letters for others or, if of lesser quality, punctuate texts and act as a tutor to children. If he cannot be a scholar, then medicine, the clergy, agriculture, trade, or crafts—any of which can provide a living without disgracing one’s forebears—may all properly be done. That a son should stray into begging or thievery is the most extreme disgrace to his forebears.

Yuan Ts’ai recommends scholarship chiefly for its flexibility. The son who does not reach office has acquired a foundation for supporting himself in other ways. This foundation makes even a businessman or artisan respectable.

Elsewhere Yuan again stresses that a family should not force its sons to abandon study merely because they achieve neither office nor academic brilliance: “For the histories and biographies record matters of antiquity, literary collections provide marvelous writing, and the yin-yang writers, diviners, medical authors, and storytellers too have much delightful talk. The pages and volumes are limitless and cannot be finished in months and years. Sons, absorbed in them day and night, will aid and benefit themselves and will have no leisure for other concerns. Further they will surely acquire friends working at scholarship, with whom they will come and go, talking and discoursing. How then can they end up spending their days stuffing themselves, with nothing to occupy their minds, or doing wrong in the company of small men?”

Clearly for Yuan Ts’ai an occupation is partly simply that—something to occupy a son and keep him out of trouble. But from all that Yuan has to say one can extract three general aims that were important to him in choosing work for sons: wealth or income; opportunities for office; and friendships or social contacts with the right sort—a serious sort—of people. If the importance of wealth or income

80 Yuan Ts’ai, 1: 5; 2: 40; 3: 5-6. I am not suggesting that moral principles or questions of honor played no part in Yuan Ts’ai’s system. From his work as a whole it is clear that feelings of duty and of shame, as much as practical considerations, lay behind his concern to keep his sons from falling into dissipation and evil company. The foundation of his interest in
is self-evident, in what ways might each of the other factors be important to a family head in Southern Sung?

Though office was no longer the exclusive focus of elite family ambitions in Southern Sung, it had not lost its prestige. It remained an important source of steady and sometimes considerable income.

Certain local advantages were particularly important. The legal status of "official household" (kuan hu 官戶) entailed special privileges. Exemption from or reduced liability to service duties, for example, often relieved the household of a considerable financial burden. Probably even more important was the right to be represented in lawsuits by an agent (kan jen 幹人) rather than appear personally in court. An agent was personally responsible for actions taken on his master's orders, but could not testify against him in court. Especially in Fu-chou, a notoriously litigious prefecture, this protection from personal legal responsibility gave a household enormous advantages in acquiring and protecting property and in influencing local affairs.

Yuan Ts'ai deals with the social ties that arise from scholarship only as a means of keeping sons from straying. Friendships and other associations, however, were important to a family in many other ways. Recommendations or personal guarantees could be crucial for advancement in official careers; for entry into schools, academies, or examinations; for the arranging of marriages; for establishing contact with potential students or teachers; even for inducing a famous scholar to write a tomb inscription for one's grandfather, or to preface one's own writings. An influential friend or acquaintance might protect one's interests until an overzealous local official moved up the ladder to his next post. Beyond specific advantages, the prestige of the circles in which one traveled affected one's own status and identity. The head of a family could hardly afford to ignore what connections his sons might form in different occupations.

Scholarship, Ju, was unusual in combining all three aims—income, office, association—in one highly flexible vocation. The examination system made scholarship the route par excellence to office, with its prestige, salary, and privileges. As Yuan Ts'ai makes clear, the son who

finding occupations is thus at least partly moral. But in choosing specific occupations Yuan was intensely practical and inclined to exclude very little from the field as not respectable enough. This grounding of a pragmatic superstructure on a moral foundation must, I suspect, have been typical among elite household heads, especially where means were not unlimited.

These were important enough to determine major household decisions. The two surviving palace degree lists for Sung, which record the name of the founder of the household—the legal "household head", even if deceased—show clearly that kuan-hu status strongly influenced when a household would be split to establish new ones. This was first pointed out by Sudô Yoshiyuki 四ツ利之 in "Sô kanryôsei to daitochishoyû" 代官係制と大土地所有 , in Shakai kôseishi taikei 社会構成実体系 , 1950, 8: 102-128.
studied Ju acquired skills that could be useful even if he never reached office. Indeed in Southern Sung Fu-chou the privilege of representation by an agent extended to any household whose son merely passed the prefectural examination. Yuan mentions three alternative careers, teaching, letter-writing, and punctuating texts. Any of these would provide an adequate income, and could lead to edifying and helpful contacts.

The services of the teacher were constantly in demand, since virtually all elite families educated at least some of their sons in literature and the classics. The tutor of a wealthy man's sons regularly entered the household, sometimes living there for as long as he taught and becoming virtually a member of the family. The special relationship between a teacher and his pupil's family was recognized in Sung law, which let officials nominate teachers, among other dependents, to take a qualifying test, less demanding than the normal one, for the palace examination. A tie so clearly sanctioned by the state could be turned to local or private purposes. Thus teaching, the major fallback vocation for the Ju specialist, though not always very lucrative, could influence a family's future position in office and within local society.

The paths open to a man who entered medicine were similar. Almost alone among non-Ju vocations, medicine throughout Sung could be a direct route into office. This was office of a special kind, but office nonetheless, providing kuan-hu privileges to some or all of its incumbents (depending on the era), and offering some opportunity, however slight, for movement into regular posts. Doctors who did not reach office had, like scholars, an excellent vocation to fall back on. The private practice of medicine could sometimes be quite lucrative, perhaps more so than even the most successful teaching career.

In other important respects, teaching and medical practice were similar. Like teachers, doctors were greatly in demand. All elite families needed them from time to time. A tendency clear in the sources to consult many doctors in a single case broadened demand even further. Like a teacher, a successful doctor gained frequent direct access to the households of his patients. Most important, a doctor, like a teacher, might

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82 Chaffee, pp. 243-245.

83 Military service was one other, but it was not as easily rewarding a path for those who failed to secure appointment.

84 Direct evidence of the income a doctor could expect is worse than rare; I have touched on a few vague indications in note 14. As large a proportion of doctors specialized in diseases of the rich in Sung and Yuan as in our own day. This is the implication of the laudatory remarks one finds in funerary inscriptions about men who did not choose their patients by their wealth, or who asked no fees of the poor. Chinese discussions of medical morality since the seventeenth century have urged the same behavior. See T'ao Lee, "Medical Ethics in Ancient China," Bulletin of the History of Medicine, 1943: 13: 268-77, and Unschuld, passim.
form connections with the people he treated, might virtually be taken into the family.

This last point is important. Unlikely though it may seem, it is well documented. At certain periods in Sung the state recognized the doctor-patient relation by allowing officials to secure admission to central schools or appointment to medical posts for doctors of whose skills they had personal knowledge. As the state took control over the training of official doctors it abolished this privilege. While it lasted it had social and economic value. A memorialist of 1111 complained that local officials were using appointment to local medical posts to compensate doctors who had served them. As we have seen, Ts'ao Shao's critics charged that he used medicine to form valuable connections with powerful men. In his Self-Admonitions for Managing a District (*Tso i tzu chen* 作邑自箴, 1117), an administrative handbook for local officials, Li Yuan-pi 李元zip advised district administrators to issue, on their first arrival at a post, public notices along the following lines:

NOTICE: On this month and day I have arrived at my post. There are absolutely no kinsmen or inlaws, family tutors, students, doctors, clergymen, servants or the like accompanying me. I am concerned that there may be people falsely claiming to be of the above categories who will make trouble abroad.

The purpose of this declaration was to warn local people against swindlers who claimed to be acting on the administrator's behalf or under his protection. Li assumed local people would find it natural that a doctor should be traveling in an official's personal entourage and acting as his representative.

We have seen that medicine, like *Ju* studies, offered a chance of office, the likelihood of a secure income if office was not achieved, and opportunities to form strong personal ties with important men and their families. The two pursuits drew on a similar range of talents as well. Both were textual disciplines with classical roots. Medical education, like all other Chinese formal education, stressed memorization. Medicine and *Ju* favored the young man who could read quickly and with understanding and assimilate what he read—but every teacher expected him to reproduce it verbatim.

Neither discipline, however, was purely textual or indeed purely intellectual. *Ju* studies aimed at office, which required its holder to deal with economic, military, political, and administrative problems. The ultimate end of formal medical study was therapy. The student did not simply learn texts. He received them from his master, who by example showed

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how they were to be lived, and how knowledge and action were to be related.

Accounts of teaching consistently show that the best teachers in both fields challenged their students to put forth interpretive and creative effort that readied them for public lives. The intellectual and emotional demands of both Ju studies and medicine would have been congenial to similar personalities. A father might have favored either for a son who seemed ill suited to business.

In Sung this combination of functions and requirements was virtually unique to Ju and medicine. Other paths pursued by Fu-chou elite men offered dissimilar advantages.

Commerce was the prime means for acquiring great wealth quickly, but did not offer direct access to office or a choice of personal associations. Not everyone needed a tea wholesaler. In long-distance trade—by far the most lucrative—connections were spread thinly over a wide area. In Southern Sung, when long-distance marriage, emigration, and the pursuit of high office had largely lost their former place in Fu-chou elite household strategies, connections outside the prefecture furthered a family's commercial dealings, but probably had little impact on its local position.

Militia leadership, another vocation for some elite sons, could lead in time of crisis to special grants of office. A militia that brought together several families or lineages may well have created relationships that extended into other spheres. But there is no evidence that militia leadership was a reliable source of income. Indeed it may have been a costly means to local influence and power. In any case militia leadership as a specialization seems in Fu-chou to have been geographically restricted, not an option available to all elite families.87

The clergy—another of Yuan Ts'ai's choices—offered a livelihood and sometimes involvement in local elite social networks, as well as privileged access to supramundane influences. But it excluded one from office and placed one in an ambiguous relation to one's own family.

If scholarship and medicine resembled each other in important ways, there were still differences that mattered to a Sung man planning his household's future. A young man practicing Ju held two advantages: his chances for office or for official household privileges were far better, and the respectability of his vocation was beyond dispute.

How much did these advantages matter? Office surely gave Ju studies the edge over medicine early in a career. But if office were the main consideration, then one would expect at least some failed degree candi-

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87 It seems to have occurred only in the two areas of Fu-chou where physiographic and political divisions did not coincide, where watersheds between major regional river systems lay within the prefecture, well away from its administrative boundaries. This pattern endured for two and a half centuries, through the Sung-Yuan transition, even while the identity of the leading militia families changed.
dates from old elite families to move into medicine. Apparently in Sung Fu-chou this did not happen. The perennial prefectural graduate, when at last he gave up, retired to his estates or became a teacher. Evidently the social disagreement over medicine’s status was enough—given the strong demand for teachers—to discourage elite sons from becoming doctors.  

Controversy did not keep old elite families out of other pursuits. While the status of the trader continued to be debated throughout Sung, long-distance commerce and foreign trade virtually exploded. The lineage of Lu Chiu-yuan 陸九淵 (1139-1193), progenitor of a major Neo-Confucian movement, made and maintained its fortune in the drug business. The propriety of militia involvement for a gentleman could be vigorously debated, even within the family concerned. Yet any number of Fu-chou scholars and officeholders organized local defense forces in periods of banditry or war, and a few elite families made the militia their specialty. The attacks of Neo-Confucians on Buddhism and Taoism are well known, yet some Fu-chou men of elite background chose to enter the clergy. All these choices offered advantages, or filled social niches, that scholarship and medicine did not. In Southern Sung, I am arguing, doctoring offered little that teaching did not; and teaching—within elite circles—offered unquestioned respectability as well. Why then practice medicine if one could teach?

All of this, however, applies with greatest force to a family whose position was already relatively secure. Men with a long family tradition of classical education and a stable economic foundation had the advantage in preparing to teach. Although teaching was a route to new contacts, old contacts were useful for establishing oneself and for recruiting students. I do not mean to suggest that old families were able to exclude new arrivals from the field; but when the competition for pupils was severe, some families on the way up were bound to be discouraged. On the other hand, the established elite’s disregard for medicine left a vacuum that ambitious families of middling status could fill.

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88 A certain proportion of the medical posts (both central and local) available in Sung, and an even higher proportion in Yuan, were teaching posts. This, however, does not significantly affect my argument. Any official medical post, whether teaching or otherwise, represented occupational medicine in both Sung and Yuan, and so—with respect to the controversy over medicine’s status—had roughly the same meaning as private practice. As for private teaching of medicine, since in Sung elite sons did not enter medical practice in significant numbers, students and presumably teachers were of low or middling social standing. In Yuan this condition had changed. At least one of the Fu-chou elite doctors in Yuan seems to have been active largely as a private medical teacher, while others took local school posts.

89 Hymes, pp. 139-50, 183-84.
The conclusion is obvious. If Ju studies and medical practice served similar functions for a man and his household, and drew on similar talents and traits of character, and if abundant opportunities in Ju studies—particularly in teaching—could thus keep elite men out of medical practice, then movement into medicine should be a natural response to a significant reduction in Ju opportunities.

Changes in the Yuan: The policies of the Yuan accomplished this reduction. It is often said that the reduction of the pool of civil offices open to Chinese, and the possible—though not certain—expansion of medical offices, reduced the advantages of the Ju path over medicine as a route to office. But the families from which Yuan doctors came included, as we have seen, those that maintained some presence in civil office under Yuan.

What affected the balance more decisively, I suggest, was the decline of opportunities in teaching. The defection of students when the examinations were abolished greatly reduced the demand for private teachers, and so reduced the number of teachers that Fu-chou could support. For those who could find a place, teaching was, as ever, prestigious, remunerative, and productive of social contacts. But as the market for teachers shrank, controversies over status became less crucial.

Another change may have led in the same direction. The early and middle Yuan system of official recruitment stressed recommendation by local officials. If one hoped to reach office, it was important to form personal ties with someone whose contacts with Yuan officialdom were well established. This, I would argue, gave enormous social importance within Fu-chou to a few strategically placed intellectuals, men like Wu Ch'eng and, later, his students Yü Chi and Wei Su. Local men who chose Ju studies tended, I think, to cluster around relatively few teachers to a degree unparalleled in Sung. This in turn will have reduced the opportunities for other teachers still further.90

If the role of teacher was thus circumscribed in Yuan, and if households interested in its advantages had to look elsewhere, medicine was the field to look at. None of the other vocations promoted by the new state could meet the need so well. Mongol specialists, for example, served as interpreters between Mongol and Chinese officials and perhaps between Mongol officials and Chinese locals, and so may from time to time have formed strategic connections in the bureaucratic sphere. They did not, it seems, enter into elite households or develop long-term personal relationships with those who used their services. Yin-yang studies were perhaps the nearest possibility, as diviners did provide personal services to elite families. The demand for those services can never have been as

90 I have presented this argument in fuller form in Hymes, "From Sung to Yuan," and in "Marriage, Descent Groups, and the Localist Strategy in Sung and Yuan Fu-chou," forthcoming in Kinship Organization in Late Imperial China (ed. Patricia B. Ebrey & James L. Watson; Berkeley, 1986).
broad or as constant as the demand for medical treatment. There is no evidence that a diviner might become a member of the extended household.

The range of possibilities that medicine offered was, it seems, unmatched. The old elite families who had sent so many sons into Ju studies began to send some into medicine instead. Since Ju still offered better opportunities for office, some continued in Ju but took up medicine as a form of insurance.

We have seen that earlier, especially in the Sung, the state promoted the textual aspect of medicine, and gentlemen included the medical classics within the scope of their learning. This textually based respectability of medicine, in the Yuan, attracted young men who in other circumstances would have taken up Ju studies. Now they were looking to medicine not for erudition and amateur accomplishment, but for livelihood. Its moral rationale equated clinical practice with benevolence, and therapy with the statesman’s contributions to the empire. We have seen this rationale exemplified in the Sung anecdote about Fan Chung-yen and in Wu Ch’eng’s Yuan arguments. The arguments about altruism and social benefit that put doctoring in the same class as governing and teaching were not applied by conventional gentlemen to yin-yang divination (despite its respected textual roots) or religion (despite the scriptural roots and preoccupation with the Way of both Taoists and Buddhists), much less to warfare or trade. Doctoring as an alternative to Ju studies combined intellectual substance, a high ethical tone, income, connections, and opportunities for official appointment. It would be pointless to ask which motives were decisive. In the Yuan, for once, all worked in the same direction.

It is not that new views of medicine appeared, but that attitudes already widespread in Sung continued into Yuan. Ethical arguments for medical practice were still not universally accepted. But social and political circumstances had changed. They provided motivation to take the strengths of medicine seriously when choosing a career. In the Sung there had been good reasons to ignore them.

Conclusion
This account has drawn on established views about the effects of Yuan policies, especially the abolition of the examinations, on elite career patterns. But explaining why some men chose not to become Ju does not determine why they became doctors. I depart from my predecessors in arguing that lessened opportunities to teach may have been crucial in this change. In the Yuan, medicine offered practical, ethical, and intellectual attractions that equally accessible occupations did not.

91 For a general introduction see Sivin, Traditional Medicine in Contemporary China (Science, Medicine, and Technology in East Asia, 2; Ann Arbor, 1986), “Introduction.”
How does this hypothesis bear on the dispute between Needham and Porkert about changes in the status of medicine? On the one hand, Needham greatly overstates the extent to which Sung institutions succeeded in creating “considerable numbers of physicians well educated in general literature.” There was no Sung consensus that a doctor was simply “a particular kind of scholar, clad in the full dignity of the Confucian intellectual.” Such a consensus was arguably one aim of the promoters of medical education, but there was too much resistance for them to succeed. Yuan changes in the status of medicine were the result of private decisions, not state promotion.

It is even harder to agree with Porkert that “the social downgrading of medical practitioners began under the Yuan in the fourteenth century,” since it is precisely in Yuan that numbers of men from the established elite first appear in the sources as practicing doctors. Needham’s gentleman-doctor, it would seem, emerges as a social entity not in Sung, but in Yuan—not when the doctor becomes a gentleman, but when the gentleman becomes a doctor.
APPENDIX A. TRANSLATIONS OF DOCUMENTS ON LOCAL MEDICAL EDUCATION IN SUNG

1. From Sung ta chao-ling chi 宋大録合集, 219: 842, an edict of 982:

It is on the texts of medicine and pharmacology that man's life depends. For the proper healing of disease one must study the highest examples of the art. Thus for the post of Grand Physician ten successes [in ten] were taken as the standard of ability; medicines were not ingested unless the family that gathered them had done so for three generations. I think with tender compassion of the dark-haired multitude; fearing their waste through early death, I have accordingly set down an enlightened decree that prescriptions of repute be sought for purchase, fully discussed and considered, and on that basis collected. When they had been compiled into scrolls, I further ordered that they be engraved on printer's blocks. It is appropriate to confer the grace of broad distribution and so show my intention to nurture and to foster. The Prescriptions of Sagely Beneficence together with table of contents, making up one hundred and one chapters in all, shall be granted in two copies to each prefecture of the several circuits. Further, each prefecture shall select one man, excellent in the medical arts and effective in the treatment of disease, certify him in the position of Erudite of Medicine, and direct him to take sole charge of [the text]. Any among the officialdom or the populace who should wish to copy it shall be allowed to do so. Where there is already an Erudite of Medicine, he shall take charge of it: do not choose another for appointment.

2. From Chao Ju-yü, Sung-ch'ao chu-ch'en tsou-i 宋朝諸臣奏議, 84: 28a-29b, Fan Chung-yen's memorial of 1044:

Your servant has observed that the Institutes of Chou (Chou li 周禮) had Masters of Medicine to be in charge of medical administration and directed that they be examined in medical matters at the end of each year to determine their salaries. Thus that the former kings treated medicine as important is recorded in their statutes. The establishment of Erudites of Medical Studies in our founders' reigns was done with the same intention. But they have never given instruction to pupils. Today of the million persons in the capital, doctors number in the thousands. The majority have picked up [their craft] in the streets, rather than being taught by a master. Every day there are cases of harm to human life through their errors. I wish to ask that, in conformity with Your sagely intentions, You expressly send down a decree deputing the Court of Palace Attendants to select three to five men capable of expounding medical books to be Masters of Medicine and to lecture at the Wu-ch'eng-wang Temple on the Basic Questions, the Canon of Problems, and other texts, inviting pupils training in medicine in the capital to audit, and also teaching the reading of the pulse and the compounding of medicines. For acupuncture and moxibustion separate courses should be set up. After giving instruction for three years one may select [pupils]
for examination; those placing high will enter the Han-lin Bureau as students-in-attendance. Order further that from now on one cannot enter the Han-lin Bureau except through study with a Master.

If any on the outside have privately studied medicine to the point of expertise and are recommended by three high court officials, they too should be sent to the Wu-ch’eng-wang Temple for competitive examination, with retest in the Court of Palace Attendants, selecting those whose proficiency in the Way of Medicine is of the highest level; only then may they enter the Han-lin Bureau and serve in attendance. If among the doctors at the center or in the various palaces, courts, and intendancies who are commoners and have not been trained by the government, some are meritorious and effective, merely give them payments and emoluments; when they have served in attendance for ten or more years with repeated success, put them at the disposal of an Assistant Instructor or a general of the three palace army agencies; but they should not enter the Han-lin Bureau.

As for the prefectures of the several circuits that already have Erudites of Medical Studies, one should also order that in each place pupils be trained, and also that an official be selected solely to supervise. Further command the fiscal and judicial intendants and the fiscal vice-intendants, in each place they go, to check on the pupils studying medicine. Wait until they can repeat from memory two medical texts with confidence, then exempt them from the various special household service levies. If they serve in attendance at the prefecture with repeated success, then [the prefecture should] report its endorsement of guarantee and they should be put at the disposal of an Assistant Instructor.

Our priority is that the Way of Medicine in the realm achieve continuity, and that wrongful death [through malpractice] be avoided. The benefits will be very broad; this will be one of the finest favors of a sage.

3. From SHY/CK, 22: 36a-36b:

In the sixth year [of Chia-yu 繹] on the first day of the second month (23 January 1061), the Court of Imperial Sacrifices reported on the matter of the request made by the administrator of Po-chou 淮州, Li Hui-chih 李徽之, that the outer prefectures be ordered to select and test [pupils] in medical studies for the relief and healing of the sick among the armies and the populace:

Noted: in the edicts on the Grand Medical Office, any man studying medicine in the capital who may wish to be an auditor at that Office is permitted to deposit his family affidavit at this Court, and to call on one incumbent high official or Han-lin Medical Officer or Medical Scholar to guarantee him; further, three or more men are allowed to join in a mutual guarantee. When he has audited for a year he is to be tested with ten questions on the meaning of the classics; whoever is right on five will then be given certification by this Court and admitted as student at the Office, at the same time observing the quota of 120 men set in recent regulations.
Now, having examined the matter in detail, we wish to ask that the prefectures of the several circuits, after the precedent of the Grand Medical Office, invite any pupil studying medicine to deposit his family affidavit and to call on one incumbent official or Erudite or Assistant Instructor of Medical Studies to guarantee him; again three men or more may join in a guarantee. Each place should choose an official to supervise, and let the Erudite of Medical Studies give instruction in medical texts, after one year deputing officials to test [the pupils] competitively in the meaning of the classics; whoever is right on five questions should be given [certification] by the prefecture, admitted as student, and exempted from medical [?] service for the prefecture and district. All large prefectures should take ten men\(^{92}\) as their quota, three of these in pediatrics; for small prefectures seven, three in pediatrics. They should further provide an official building of five to seven chien for lecturing and studying. When there is a vacancy for the prefecture’s Erudite or Assistant Instructor, they should select someone expert in the medical calling, with a long history of effectiveness, for appointment to it. Those who have not passed through an official school, been tested, and passed will no longer be allowed to fill the position of Erudite or Assistant Instructor of Medical Studies. In this way one will encourage men in the outer prefectures to become reasonably familiar with prescriptions and therapy.

This was approved. As to test standards, it was ordered that ten questions be asked on the meaning of the medical texts studied for the several courses, and that a score of five or more be taken as passing. . .\(^{93}\)

4. From SHY/CK, 宰 委, 職官, 22: 36b-37a (excerpt):

Under Ying-tsung, in the first year of Chih-p’ing 治 亭 , on the eleventh day of the fourth month (30 April 1064), the Court of Imperial Sacrifices reported:

The Grand Medical Office has petitioned that a palace degreeholder of Hsi-chou 希 祠, Shen Chi-fu 謝 及 , be made Acting Assistant Instructor of the Four Gates of the Directorate of Education and concurrently Vice-Administrator of the Grand Medical Office; that the Erudite of Medical Studies in Chin-chou 智 州, Wu T’ai 武 泰 , and the Assistant Instructor of medicine in Ching-men 劍門 prefecture, Hou Yü 侯 佑 , both be made Acting Assistant Instructor of the Four Gates of the Directorate of Education and Servitor-in-Attendance of the Grand Medical Office . . .

\(^{92}\) I emend “nien 年” to read “jen 人.”

\(^{93}\) The passage marked by a question mark in brackets is corrupt. A final passage, here omitted, seems to be a corrupted version of the curriculum given in Appendix A, Item 10. on page 72.
5. From SHY/CK, 宗會安, 職官, 36: 113b:
In the sixth year of Yuan-feng 元豐, on the eighteenth day of the sixth month (5 July 1083), the administrator of Teng-chou 豐州, Chao Ch'eng-yen 趙信言, requested that the various districts whose population in owner and guest households does not reach ten thousand should admit one man in medical studies, and those above ten thousand households two men, adding one man for each ten thousand, up to five. Apart from the medical texts [already determined for] study, they should additionally study the prescriptions in Chang Chung-chieh's Treatise on Cold Damage Disorders [? or Chang's Treatise and books of prescriptions]. One should depute the respective prefectures to select candidates to be examined for admission, after the model of prefectural graduates who are sent up, and to exempt them from personal [levies and duties] and let them pay fines in lieu of punishments. It was decreed that the Ministry of Rites legislate [on this matter].

6. From SHY/CJ, 宗會安, 崇儒, 3: 11b-13b, a memorial of 1103 on the establishment of a new Medical School in the capital (excerpt, p. 13b):
... Men who far exceed their peers in the Upper Hall should be chosen for medical posts, from Medical Master of the Office of Imperial Medications down. [Others] of the upper grade should be appointed, with the salary rank of Gentleman for Attendance [rank 8b], to be Erudite, Director, or Recorder of the Medical School. Those of the middle grade should be appointed, with the rank of Court Gentleman for Promoted Service [rank 9a], to be Director or Recorder of the Medical School or Professor of Medical Studies in an outer prefecture. Those of the lower grade should be appointed, with the rank of Court Gentleman for Ceremonial Service [rank 9b], to be Professor of Medical Studies in an outer prefecture.

7. From SHY/CJ, 宗會安, 崇儒, 3: 14a:
In the first year of Cheng-ho 楚悼, on the twenty-sixth day of the eighth month (30 September 1111), ministers reported:
We humbly observe that the administrators of the various prefectures are permitted to appoint Erudites and Assistant Instructors of Medical Studies. It is clearly indicated in the statutes that the capital [prefecture] and upper and middle prefectures appoint two of each, the lower prefectures one, and that they are to choose, according to rank, medical students of that prefecture for the appointment. They are also permitted, in accordance with the Statutes on salary, to supply [or pay] medical staff for that prefecture.
Does this permit them to make appointments beyond their quotas, distributing official garb to those without the proper talent, who may then scatter to dwell in other prefectures?

94 The context requires that “l” be emended to “erh” = .
Your ministers have personally inquired [and found that] the prefectures of the several circuits are not honoring the statutes, but have used the pretext of “appointees awaiting vacancies” either to reward the services, in doctoring or drugs, of private parties, or to grant requests they personally knew to be illegal. Appointments made in violation of the law are uncountable.

Furthermore, under the regulations for nominating men for the civil service examinations there exists the special qualifying examination for men already holding office [kuan-so shih 關鎖試], and Erudites and Assistant Instructors of Medical Studies may take part in it. If they pass [this examination] they are added to those examined at the University. If they place in the middle or upper grade, they receive a privileged order promoting them two ranks in their commission and exempting them from the departmental examination. Can one allow Erudites and Assistant Instructors of Medical Studies to turn and seek [other] appointment in wild hopes of advancing their careers, thus making a ruin of the regulations on medical studies? We have compiled the following items:

**Regulations of Yuan-fu 院府** [1089-1100]. Establish Erudites and Assistant Instructors of Medical Studies. For the capital and upper and middle prefectures one of each; for lower prefectures, one Erudite. The numbers of medical students shall be: for the capital prefecture and defense commands ten men, for other prefectures seven men. They are to be tested with ten questions on the meaning of the medical texts studied.

**Statutes of Yuan-fu.** Vacancies among the Erudites and Assistant Instructors of Medical Studies of the various prefectures shall be filled by choosing from among the respective prefecture’s or district’s medical students one whose techniques are especially effective. If there are no such men then choose capable men and test them competitively; [in this case] even those who are not medical students may be appointed.

A decree ordered the various prefectures to take measures to honor the statutes.

8. From SHY/CJ 支會宴, 崇儒, 3: 15a-19a, a memorial dated 1115 on admissions and examinations for the capital Medical School (excerpt, p. 17a):

   ... Item. We request that the various prefectures and districts all establish medical schools and create separate study rooms within the school for instruction. These should be attached to the prefectural and district [regular] schools, and in K’ai-feng to the K’ai-feng prefectural school.

9. From SHY/CK 支會宴, 職官, 36: 114b:

   In the first year of Hsuan-ho 宣和, on the twenty-sixth day of the fifth month (5 July 1119), the acting administrator of Ming-chou 明州 (modern Chekiang) reported:
Noted: in the Statutes of Cheng-ho [1111-1117], all those who excel in medical occupations, the effectiveness of whose therapy is praised by the multitude, and who are qualified for appointment to Han-lin medical posts, are to have their names forwarded by their localities. Now, according to the statement of the prefectoral school’s Professor, Yu Chuch-min, and others, the medications contributed to this school by the Assistant Instructor of Medical Studies, Tsang Shih-yen, have been effective in curing illness. Your servant takes note that Ming-chou is a most remote coastal spot and has few who are acquainted with drugs and pulse diagnosis. At present Tsang Shih-yen is indeed one outstanding in the art, whose cures are effective. He has been at the school for ten years. . . . I wish to ask that he be appointed Han-lin Servitor-in-Attendance.

This was approved.

10. From Ch’eng Chiung, I-ching cheng pen shu, pp. 2-3, under “Medical Administration of the Present Dynasty”:

Revised Regulations of Ch’ien-tao [1165-1173]. *Medicine*: Establish a Staff Physician and Assistant Instructor, one of each, for the capital and upper or middle prefectures. The numbers of medical students shall be: for the capital, ten men; for other prefectures, seven men; for districts of 10,000 households, three men, adding one man for each 10,000 households up to five men; for other districts, two men. Testing shall be with ten questions on the meaning of the medical texts studied. The medical texts to be studied shall be, for adult general medicine, the whole Canon of Problems, the Basic Questions, Chang Chung-ching’s Treatise on Cold Damage Disorders, and twenty-four chapters of Ch’ao’s On the Origins and Symptoms of Medical Disorders; for pediatrics, the whole Canon of Problems, six chapters of Ch’ao’s On the Origins and Symptoms of Medical Disorders, and twelve chapters of the T’ai-p’ing Prescriptions of Sagely Beneficence.

Statutes of Ch’ien-tao. When there is a vacancy among the Staff Physicians of the various prefectures, promote an Assistant Instructor to fill it. When there is a vacancy among the Assistant Instructors, [wording identical to statutes of Yuan-fu above, Item 7]. Of the medical students, one in every three shall be in pediatrics; appoint one even if there are only two men.

When there is a vacancy, permit any man who has never been convicted of a crime to deposit his family affidavit and to call on a ranked official or a Staff Physician or Assistant Instructor to be his guarantor; further, three men or more may join in a guarantee. Have the prefecture depute an official to test them in the meaning of the texts studied, taking five correct answers as passing. Two roughly correct will be equivalent to one correct. Give them certification and admit them, exempting them from [compulsory levies of] medical service. When a Staff Physician, Assistant Instructor, or medical student is not expert in his craft or has
many failures of treatment, the supervising official shall verify and be permitted to make a special replacement appointment.

Any doctor who wishes to become a student at the Grand Medical Office, if he has never been convicted of a crime, is permitted to deposit his family affidavit through the appropriate local authority and be tested in his craft. Medical and pharmacognostic texts of the prefectures and districts are to be under the charge, at the prefecture, of the Staff Physician; and at the district, of the medical students. Establish a register [of texts held, to be signed] with the seal [of the borrower] and allow their loan to people for copying.

APPENDIX B. TEXTUAL ORIENTATION OF SUNG MEDICAL EXAMINATIONS

We have seen that questions on "the meaning of the medical classics" were the only text material in the capital medical examinations of 1061. This was true as well in the Shao-hsing period (1131-1162) and in 1188 (SS, 157: 18bff.). In most periods, however, the structure of these examinations was a good deal more complicated. Under the Medical School briefly established under Hui-tsunh, for example, all examinations consisted of three separate sessions. The first comprised five questions on the "general meaning" of three of the classics studied. The second included questions on the "general meaning" of sphygmology and of phase energetics (yun-ch'ı 形元). The third comprised three hypothetical questions (chia-ling 陰陽令) dealing with healing methods, in which students were presented with a hypothetical set of symptoms and asked to diagnose and prescribe (SHY/CI, 3:12a-12b). Essentially the same system seems to have been in effect in the latter half of Southern Sung. This is evident from the table of contents of the Standards for Examination Essays of the Several Courses of the Grand Medical Office (T'ai-i chü chu k'o ch'eng-wen ko 太學局諸科程文格, SKCSCP), a collection of model examination answers issued early in the thirteenth century. The categories are largely the same as those of Hui-tsunh's reign.

At first glance there seems to have been, in the system of Hui-tsunh's reign and of late Southern Sung, a move away from purely text-based examinations. While the content of questions on "general meaning" of pulse and phase energetics is not self-evident, one might imagine that the "hypotheticals" at least would be largely or partly empirical, drawing on the student's own experience of the effectiveness of various drugs and so on. In fact, however, a survey of the model answers in the Standards makes it clear that all three categories of questions were tightly bound to texts.

The hypotheticals may indeed be the most text-bound of all. The questions routinely end by instructing the student to cite the classic of medicine pertinent to each part of his answer and to provide information from the Materia Medica on the place of origin, quantities, and mode of preparation of the drugs he prescribes. In sampling the answers I have not found a single one that cites personal experience in support of some point. All cite medical classics; answers to questions on the "general
meaning” of a textual passage often cite several additional texts. It is clear from these answers what the examiners were looking for when they posed the questions. This evidence is backed up at a century’s distance by the detailed regulations on testing in the local medical schools of 1115 preserved in the Sung hui-yao. These regulations stipulate for each category of question in each course which medical classic is to be the source. There are no non-textual questions (SHY/CJ, 3: 18a-b).

APPENDIX C. NEEDHAM ON SUNG MEDICAL OFFICIALS

Needham’s reference, in the passage at the beginning of this essay, to “Han-lin Medical Academicians” suggests some connection between these medical functionaries and the Han-lin Academicians or Secretaries who play so prominent a role at court in several Chinese dynasties. There was no connection.

Han-lin Academicians (Han-lin hsueh-shih 博士院) in Sung belonged to an organ called the Bureau of Academicians (Hsueh-shih Yuan 學院), not to the Han-lin Bureau (Han-lin yuan 博士院). The Han-lin Bureau was entirely separate and was divided into four sections, supplying the court with specialists in medicine, astronomy, painting, and calligraphy. None of these specialists ever bore the title of Academician, which gave its bearer excellent prospects of advancing to the very top of the bureaucracy if he had not already done so. No official medical specialist in Sung advanced nearly so high.

As for Needham’s assertion that from 1140 the candidates for medical office had regularly to be examined in non-medical classics, my examination of the sources suggests a different reading. There are in all periods frequent references to the “meaning of the classics” (ching-i 義) as a topic for questions in the medical examinations, but in every instance for which the context is clear, this refers to medical “classics” (i-ching 義經). The decree of 1188 that Needham mentions does not refer to provincial examinations, but to a special qualifying examination for current officials and to the departmental examination in the capital (sheng-shih 試; in Sung “sheng 省” does not yet mean “province”). In any case the decree indicates only that the medical examinations shall be held at the same time and place as these regular literary-classical examinations. There is no indication that the examination for medical candidates covers anything but medicine (SHY/CK, 36: 106).

As far as I can determine, there was only one brief period in either Sung or Yuan when medical candidates were indeed required to show knowledge of the Confucian canons. This was under the emperor Hui-tsong, during the period between 1103 and 1120 when the Grand Medical Office was replaced by a larger and differently organized Medical School. The new local medical schools of the same period served in effect as branch offices of the capital school. The regulations on testing adopted for them in 1115 clearly specify that each student is expected to have mastered one of the Five Classics, and that the question shall be on that one. Later examinations taken while in attendance at the school were to
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fundamentally an organ for the treatment of the emperor and his relatives, with occasional and special responsibilities at large within the capital or at places of particular need in the provinces. For a certain time under Hui-tsung, and perhaps in early Southern Sung as well, the Bureau did function also as the hub of a national medical service supplying doctors to the prefectural yamens.

Note that the structure of medical education which, at least for a time, also penetrated the prefectures, supplying at least some teachers of medicine from the center, was wholly distinct from the Bureau.

**ABBREVIATIONS**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>HSCC</td>
<td>Wei Su 危素, <em>Hsueh-shuo chai chi</em> 學說薈集</td>
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<td>Sung hui-yao, ch'ung-ju 宋會要, 崇儒</td>
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<td>Ssu-k'u chüan-shu chen-pen 四庫全書珍本</td>
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