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The eruption of the SARS epidemic in 2003 shook the global community, and biomedicine offered no obvious cure. During this time, practitioners of traditional Chinese medicine (TCM) claimed some success by treating SARS as a type of wenbing 溫病, which Marta Hanson translates as ‘Warm diseases.’ But what are Warm diseases and how did they become a pillar of present-day Chinese medicine? In Speaking of Epidemics, Hanson examines the intertwined medical, intellectual, and social dynamics that led to the emergence of Warm diseases as an independent nosological category and a distinct field of medical innovation during the seventeenth to nineteenth centuries. Warm diseases “encompassed a range of illnesses from the common cold and respiratory illness to high fevers and epidemic diseases,” and doctors today also use this label for what biomedicine would call ‘acute infectious diseases’ (p. 10).

At its core, the story of Warm diseases is the story of how Southern physicians of Ming-Qing China challenged the doctrinal dominance of the Han dynasty Treatise on Cold Damage (Shanghan lun 傷寒論), by the doctor Zhang Ji 張機 (150-219). Although Zhang’s writings had long been esteemed as the authoritative explanation for febrile epidemics, Warm disease proponents argued that his teachings could not account for the diseases particular to southern China. At the same time, they rejected Zhang’s explanation that Warm diseases were a subtype of Cold Damage. Instead, these innovators argued that Warm diseases had a completely different etiology from Cold Damage and thus required different therapeutic strategies. As Hanson charts this history, she focuses attention on the problem of epidemics in Chinese history and how these inspired
changes in medical thought and practice. Particularly noteworthy, Hanson uses Warm disease as a vehicle for documenting the persistent importance of what she terms the ‘geographic imagination’ in Chinese medical thought. In its simplest terms, this was the belief that the different climates and terrains of different geographical regions produced corresponding variations in people’s bodily constitutions and thus in local patterns of health, illness and cure. The ways in which this idea was translated into medical practice, however, could be complex and contested.

The eight chapters of the book tease apart these historical strands to show how the fabric of Warm disease was gradually woven together. The first section of the book describes the conceptual framework of Hanson’s study and identifies the origins of geographical thought in Chinese medicine. Chapter 1 provides a historiographical discussion of the three intertwined themes that structure this study: “Chinese epidemiology, the geographic imagination, and a biography of wenbing” (p. 7). Particularly significant is the shifting relationship between two contrasting “spatio-temporal regimes” (p. 13) in Chinese medical thought: one concerned with pathologies of climate and the other with pathologies of place. The former was also closely tied to a ‘configurationist’ model of epidemics, one that explains epidemic outbreaks in terms of “a unique configuration of circumstances, a disturbance in a ‘normal’ ... arrangement of climate, environment, and communal life” (p. 18). Zhang Ji’s Treatise on Cold Damage, which emphasized the relationship between normal climatic patterns and their anomalies, exemplified this configurationist approach. By contrast, Warm disease theorists rejected the idea that Zhang’s configurationist views were universally applicable.

The crux of the Ming-Qing geographical imagination as it pertained to Warm diseases was the perceived difference between northern and southern regions. Chapter 2 traces the roots of this binary to the Han dynasty. Ancient versifiers and philosophers transmitted the legend of Gong Gong 共工 breaking the northwestern pillar of Heaven and causing the earth to tilt towards the southeast. The Yellow Emperor’s Inner Canon (Huangdi neijing 黃帝內經) also incorporated this northwest-southeast dualism, but it drew simultaneously on two alternative schema: one that spoke of the eight pathogenic winds arising in the eight directions, and the other which proposed an elaborate framework of five directions (East, West, North, South, and Center) which were integrated into medical systems of correspondence based on the Five Phases (wu xing 五行). During the Song dynasty (960-1279), when the state sought to promote scholarly standards of medical learning and produced authoritative editions of Han-era classics, the northwest-southeast binary was increasingly rearticulated in terms of north versus south. The discourse of north and south became especially
pronounced after the fall of the Northern Song (960-1126). Doctors who remained in the north developed doctrines that criticized and rejected court medical orthodoxy, including the official texts on Cold Damage. Meanwhile, the center of medical publishing and text compilation shifted from north to south China. These networks of southern authors and readers subsequently served as proving grounds for the new doctrines of Warm disease.

The second part of the book analyzes the maturation, expansion and diversification of north-south thinking during the Ming dynasty (1365-1644), and it shows that growing medical concerns with seemingly anomalous ‘southern diseases’ provoked the development of new etiological models. As chapter 3 explains, after the Yuan dynasty founder Kublai Khan (1215-1294) reunified China, northern medical ideas were introduced to southern physicians. North-south differences notably became an important topic of discussion in the medical circles of Zhu Zhenheng 朱震亨 (1281-1358), exemplified by the writings of Zhu’s disciple Dai Liang 戴良 (1317-1383), an ethnic Mongol serving as an official in the south. Subsequently, Ming writers such as Wang Lun 王綸 (jinshi 1484), Xue Ji 薛己 (1487-1559) and Li Zhongzi 李中梓 (1588-1655) expanded upon these geographical discourses, discussing how to take them into account during medical diagnosis and treatment. Their works also illustrate the perennial tension between universalism and specificity in Chinese medical thought. While they called on their contemporaries to recognize important geographical and social variations in illness and health, they also insisted that one should avoid stereotyping individual patients on the basis of presumed regional characteristics. Furthermore, while the Southern physicians who now dominated medical authorship recognized that regional differences were important, they also claimed that their teachings were universally applicable to patients everywhere.

As chapter 4 shows, however, beginning in the sixteenth century, such claims to universality were undermined by growing attention to noxious southern diseases that could neither be explained by nor cured with existing medical models. These diseases included epidemic outbreaks caused by noxious miasmas (zhang qi 瘴氣), diseases attributed to gu 蠱 poison, and diseases that biomedicine would equate with leprosy and with syphilis (which likely entered China around the end of the fifteenth century). All were ailments that Ming doctors saw as characteristic of—and even originating in—the sultry, miasmatic, far southern region known as Lingnan 嶺南 (present-day Guangdong and Guangxi). Authors such as Zhang Heteng 張鶴騰 (d. 1635), who wrote a treatise on epidemics “in response to the dominance of Summer-Heat damage in Guangdong and
Guangxi” (p. 85), and Chen Sicheng 陳司成 (c. 1552), who composed a monograph on ‘Canton sores’, used their knowledge of these Lingnan ailments to point out the inadequacies of the Cold Damage doctrine. Instead of attributing epidemics to pathological configurations of seasonal $qi$, these doctors explained southern diseases by drawing on existing beliefs that illness could be caused by poisons, pathogenic local $qi$, and person-to-person transmission.

Chapter 5 then examines how anomalous outbreaks inspired the late Ming physician Wu Youxing 吳有性 to write his Treatise on Febrile Epidemics (Wenyi lun 瘟疫論, 1642), considered by many to be the founding monograph of Warm disease doctrine. Wu wrote it in response to the epidemics that ravaged China in 1641, and he was driven by the observation that Cold Damage treatments had proven ineffective during that time. The heart of Wu’s argument was that these epidemics had been caused by pathogenic, heterogenous $qi$ produced in specific localities, not by the climatic anomalies of Cold Damage. Wu also stripped away the old climatic explanations from Warm disease itself, claiming that Warm diseases and febrile epidemics were both caused by heteropathic local $qi$. Simultaneously, he effaced earlier distinctions between Warm disease and febrile epidemics by arguing that the $wen$ 煙 of wenbing 湿病 and the $wen$ 煩 of wenyi 瘟疫 were in fact the same concept. This allowed him to recategorize these two disease concepts into a single category, where they became two manifestations of “an etiologically uniform group of disorders” (p. 93). As a result, it was now possible to speak of ‘Warm diseases’ as a discrete category of knowledge about the causes and treatment of epidemics.

The third section of the book then turns to developments in the Qing era (1644-1911). Chapter 6 showcases a uniquely Qing iteration of the geographic imagination, namely the Manchu rulers’ “obsession” (p. 121) with smallpox. The earliest Chinese accounts had depicted smallpox as a disease originating with non-Chinese enemies in the far southwestern frontiers. By contrast, the Manchus identified the important geographical boundary as the Great Wall, and smallpox as a disease of the Han Chinese who lived south of it. Smallpox was endemic among the Chinese population, but not among the Manchus, and Qing rulers thus enacted policies to control the spread of smallpox and to protect themselves against it. Two imperially-sponsored publication projects, the Imperial Encyclopedia (Gujin tushu jicheng 古今圖書集成, 1726-28) and the Golden Mirror of the Orthodox Medical Lineage (Yizong jinjian 醫宗金鑑, 1742), notably served to disseminate information about variolation and the treatment of smallpox. Alongside the story of smallpox, we learn how seventeenth- and early eighteenth-century authors discussed, modified, or rejected Wu Youxing’s
theories on Warm disease. After the 1690s, Wu’s writings became an important point of reference for doctors and officials seeking to combat the problem of epidemics. Although earlier imperial publishing projects ignored Wu Youxing’s work, a critical mass of interest in his ideas seems to have emerged by the latter third of the century, and the editors of the *Comprehensive Library of the Four Treasuries* (*Siku quanshu* 四庫全書, compilation initiated 1771) notably included Wu’s epidemic treatise in the medical section of this imperial collection. Debates over the nature of Warm disease continued to flourish, however, and many champions of Han classicism and Cold Damage doctrine remained skeptical or critical of Wu’s revisions.

Chapter 7 examines how Warm diseases became “an independent textual tradition with its own genealogical narratives” during the nineteenth century (p. 127), exemplified by the writings of the Southeastern doctors Wu Tang 吳瑭 (1758-1836), Zhang Nan 章楠 (fl. 1829), Wang Shixiong 王士雄 (1808-1868), and Song Zhaoqi 宋兆淇 (fl. 1878). Viewed as an ensemble, these authors anthologized and synthesized the teachings of earlier Warm disease writers while also using them to explicate Cold Damage teachings. They thus undermined the authority of Han-era epidemiology while simultaneously weaving Warm diseases firmly into the cloth of the medical canon. Hanson emphasizes, however, that the way in which this tradition coalesced was never inevitable, and indeed “the emergence of a southern current on Warm diseases [was] a dynamic process fraught with internal conflict” (p. 129). A main point of contention among these four authors was whether Warm diseases were a regionally-specific disease of the South, or whether they were actually prevalent empire-wide. The arrival of epidemic cholera in China during the 1820s, and its devastating rampages throughout the empire, further intensified the urgency of such medical debates. Ironically, the maturation of Warm disease as a Chinese medical category occurred during the same period that germ theory was rising to prominence in Western medicine. While Western doctors in China had previously espoused beliefs in regional variation similar to Chinese views, by century’s end, they had rejected these localist etiologies in favor of a universalistic bacteriology.

Chapter 8 concludes the book by examining the persistence of Warm disease and medical regionalism in the age of biomedicine. When Republican-era reformers tried to abolish Chinese medicine, its defenders evoked the language of regional variation to argue that Western medicine was inappropriate for Chinese bodies. The compilers of the *Qing Draft History* (*Qingshi gao* 清史稿, 1928) also officially recognized Warm disease as one of ten distinct intellectual lineages of Chinese medicine to which China’s famous physicians could be assigned. Medical historians of the
People’s Republic of China subsequently adopted these categories, and Warm diseases became a major branch of the PRC’s modernized form of ‘traditional’ Chinese medicine. At the same time, interest in medical regionalism flourished in an outpouring of anthologies that celebrated the special attributes of regional, provincial, and even municipal medical practices and practitioners. By 1991, these trends had converged in a new clinical subfield of ‘Lingnan Warm diseases,’ which addressed the ailments particular to southernmost China. Lingnan Warm disease experts were subsequently recruited to lead the Chinese medicine community’s response to SARS. These TCM doctors “did not deny the reality of the infectious disease pathogens identified by germ theory over the past century; they simply pointed to the larger role of climates and constitutions surrounding any outbreak” (p. 163). In this case, the warm and damp Guangdong climate, combined with an unseasonable cold snap in the spring, had made people susceptible to the virus and precipitated the SARS outbreak. On this basis, TCM treatments for SARS patients elsewhere in China were also adjusted to accord with their local conditions.

By illuminating the role of the ‘geographic imagination’ in Chinese medicine, Hanson provides us with an innovative analytical model that will deservedly be influential in future scholarship on Chinese medicine. As a ‘biography’ of Warm disease, Speaking of Epidemics also meticulously traces what might be called the arc of Warm disease’s ‘professional career,’ namely its rise from a minor position to a major one in Chinese medical thought. In particular, the book reveals the complex interplay between two intertwined dynamics: (1) how the discourse of Warm disease served as a focal point around which literate physicians constructed new networks of medical learning and medical authority, and (2) how advocates of Warm disease created new textual and intellectual genealogies for this disease category that allowed them to elevate it into a prominent medical ‘current of learning’ (xuepai 學派, liupai 流派). At the same time, however, there remains more to discover about what one might call Warm disease’s ‘personality’ and ‘personal life.’ Part of the reason that the persona of wenbing can seem elusive is because, as Hanson points out, “it has managed to remain a clinical category in TCM without becoming a single biomedical disease” (p. 10). In addition, the medical meanings attached to ‘Warm’ have varied according to time, place, and author. For example, ‘Warm’ could alternately describe a symptom of disease or a form of pathological qi (p. 111), and in this latter manifestation, it could be associated with phenomena ranging from seasonal ‘Summer-Heat’ (pp. 85, 112, 117) to the heat generated by densely packed populations in squalid urban centers (p. 140).
Underlying these fluid terms and definitions was an ensemble of bodily phenomena that inspired medical attention. In this context, it would be interesting to know more about the way that people experienced Warm diseases (gleaned from medical case collections, perhaps) and thus more about the way that wenbing was shaped by the “dialectic between the patient’s symptoms and signs and the physician’s concepts and categories” (p. 9). Indeed, a fascinating theme that recurs in Hanson’s source texts is that Warm disease seems to have been linked to a distinct experience of bodily malfunction: while the pathogenic climatic qi of Cold Damage entered through the pores, the toxic local qi of Warm diseases entered via the nose and mouth and then penetrated the viscera. On a related topic, while this book focuses on the epidemic manifestations of Warm disease, late imperial doctors recognized that not all forms of Warm disease were epidemic, and some even presented ‘epidemics’ (qi 疫) and ‘Warm diseases’ as separate clinical categories (pp. 115, 117, 138). Clearly, late imperial doctors were wrestling with an immensely complex epidemiological landscape: not only were there numerous ailments categorized as Warm diseases, but there were also a multitude of ailments categorized as ‘epidemics,’ with one eighteenth-century work listing over 70 different types (p. 118). It would thus be interesting to know more about the perceived relationship between epidemic and non-epidemic manifestations of Warm diseases and how this might have informed medical thinking. The relevance of this question was suggested to me by Steven Johnson’s evocative description of the fear that epidemic cholera inspired among mid-nineteenth-century Londoners, a fear that was directly tied to the difficulty of differential diagnosis between various ailments: “Imagine if every time you experienced a slight upset stomach you knew that there was an entirely reasonable chance you’d be dead in forty-eight hours … every stomach pain or watery stool a potential harbinger of imminent doom.” To what extent did Chinese doctors and patients hold analogous concerns about the “common colds” that were included in Warm disease and why did they find it useful to group these relatively minor ailments together with often-fatal diseases like huoluan (which overlapped with biomedical cholera)?

The fact that one can raise such questions testifies to the richness of the historical strands that Hanson brings together. By constructing a multi-faceted history of Warm diseases, and by emphasizing that medical changes were contingent upon broader historical dynamics, *Speaking of Epidemics* also provides an essential corrective to more hagiographical histories of Chinese medical thought. Beyond its obvious value for

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historians of Chinese medicine, its foregrounding of geography and epidemiology will facilitate cross-cultural comparisons with the healing traditions of other cultures. In sum, Hanson has melded scholarly rigor and analytical insight into a thoughtful and thought-provoking book.

References