The Catchy Epidemic: Theorization and its Limits in Han to Song Period Medicine

TJ Hinrichs

[T] Hinrichs is an Associate Professor in Cornell University’s Department of History. She co-edited Chinese Medicine and Healing: An Illustrated History (Belknap Press of Harvard University Press, 2013) with Linda L. Barnes, and is revising a monograph titled Shamans, Witchcraft, and Quarantine: The Medical Transformation of Governance and Southern Customs in Song China for publication with the Harvard East Asia Series. She received her PhD from Harvard University’s History and East Asian Languages program. Contact: tjhinrichs@cornell.edu

Abstract: This essay explores functional-configurational and ontological-contaminationist etiological distinctions and the social and political stakes behind them through writings on Warmth disorders/diseases and Warmth epidemics (wenbing 溫病, wenyi 溫疫) in the period from the Han to the Song dynasties. It shows that the functional-configurational and ontological-contaminationist frameworks often coexisted, competed, or alternated with each other, offering not only different ways of looking at the world, but authorizing different action in it. Examination of Northern Song (959-1126) campaigns to stop the practice, identified with “southerners,” of avoiding contact with and thereby neglecting the sick, and of Southern Song (1127-1279) controversies over contagion, reveals ideological bases for literati-officials’ preference and support for functional over ontological theories.

Twenty-five years ago, Paul Unschuld argued that then-current scholarly and popular understandings of Chinese medicine had been shaped by the selection, out of the heterogeneous breadth of traditional Chinese health care modalities, of those conceptual systems that suited the “cognitive

---

1 This article is drawn in part from TJ Hinrichs, Chapter 6, “Epidemics and Contagion: Resources for Response and Debate,” in Hinrichs (2003), PhD Diss., pp. 130-202. I would like to thank Bridie Andrews, Meredith Evancie, Kian Magana, Kathleen Finnegan, Mark Elvin, and two anonymous readers for feedback on earlier drafts.
aesthetics of European culture and western science.” The common western view identified Chinese healing with the “medicine of systematic correspondence” based on the *Huangdi neijing* (Inner Canon of the Yellow Emperor) corpus, mainly characterized by understandings of illness as physiological dysfunction. This was a “functional” modality that, rather than eradicating diseases or pathogens from the body, diagnosed individually specific patterns of systemic disorder, and focused on the maintenance and restoration of vitality. Neglected by westerners were China’s rich repertoires of “ontological” approaches that treated an ailment as a “‘being’ of itself, or … a definable pathological agent,” and which tended to localize disease to particular parts of the body. Unschuld pointed out that the three epistemological approaches were also, historically (and ironically), properties of European medicine. Humoral and constitutional approaches, for example, operated by functional principles, and germ theory by ontological ones. He emphasized that despite occasional explicit antagonisms—in China as in Europe, the empirical, the individualistic-functional, and the localistic-ontological approaches have rarely been clearly separated; these three ‘strategies’ have often supplemented and mutually penetrated each other, and to a significant degree, it is only our epistemological analysis that cuts them apart.

---

Unschuld also identified a third modality, “pragmatic,” but this essay focuses on “functional” and “ontological” theories.

Where possible, this article translates *bing* 病 as “disease” to convey the sense of an ontologically distinct entity; as “disorder” to convey the sense of a state of dysfunction; and as “illness” or a similar term when to convey the sense of a phenomenological experience.

The functional-ontological dichotomy is similar to Owsei Temkin’s distinction between physiological and ontological models, which has been influential among western medical historians. See Temkin (1977), especially chapter “The Scientific Approach to Disease: Specific Entity and Individual Sickness,” pp. 441-455.

One of the anonymous readers to this article pointed out that the term “ontology” is a peculiar one for distinguishing epistemologies based on discrete entities: the *qi* and the physiological systems of functional medicine also, ontologically speaking, are taken to exist. “Agential” would capture the sense that is the primary interest of this article: diseases caused by distinct sentient entities. Ontological approaches in medicine, though, also target diseases, themselves treated as distinct entities, as the objects of analysis and therapy. See Unschuld (1987), p. 1025.

Unschuld went on to argue that the proclivity for making such epistemological distinctions comes from a western tendency to distinguish conceptual systems exclusively of each other, which he relates in part to the influence of the Catholic church’s theological activities, whereas in China intellectuals preferred to reconcile disagreement in terms of shared common ground.5

Today, after extensive critique of such generalized contrasts between China and the west for, among other sins, essentializing cultures, historians tend to avoid them. The comparative approach, though, can generate new and useful perspectives. The differentiation of “functional” and “ontological” modalities turns out to help elucidate not only modern westerners’ partiality, but the stakes behind past Chinese medical writers’ preferences for certain explanations. Unschuld’s short article also brings attention to the institutional contexts that encourage the clarification and rejection of difference as opposed to its elision and incorporation—both of which strategies, on closer examination, we find in historical writings on Chinese medicine. This essay explores functional and ontological etiological distinctions and the social and political stakes behind them through the case of writings on Warmth disorders/diseases and Warmth epidemics (wenbing 溫病, wenyi 湫疫) in the period from the Han to the Song dynasties.6

As a type of epidemic, Warmth was often singled out for its virulence, something that historians have related to its identification with diseases of the hot south, devastating to immuno-naive troops and settlers from the

6 Technical medical names of disease/disorder categories like Warmth, and of medical physiological terms like Liver (for functional Liver system) will be capitalized.

Some scholars translate “Warmth” as “Warm,” or vary between the two depending on whether the term is used as an adjective or noun; I translate it as “Warmth” throughout. Although the translation of “Warmth disorders” for wenbing implies that wenbing are caused by Warmth, in some cases the cause is actually Cold; in some cases wenbing is, as we will see, caused by non-climatic factors; and in some the etiologies are ambiguous or contradictory. “Warmth” in these cases, could derive from the climatic quality of the season (spring) or region (south) in which the ailment appears, or to the symptom of fever; the sources are ambiguous. When referring explicitly to the symptom of fever, though, early medical texts usually use re 熱.

In the last decade and a half, Warmth Disorders and Warmth Epidemics have had some prominence both in scholarly literature on Chinese medical and religious history and in writings on Chinese medicine. See, for example, Hanson (2011); Hanson (1998); Hanson (1997); Benedict (1996), pp. 101-121; Lee (1995); Katz (1995); Lee (1993a).
north. The disease category became curiously marginalized and even controversial in the Song period (960-1279 AD), a time when epidemics became a prominent object of state medical relief and medical theorization, and southern healing customs became targets of social reform policies.\(^7\)

Warmth in fact had long posed special problems for epidemiological theorization, and the ways in which those became conspicuous in the Song is revealing of the social and political considerations that shaped physicians’ and literati’s epistemological choices.

### Warmth in Functional-Configurational Models of Epidemics

Early Chinese theories of epidemics extrapolated from functional and ontological logics, producing what we can, following Charles Rosenberg, label configurational and contamination models. In configurational views, “an epidemic was the consequence of a unique configuration of circumstances, a disturbance in a “normal”—health-maintaining and health-constituting—arrangement of climate, environment, and communal life.”\(^9\)

Contamination, in contrast, involved “the transmission of some morbid material,” usually from one individual to another.\(^10\) Ontological-contamination models, to be discussed at greater length below, posited the movement of discrete pathological agents from person to person.

Configurational models viewed epidemics as products of climatic irregularities. As in functional medicine, the dominant metaphors were resonance and flow: Individual health was a state in which \(qi\) harmonized with the appropriate phases of the macrocosm, moving through the body in regular circuits; population health was fostered when climates and seasons followed cosmically-patterned cycles. Illness was a state in which \(qi\) was out of phase, was stagnant or flowed too fast or in the wrong

---

\(^7\) Lee (1993a), pp. 423 ff; Lin (1995a).

\(^8\) On state policies toward and medical theorization of epidemics, see Goldschmidt (2009).

On Song campaigns to “transform” southern healing customs, see Hinrichs (2003).

\(^9\) Where configurational theories are tied to canonical medicine-based functional physiology, I use the compound term “functional-configurational.” To bring attention to the tight connection between ontological etiologies and theories of contagion, I use the compound term “ontological-contaminationist.”

direction, or was replete or depleted in a particular system; epidemics were produced by unseasonal or extreme temperatures, levels of atmospheric moisture, and winds. Generally, qi was healthy and “regular” (“upright,” “correct,” “orthopathic”—zheng 正), or was “noxious” (“askew,” “oblique,” “deviant,” “heteropathic”—xie 邪), not in and of itself but in contingent relation to its function or dysfunction in the microcosm of the person. In contrast to western humoral concerns with plethora and excess, functional-configurational Chinese medicine was critically concerned with invasion of the body through the pores and orifices, whether by specified climatic influences such as Wind or Cold, or more generalized noxious (xie) qi.

In accord with its emphasis on function and physiology, and despite its attention to external climatic factors, there was no direct discussion of epidemics as such in those portions of the Inner Canon of the Yellow Emperor considered to survive from before Wang Bing 王冰 (c. 710-805) edited it in the eighth century. Yi 疫 and minbing 民病 (“disease of the populace/commoners”), generic terms for epidemics, do not appear at all. Li 病, which in later periods usually referred to more virulent epidemics, appeared three times in the Inner Canon to identify diseases with Wind etiologies and some symptoms similar to leprosy (also known as “Grand Wind” (dafeng 大風)). Nüe 睾, whose most prominent symptoms included alternating chills and fevers, thus often translated as “Intermittent Fevers,” was also linked to the etiology of Wind. The Inner Canon also laid out the disease-producing climatic conditions that, while not then explicitly marked as epidemic, suggested themselves as such for later writers:

When there is damage by Cold in winter, in spring there will necessarily be warmth [febrile] disorders (wenbing).

When there is damage by Wind in spring, in summer it

---

11 For discussions of the etymologies and technical meanings of zheng and xie, see Lo and Schroer (2005); Porkert (1973), pp. 52-54, 172.

12 For this contrast humoral and Chinese medicine, see Kuriyama (1999). On the etiology of Wind in Chinese medicine, see, for example, Hsu (2010); Lo (2001); Hsu (2001); Li (2000); Harper (1998), pp. 3-109; Sivin (1995); Unschuld (1985), pp. 51-100.

13 Sections 66-71 and 74 of Huangdi neijing suwen, which are widely considered to be at the earliest Tang additions to the text, discuss epidemics in relation to the system of Five Circulatory Phases and Six Climatic Influences (wuyun liuqi 五運六氣). See below.

14 Li appears only three times in the Huangdi neijing suwen yishi, sections 35-36.

15 Huangdi neijing suwen yishi, sections 35-36.
will generate diarrhea. In summer when there is damage by Summer-Heat, in autumn there will necessarily be intermittent fevers; in Autumn when there is damage by Damp, in winter it will generate coughs.\textsuperscript{16}

In later works of this tradition, damage by cold, the first item in this list, rose in salience as the disease category Cold Damage, and became the primary focus of epidemiological interest in functional-configurational medicine.\textsuperscript{17}

Zhang Zhongjing 張仲景 (142-220) said that he wrote \textit{Shanghan lun} 傷寒論 (\textit{Treatise on Cold Damage Disorders}) to help people avoid high death rates due to epidemics such as those of the first decade of the Jian’an Period (196-220 AD). During that time two-thirds of his relatives, numbering over 200, succumbed to disease, seven tenths from epidemic fevers. Except for this account in his preface, just as in the \textit{Inner Canon}, the text as it comes down to us eschewed mention of epidemics, and rarely mentioned external factors except as they might exacerbate a condition, for example in the case of Wind.\textsuperscript{18} Rather, it concentrated on analyzing myriad variations in Cold Damage pathologies according to the Three Yin and Three Yang physiological modalities, and making fine distinctions among manifestations in

\textsuperscript{16} \textit{Huangdi neijing suwen yishi}, 5.35. “Damage” (shang 傷) is sometimes translated as “injury.”

\textsuperscript{17} \textit{Wenbing} came to designate a sub-category of Cold Injury, “Warmth Disorders,” as here a spring manifestation of winter damage by cold. Given the symmetry of this \textit{Inner Canon} passage, \textit{wenbing} should be read as analogous to “diarrhea,” “intermittent fevers,” and “coughs”—as referring to characteristic symptoms. Thus, \textit{wenbing} here might best be read as an alternate term for febrile disorders (rebing 熱病), identified with Cold Damage (\textit{shanghan} 傷寒) later in the work. \textit{Huangdi neijing suwen yishi}, sections 31-33. Section 31 opens with the general statement, “The Yellow Emperor asked, ‘Now, as for Febrile Disorders, all are of the Cold Damage category.’” \textit{Huangdi neijing suwen yishi}, 190.

In contrast to this passage, in which differences between symptoms are as obvious as differences between seasonal etiology, later works in the tradition distinguished seasonal disorders from each other not by gross symptoms, which they shared—mainly fever, chills, sweating, and aches—but by their climatic etiologies.

\textsuperscript{18} Between this text’s first appearance at the end of the Han and the Song, its transmission was obscure. The text that we have now was reorganized by Wang Shuhe in the third century and reconstructed again in the eleventh century. See Goldschmidt (2009), pp. 95-99.
pulse; in the intensity, quality and location of aches; and in the timing of fever, chills, and sweating.\textsuperscript{19}

While the Inner Canon made broad generalizations about the symptoms characteristic of each seasonal disorder and Zhang Zhongjing guided the physician’s subtle differentiation of individual cases, later works did not distinguish between seasonal epidemics by symptom—all shared fever and aches. For lay people, seasonal epidemics were fundamentally a single disease.\textsuperscript{20} Not surprisingly, though, given the centrality of yearly cycles to the cosmologies that underlay classical medical theory as well as political ideology and religious ritual, post-Han medical theorists, especially those with close ties to imperial courts or ruling elites, gave close attention to seasonal climatic factors in their analyses of febrile epidemics.

For example, Zhubing yuanhou lun 諸病源候論 (Comprehensive Treatise on the Origins and Symptoms of Diseases), the nosological work that Medical Erudite (taiyi boshi 太醫博士) Chao Yuanfang 巢元方 presented to the Sui dynasty throne in 610 AD, greatly elaborated on and systematized the climatic etiologies of seasonal disorders.\textsuperscript{21} Chao devoted chapters seven through eleven to disorders due to Seasonal Qi and epidemics.\textsuperscript{22} Chao also gave theoretical justification to the primacy of the Cold Damage category: while the qi of each season, including spring Warmth, could injure, Cold Damage stood as the primary and defining type, as was apparent in the organization of this portion of the book: 1) Cold Damage began the section; 2) it had two whole chapters devoted to it instead of one or a section of one, as for other categories; 3) it retained a distinctive terminology, the disorders of other seasons being simply “disorders” or “diseases” (bing 病).

\textsuperscript{19} These are Greater Yin (taiyin 太陰), Lesser Yin (shaoyin 少陰), Reverting Yin (jueyin 前陰), Greater Yang (taiyang 太陽), Yang Brightness (yangming 陽明), and Lesser Yang (shaoyang 少陽), and correspond to various Channels. The six Yin-Yang modalities are laid out in Huangdi neijing suwen yishi, section 6.

\textsuperscript{20} See, for example, Ge Hong’s comments quoted below.

\textsuperscript{21} It is the first known work to attempt a comprehensive categorization of diseases along with discussions of their origins and symptoms. Its definitions have served as the starting points for medical works from the 992 AD Taiping shenghui fang 太平聖惠方 (Taiping Era Formulae of Sagely Grace) to modern “Traditional Chinese Medicine” dictionaries and textbooks.

\textsuperscript{22} Chapters seven and eight are on Cold Damage Disorders, chapter nine on Seasonal Qi (shiqi 時氣) Disorders and Heat (or Febrile) (re) Disorders, chapter ten on Warmth (wen) Disorders and Epidemics (yili 瘟疫), and chapter eleven on Intermittent Fevers (niüe). I include Intermittent Fevers here among Seasonal Qi because of Chao’s description of them as an autumnal disorder resulting from injury by Summer-Heat in the summer.
not “damage” (shang 傷). The text also gave this primacy explicit theoretical justification:

The Classic says that Spring qi is warm (wen) and mild. Summer qi is hot. Autumn qi is clear and cool. Winter qi is cold. This then is the progression of the correct qi (zhengqi) of the four seasons. In the winter season it is severely cold and the myriad types of things store deeply. The Noble Man (junzi 君子) keeps himself firmly closed in, and therefore is not injured by cold. Those who contact [the cold] then become injured by it. Injury by the qi of the four seasons in all cases can become disease. Yet Cold Damage can become toxic because it is the most deadly and violent (shali 殺厲) qi. In those that immediately become sick, it becomes Cold Damage. In those who do not immediately become sick, the Cold toxin is stored inside the flesh and bones. When spring comes, it changes into Warmth Disorder (wenbing). In the summer, it changes into Summer-Heat Disorder (shubing 暑病). ... In all cases it is brought about by having contacted (zhunao 觸冒) [Cold] in the winter season.

Unlike the qi of other seasons, then, Cold Qi was particularly virulent and could develop into a toxin that remained dormant, emerging later in the year. While in the Inner Canon passage seasonal factors acted symmetrically, in Chao’s work it was only Cold that laid dormant.

---

23 Zhubing yuanhou lun jiaozhu, pp. 216-357.

24 I did not find this passage in extant recensions of Inner Canon texts. This passage does appear in the fifth century text Xiaopin fang 小品方, which comes down to us only as excerpted in other works. As quoted in the Waitai miyao fang 外臺秘要方, 752, it cites the “Great treatise on Yin and Yang,” which could correspond to section 5 of the Suwen. However, this passage is not there. Xiaopin fang xinji 小品方新輯 (1993), 60. The passage also opens the second chapter of the Shanghan lun zhujie 傷寒論注解 (1983-1986), 2.1. While it appears to have been in an edition of the Shanghan lun consulted by Cheng, it is not in the 1066 Bureau for Editing Medical Treatises edition of the Treatise, and is not in Zhang Zhongjing’s Jingui yaolüe 金匱要略.

25 The annotators suggest that it is “deadly and violent” because of the extreme Yin nature of Cold. See Zhubing yuanhou lun jiaozhu, 230, fn. 4.


27 Zhubing yuanhou lun jiaozhu, 7.11 passim. This is even true of Intermittent Fevers (juan 11).
Chao Yuanfang also distinguished Cold Damage from “Seasonally Spread” (shixing 時行) disorders both in severity and in kind:

[Cold Damage disorders that change into Warmth or Summer-Heat Disorders] are not the qi of Seasonally Spread [disorders]. As for Seasonally Spread [disorders], these [happen when] in the spring season it should be warm yet to the contrary it is cold; in the summer season it should be hot but to the contrary it is cold; in the autumn season it should be cool but to the contrary it is hot; in the winter season it should be cold but to the contrary it is warm. It is not the season for it, yet there is that qi. Because of this, within one year, many illnesses resemble each other without regard to youth or age. This, then, is Seasonally Spread qi.  

In contrast to the Cold Damage pattern, then, in which the qi normal to a given season caused sickness, in Seasonally Spread disorders qualities of qi appeared when they should not. The Suwen 素問 (Plain Questions) passage and Chao’s Cold Damage suggested dangers built into the correct pattern of seasons: Cold, Wind, Damp, and Summer Heat from which people should protect themselves in turn. Seasonally Spread qi was the product of climate gone awry, suggesting a category more akin to disasters such as flood and drought. In Han political theory, this potentially pointed to imperial caprice or negligence. It continued to do so in the Song, although theoretical innovations suggested that these irregularities, too, were built into cosmological patterns, not necessarily departures from them; and hence they might be predictable—and something for which you could prepare if you could get the calculations right.

Thus, where Zhang Zhongjing carefully analyzed the varied pathological courses of Cold Damage disorders, Chao Yuanfang gave primacy to external etiologies, and focused on distinctions among different varieties of seasonal disorder. 29 Tang and Song formularies (fangshu 方書) rarely matched Zhang’s and Chao’s works in making fine categorical distinctions, and in some ways gave even more prominence to Cold Damage. In his Beiji qianjin yaofang 備急千金要方 (Priceless and Essential Formulae for...

---

28 Zhubing yuanhou lun jiaozhu, 279-280. Nearly the same passage also appears on 218.

29 Chao made less subtle distinctions among manifestations of seasonal illnesses. He focused on the strength, location, and timing of fevers, chills, sweating, and aches, and related them more broadly to the movement of the diseases from surface to interior, and from top to bottom of the body. Zhubing yuanhou lun jiaozhu, 7-11 passim.
Preparing for Emergencies), Sun Simiao 孫思邈 (581?-682?) did not treat different varieties of climatic qi-based disorders separately, but included all within two chapters on Cold Damage.\(^{30}\) *Waithai miyao fang* devoted its first two chapters to Cold Damage, and in the Song state’s encyclopedic compendium *Taiping shenghui fang* it was the first disorder category discussed, and the one with the most chapters devoted to it.

Zhang Zhongjing’s work on Cold Damage received limited attention before the Song.\(^{31}\) In 1066 the Bureau for Editing Medical Treatises (*jiaozheng yishuju* 校正醫書局, established in 1057), issued a sparingly annotated edition, fueling—and perhaps sparking—a resurgence of interest in the text and its approach to treatment.\(^{32}\) This was reinforced by a vogue for analyzing epidemics and Cold Damage disorders according to the theory of Five Circulatory Phases and Six Climatic Qi (*wuyun liuqi* 五運六氣, hereafter “Five Phases and Six Qi”),\(^{33}\) This cosmological system was based on calculating correlations between the ten celestial stems and twelve terrestrial branches calendar, the Five Phases, the Six Climatic Influences, and was distinctive from other divinatory and calendrical systems for its further correlation with the Three Yin and Three Yang modalities of Chinese medicine, those by which Zhang Zhongjing had organized his treatments of Cold Damage.\(^{34}\) It had many applications, including weather prediction and geomancy, but its primary employment and development was in the field of medicine.\(^{35}\) Here, it provided an elaboration of configurational disease etiology as applied in particular to seasonal epidemics, often treated under the “Cold Damage” rubric. While the *Inner Canon* and Chao Yuanfang had been concerned with general theories of etiology, Five

\(^{30}\) All of the discussions of these chapters were dominated by configurational climatic qi etiologies, functional descriptions of pathology, and therapies of sweating, purging, and needling. *Beiji qianjin yaofang*, 9.173-175.

\(^{31}\) It was rarely mentioned, and apparently hard to come by. Sun Simiao reported that “Jiangnan doctors keep [Zhang] Zhongjing’s main formulae secret and do not pass them on.” *Beiji qianjin yaofang*, 9.187.

\(^{32}\) Goldschmidt (2009), pp. 69-102.

\(^{33}\) Catherine Despeux attributes increased interest in Zhang Zhongjing’s *Shanghan lun* to the consonance between its approach and Five Phases and Six Qi theory, particularly the former’s analysis of Cold Damage disorders according to stages based on the Three Yin and Three Yang modalities. Despeux argues that in the Song period this approach came to overshadow an alternative canonical tradition that organizes pathology around the functional Visceral systems. See Despeux (2001), pp. 146-148.

\(^{34}\) These identify the Channels. For a fuller description of the system, see Despeux (2001), pp. 122-128.

Phases and Six Qi theory offered the hope of prediction and thereby control.

Although some have dated Five Phases and Six Qi theory as early as the Han, Catherine Despeux finds scant evidence for its development in medical theory before the eleventh century.\textsuperscript{36} Besides the reputed successes of its practitioners, interest in cosmology in literati circles may have contributed to the system’s ultimate acceptance.\textsuperscript{37} For example, the physician Pang Anshi 龐安時 (fl. 1080-1100), famous in part for his associations with the widely celebrated literati Su Shi 蘇軾 (1037-1101) and Huang Tingjian (1045-1105 黃庭堅), incorporated it into his treatise on Cold Damage disorders.\textsuperscript{38} Scholar-official Shen Gua 沈括 (1031-1095) also touted its accuracy and advocated its use in medicine.\textsuperscript{39}

The system achieved official prominence in 1099 when the Director of Studies in the Imperial Medical Service Liu Wenshu 劉温舒 presented to the court his \textit{Suwen rushi yunqi lun’ao} 素問入式運氣論奧 (Seasonal Influences as Formalized in the Plain Questions).\textsuperscript{40} In the Chongning period (1102-1107) it became an imperial medical examination topic.\textsuperscript{41} The system is laid out with diagrams in the first two of the 200 chapters of the

\textsuperscript{36} Its earliest possible appearance is in the \textit{Huangdi neijing suwen}, chapters 66-71 and 74. Based on their absence in seventh century editions, and textual differences with the rest of the work, the Bureau for Editing Medical Treatises editing team thought these chapters might have been inserted by Wang Bing (c. 710-805) in his 762 edition. A tenth century text develops the system and applies the system to calendrics, divination, and pharmacotherapy. The theory is absent from tenth-century medical collections in which we would expect to see it if it were current, and the first texts really developing it as medical theory date to the eleventh century. Catherine Despeux therefore finds it “prudent to date its development in the field of medicine to no earlier than the eleventh century.” Despeux (2001), pp. 128-131.

\textsuperscript{37} Despeux makes this link to the “cosmological speculations of figures such as Zhou Dunyi (1017-73) and Shao Yong.” Despeux (2001), p. 134. There was also scepticism of the divinatory or over-deterministic uses of this system among both literati and physicians. See Despeux (2001), pp. 138-143. On interest in the Song period in cosmology and divination, and scepticism of the latter, see Smith (1990).

\textsuperscript{38} For accounts of these and other practitioners of Five Phases and Six Qi medicine, see Despeux (2001), pp. 135-138.

\textsuperscript{39} On Shen Gu’s advocacy for this system in medicine, see Despeux (2001), pp. 138-141. On his use of it to predict rain, see pp. 136-137.

\textsuperscript{40} Despeux (2001), p. 122; Okanishi (1969), pp. 60-64.

\textsuperscript{41} \textit{Songshi}, 157.3689. Despeux dates its adoption in the examinations to 1076, when the Imperial Medical Service was expanded. A treatise on it by Hao Yun was reported to have been presented to court. However, this \textit{Songshi} passage dates this particular examination topic to the Chongning Period. See Despeux (2001), p. 138.
imperially-commissioned *Shengji zonglu* 聖濟總錄 (Comprehensive Record of Sagely Beneficence, 1118).\(^{42}\) In the twelfth and thirteenth centuries, this system was further developed by such prominent medical figures as Chen Yan 陳言 (fl. 1161-1174), Liu Wansu 劉完素 (1110-1200), and Zhang Congzheng 張從正 (c. 1156-1228) to explain and treat epidemics.\(^{43}\)

In sum, by the Song, functional-configurational medical traditions had granted special status to Cold Damage disorders as especially virulent and important types of epidemics. During the Song, Five Phases and Six Qi theories, which shared through the Six Qi modalities a strong conceptual link to Zhang Zhongjing’s seminal work, became the dominant focus of medical theorization, often under the rubric of Cold Damage. What motivated so much attention to Cold Damage and related frameworks? As Asaf Goldschmidt has pointed out, epidemics were a major concern of the expanding medical relief bureaucracy, and Cold Damage and Five Phases and Six Qi theories offered canonically-authorized, sophisticated approaches to medicine that would have appealed to scholar-officials and to physicians such as Liu Wansu who were eager to demonstrate their erudition.\(^{44}\)

Impetus also came from a series of campaigns, undertaken from the early decades of the Song, to eradicate what officials deemed to be pernicious southern healing customs, including avoidance of the sick for fear of contagion and shamanic healing.\(^{45}\) “Shamans” (巫巫), despite being granted roles in the official ritual system as late as the Tang, appearing as romantic or bucolic figures in literature, and continuing to receive patronage from all levels of society, had also long been anathematized by advocates of stricter religious or medical orthopraxy. Buddhist and Daoist proselytizers condemned shamans for their “bloody” animal sacrifices and for worshipping malevolent spirits.\(^{46}\) In 225 Emperor Wen of the Wei kingdom in the north defined shamans as officiants of cults that had not

---

\(^{42}\) *Shengji zonglu*, vol. 1, 1-169.

\(^{43}\) Despeux (2001), pp. 143 ff.

\(^{44}\) Goldschmidt (2009), pp. 69-102.

\(^{45}\) The Northern Song especially was notable for a political culture of activism that drove the expansion of state programs in social reform and in medical relief, education, and publishing. The two arenas were not unrelated, and they converged in efforts to culturally integrate the south, then still considered semi-“barbaric,” through the promotion of medicine. To an important extent, it was not only official interest in medicine that generated concern over southern customs, but concern over unifying customs that generated official interest in medicine. For fuller development of these arguments, see Hinrichs (2003).

\(^{46}\) Stein, (1979); Lin Fu-shih (1994), pp. 29-30, 240-278.
been included in the official registers.\textsuperscript{47} In such contexts, “shamans” came to stand not necessarily for particular types of religious specialists, but for the antitheses of officials, priests, and physicians. With Song policies to reform southern healing customs, for the first time official policy treated shamans as illicit not in their general ritual capacities but in their specific therapeutic ones.\textsuperscript{48}

Around 1070, on the heels of the Bureau for Editing Medical Treatises’ 1066 publication of Zhang Zhongjing’s \textit{Shanghan lun}, Cold Damage came to the fore as an officially approved alternative to shamanic healing. Luo Shi 羅適 (1029-1101), the District Defender of Tongcheng in Huainan, found himself faced with a populace who in their “common customs were deluded by shamans and did not trust in medicines.\textsuperscript{49} He summoned physicians to consult and collate formularies,” producing \textit{Shanghan jiusu fang} 傷寒救俗方 (Formulae on Cold Damage to rescue customs). This he “engraved on stone in order to rescue misguided customs.”\textsuperscript{50} Around the same time, again specifically invoking Cold Damage, Qianzhou (in modern Jiangxi) Prefect Liu Yi (1015-1091) responded to the problems of local customs by commissioning the similarly titled \textit{Zhengsu fang} 正俗方 (Formulae to Correct Customs):

because [Qian’s] land was near the lower Ling Mountains and inclines toward the southeast, it has an abundance of Yang qi, its seasons and weather are unbalanced, and the people get a lot of epidemic diseases. The folk customs are ignorant. Because they trust in shamans (wu) and worship demons, [Liu Yi] gathered together physicians and made the \textit{Zhengsu fang}, solely discussing Cold Damage disorders. He registered all of the shamans under his jurisdiction, getting over 3,700 people [one shaman for every 26.5 households].\textsuperscript{51} He restrained (le)

\textsuperscript{47} \textit{Sanguo zhi}, 2.84.
\textsuperscript{48} For a fuller treatment, see Hinrichs (forthcoming), \textit{Shamans, Witchcraft, and Quarantine}, Chapter Four.
\textsuperscript{49} This would have occurred between Luo Shi’s receipt of the \textit{jinshi} degree in 1065, and his advancement from district magistrate to higher office in 1075. Luo Shi was from Ninghai, Tai Prefecture, Liangzhe Circuit, and was also known for his handling of water works. Chang Bide 崑彼得, et al. (eds.) (1984), 5.4273; \textit{Xu zizhi tongjian changbian} 繼資治通鑑長編, 264.17a.
\textsuperscript{50} Okanishi (1969), p. 454. Also see \textit{Zhizhi shulu jieti}, 390.
\textsuperscript{51} The total number of households recorded for Qian in 1078 was 98,130. See Liang Fangzhong (1980), p. 145.
them, and gave his Formulae to each of them so they
would make medicine their occupation.\footnote{52}

Luo Shi and Liu Yi are just two among over two dozen surviving recorded
cases of Northern Song official campaigns against southerners’ preference
for shamans over medicine, avoiding contact with sick relatives for fear of
contagion, or general ignorance of medicine. Besides commissioning and
distributing medical texts, local officials and the court issued exhortations
to use medicine rather than neglecting ill relatives, banned shamanic
healing, and rounded up shamans and destroyed their shrines. By 1070,
those campaigns were either winding down or had become too common-
place to merit a place in official histories.\footnote{53} Luo Shi’s and Liu Yi’s Cold
Damage-focused interventions stood out, and perhaps therefore merited
recording, for their specific deployment of Cold Damage medicine.

The nature of Cold Damage’s oppositional utility against southern
healing customs was left unexplained, perhaps because, for historians, it
was too obvious. A century later, though under the Southern Song (1127-
1279), the medical issues became the focus of analysis and debate. It was a
time when officials were intervening less in local lives, and in the arena of
social reform elites were turning their energies increasingly to sub-official
local efforts. Concerns over southern customs continued, but as an object of
literati debate and gentry activism. Cheng Jiong 程迥 (jinshi 1163)\footnote{54}
produced an entire treatise, \textit{Yijing zhengben shu} 醫經正本書 (Book on the
Correct Foundations of the Medical Canons, 1176), whose central concern
was with the “rustic customs of Jiangnan” where “they trust in shamans
and do not trust in physicians. Relatives abandon [the sick for fear of
demonic contagion], and many die.”\footnote{55} He contrasted this situation with the
north (for Cheng a nostalgic maneuver; the north then being ruled by the

\textit{Songren zhuanji}, 4.3005.

\textit{Huian wenji}, 71.16b-17. For a discussion, see Hinrichs (2003), Chapter 7.
Jin regime) where “relatives never part from the sides [of the sick]” and people “trust in physicians and do not trust in shamans.”

Cheng relates these customs to the view that disease is contagious.

- Human life is of the utmost value. How is it that people disrespect it to the point that they put the whole world in error, injure mores, corrupt customs, and sever people’s allotted life spans? And yet physicians hang their heads and comply, none daring to point out where people are wrong, as when relatives are critically ill and people wildly call it contagion (chuanran 傳染), then abandon each other and sever ties. The ancients did not have this. The medical canons do not speak of it.

Most of the text consisted of arguments against contagion, pitting against it the view that epidemics were best understood in the framework of Five Phases and Six Qi, and were caused by injury from Cold or from unseasonal qi.

For Cheng Jiong, and presumably for Luo Shi and Liu Yi, functional-configurational medicine was a powerful alternative to shamanic healing, to demonic etiology, and to contagion. What made it so?—By locating the source of epidemics in climatic conditions, it denied the agency of demons, the utility of shamans, and the danger of sick bodies. From the perspective of the imperial bureaucratic state and the ideologies that tied literati elites to it, configurational views of epidemics were furthermore useful for rising above the particularities of local spirits, healers, and diseases, offering a larger cosmological framework that conceptually integrated the empire.

Nevertheless, as Cheng would find to his chagrin, if contagion was a sent from ancient medical canons, it was not from more recent medical writings, specifically

those sections on avoiding Warmth which speak of people avoiding contagion (ran 染) from Warmth disorders. It is only that they do not make contact with the [epidemic’s] deviant qi. Where they speak of the

56 Yijing zhengben shu, 5-6.
57 Yijing zhengben shu, 1.
58 For just a flavor of the text, section titles include “Number 3 Analysis of Cold Damage, Warmth-Factor Disorder, and Heat-Factor Disorder, Together with the Principles by which There is No Contagion,” “Number 4 Analysis of Affect and Injury by the Five Phases and Six Qi, Being Called Seasonal Qi and Further There being No Contagion,” “Number 5 Analysis of the Four Seasons’ Off-Kilter Qi being called Heaven-Implemented and not being Contagious,” “Number 13 Recording the Facts Concerning [Zhang] Zhongjing.” Yijing zhengben shu.
transmission of contagion (zhuanxiang chuanran 轉相傳染),
they are entirely in error.\(^59\)

A survey of the medical literature confirms Cheng’s observation that contagion appears in medical texts in association with Warmth disorders.

Why would Warmth represent such a radically different view of epidemics, an ontologically distinct disease to be avoided and one that spreads by contamination? How did Warmth become disconnected from climatic Warmth Qi?

## Ontological Factors

From early times, the very language of epidemics (when not subsumed under seasonal disorders) contained associations with demonic agency. The *Shiming* (Explanation of Names, c. 200 AD) interpreted the etymology of the character for epidemic (*yi* 疫) as deriving from the character for soldiers (*yi* 役), “referring to there being demons spreading (*xing* 行) epidemics (*yi*).\(^60\) Another term for epidemics was *li* 癌, often compounded with *yi* as in *yili* 疫癘 or *liyi* 癌疫. The graph written with a cliff radical 厉 instead of disease radical 疾 meant “violent,” “fierce,” or “harsh,” and was used to identify “violent demons” (*ligui* 鬼厲) who spread epidemics in order to coerce the living into caring for them with sacrifices. They were often the ghosts of those who died in epidemics and they inflicted the same until they were appeased.\(^61\) Chao Yuanfang explicitly linked pestilence to such demons, writing, “In diseases that [strike] both adults and children at similar rates, if there is the qi of demonic violence (*guili* 鬼厲), it is accordingly called pestilential (*yili* 疫癘).”\(^62\)

A term commonly used since the Han to describe the spread of epidemics was “flowing and moving” (*liuxing* 流行). “Moving” or “spreading” (*xing*) often had an intransitive and neutral sense, but could also function transitively, as in the *Shiming* account of “epidemic” (*yi*), and was used specifically to refer to demons carrying out celestial mandates to spread epidemics.\(^63\) The term appeared in discussions of “Seasonally Spread” (*shixing*) and “Heaven Spread” (*tianxing* 天行) disorders in a naturalistic,

---

\(^{59}\) *Yijing zhengben shu*, 11-12.


\(^{62}\) *Zhubing yuandhou lun*, 10.334.

non-anthropomorphic sense.\textsuperscript{64} In Daoist texts, though, Heaven Spread was the more common usage, and clearly referred to epidemics spread by demons carrying out a Heavenly mandate.\textsuperscript{65} Despite its literate Daoist credentials, though, by the twelfth or thirteenth century the term “Heaven Spread” was also ascribed to shamans, as by Chen Fu (1076-after 1149) who complained about popular employment of shamans to pray in times of epidemics, “vulgarily called Heaven-Spread.”\textsuperscript{66}

Medical writings, as we have seen, attributed epidemics to external climatic qi, but they also ascribed them to ontologically distinct things that entered the body and caused disease. As in configurational accounts, the agents that caused disease were often described as “noxious” (xie), and both climatic noxious qi and noxious entities damaged the body by entering it, but when contagion was at issue, it was in an ontological framework of disease, not a functional one. In medical texts, where the ways in which demons act on the body were described, these tended to come in four major forms: 1) striking or attacking (zhong 中), as in Strikes by Malignant Agencies (zhonge 中惡); 2) lodging or violation (ke 客), as in Lodging by Recalcitrant Agencies (kewu 客忤); 3) Infestation (zhu 注,疰) by demons which could take form as worms and gnaw the viscera; and 4) encounters with demons in dreams, which happened when the Yang soul wandered,\textsuperscript{67} including sexual relations with spirits that lead to the exhaustion of the qi.\textsuperscript{68}

\textsuperscript{64} The two terms are sometimes used interchangeably. Some versions of the \textit{Xiaopin fang} give “Seasonally Spread,” others “Heaven Spread.” It gives a social explanation for differences in usage: “Cold Damage is the term of refined gentlemen; Heaven Spread and Warmth Epidemics are the way it is called in the fields and in homes. They do not speak of the differences and similarities in these disorders.” \textit{Xiaopin fang xinji}, 60. Sun Simiao likewise alternates between the two in his quote of \textit{Formulae with short articles} with regard to Cold Damage disorders. \textit{Beiji qianjin yaofang}, 9. 171. The \textit{Waitai miyao} version of this passage has “Heaven-Spread” in place of “Seasonally Spread.” See \textit{Xiaopin fang xinji}, 60. Although the annotator Zhu Xinnian found “Seasonal” and not “Heaven” in \textit{Beiji qianjin yaofang}, the Song-edition based text published by Renmin weisheng gives “Heaven-Spread” at a different point.

\textsuperscript{65} See examples in Lee (1993a); Lee (1995). For examples in a Song miscellaneous jottings text, see \textit{Yijianzhì}, vol. 1, 327-328; vol. 2, 660.

\textsuperscript{66} See, for example, \textit{Nongshu}, 2.5b. Also see translation and discussion below.

\textsuperscript{67} See, for example, Dan Seishiki, and Imamura Yoshio (1980-1981), vol. 2, \textit{juan} 8, 124.

\textsuperscript{68} For classic definitions and descriptions, see \textit{Zhubing yuanhou lun}, \textit{juan} 23-25. We find these types of demonic etiology in medical texts of the Song, and in medieval texts known to be extant in the Song. For some major Song accounts see, for example, \textit{Taiping shenghui fang}, \textit{juan} 31, 56; \textit{Shengji zonglu}, \textit{juan} 93, 100, 177; \textit{Chen Wuze Sanqinfang}, \textit{juan} 10.
Most prominent among ontological disease factors were demons, creatures in the “worm” (chong 蟲) category, and foul effluvia. Demons and ghosts (gui 鬼) could be inherently noxious and Yin, or only contingently so in relation to spirits and deities (shen 神) who were properly ritually situated and Yang. Chong was a category that could be used to refer to animals generally, but more commonly included arthropods, reptiles, amphibians, and mollusks.\(^69\) As used in medical contexts, scholars often translate chong as “worms,” although depictions take on a wide range of forms, including worms, insects, mammals, anthropomorphs, and monstrous hybrids.\(^70\) Foul effluvia could arise from the bodies of the sick, from corpses, from filth, from blocked waterways, or from certain landscapes. In contrast to cosmologically rationalized climatic or generic noxious qi, texts did not recommend responding to these dangerous things by harmonizing them, but by avoiding, expelling, or destroying them. For practical purposes, demons, worms, and effluvia were treated as things, noxious in and of themselves.

What were disease-causing demons? Like the correctness or noxiousness of qi in functional medicine, this could be contingent on circumstances. A dead person could be a spirit (shen 神) to their family and a ghost/demon (gui 鬼) to people outside the family. People who were not successfully installed on their ancestral shrines, for example who died violent deaths or away from home, could become dangerous “vengeful ghosts.” Behaving much like criminals in human society, such demonic former people could wreak havoc on human communities. As a means to neutralizing these destructive beings, especially when they could not be controlled by exorcism, they could also be transformed: enshrined, deified, and enlisted in the protection of their worshippers.\(^71\) Many demon-quelling deities began as demons before their own conversion.\(^72\) In many cases,


\(^{70}\) Another translation is “vermin,” which traces to Latin vernis “worm,” like chong has a somewhat indefinite range of animal referents, and connotes creatures that are destructive, injurious, or loathsome. Maspero uses “vermin” to render the nine “common intestinal worms” (jiuchong 九蟲) and uses alternately “Worms” and “Corpses” for the internal demonic spirits that other scholars of Daoism usually translate as the “Three Corpse Worms” (sanshi, sanshichong, sanshichong 三屍, 三屍 蟲, 三蟲). See Maspero (1981), pp. 331-338.

\(^{71}\) Lin Fu-shih (1994), pp. 127-132.

\(^{72}\) This is the case, for example, for the plague-suppressing god Marshal Wen. See Katz (1995), pp. 77-116. Note the transformation of the year demons described by Bodde (1975), pp. 75-138.
then, the difference between baneful demon and benign spirit was a matter of ritually defined relationship.

Some demons operated as part of the Celestial order and administered epidemics as retribution for misdeeds which must be atoned. Medieval Daoist priests would respond by petitioning the appropriate celestial authorities for remission.\(^73\) On the other hand, some demons did appear to be irremediably demonic, and required more violent approaches. Some of them were not former people and were depicted as bestial entities.\(^74\) Restoring them to the side of order and human society was often a matter of subjugating them. Some categories of bestial demons, however, were so far beyond the possibility of social control that expelling and destroying were the only options.

While the spirit realm was ordinarily understood as lying outside normal human perception, the distinctions between material creatures and immaterial demons was not always clear. One characteristic of demonic or spiritual potency was the capacity for transforming, manifesting, or moving between realms.\(^75\) Fox and raccoon spirits were known for their ability to transform between animal and human form. Some demons could also take form as worms,\(^76\) or could be smelled and even seen as foul-smelling effluvia. Demons, worms, and stench populated not only the outer landscape, but the inner (bodily) landscape as well. To the danger of human hosts, they could communicate and move between the two.

The slippage among these categories of being, among demons, creatures, and airs, suggests how they might, theoretically, be reconciled with functional cosmologies.\(^77\) In the practical exigencies of affliction, however, they were treated as inherently noxious and discrete entities. They were not patterns to be harmonized or regulated, or depleted functional systems or \(qi\) to be replenished. They were things to be avoided, guarded against, and expelled. They were also things that could be imagined as transmitting not only from place to person, but from person to person. (For a schematic


\(^{75}\) Sterckx (2002), pp. 165 ff.

\(^{76}\) Sterckx (2002), p. 176. Also see episode of demon “achieving form” as worm eating a woman’s lungs in Leizheng puji benshi fang, 7.13b; also quoted in Yishuo 醫說, 4.4-5. Discussed in Hinrichs (2003), p. 178.

\(^{77}\) Some have suggested that medical writers translated the demons of epidemics that attacked and invaded the body into noxious \(qi\) (\(xieqi\) 邪氣), stripping away demonic agency and reducing it to a functional aspect of \(qi\). For example, see Sivin (1987), p. 102; Unschuld (1985), pp. 67-68.
depiction, see the appended chart, “Functional-Configurational vs. Ontological-Contaminationist Models.”

**Ontological-Contamination Models of Disease**

While functional-configurational models did envision health-upsetting imbalances or noxious qi as propagating from one system to another within a body, this imagination did not extend to transmission between bodies. When diseases were contagious, they were envisioned and experienced not as functional irregularities in qi resonating between people, but as ontologically discrete entities—demons, worms, or effluvia—passing from body to body. In some cases, there was even a clear sense of the transmitted thing being quantifiable: Infestation, produced by demons and demonic worms, was more virulent when it was received from a dead person than from a living person, because in the former case the demonic migration was more complete. Noxious disease fumes passed among cattle until those fumes were “used up and after that it stops.” Leprosy passed out of one person into another.

**Warmth**

While Warmth appeared in functional-configurational frameworks as a feature of climate, some medical works also granted it demonic agency and the potential for contagion. As we saw above, Chao Yuanfang worked mainly in a functional-configurational tradition of understanding epidemics. Despite this, the very last item in his sections on Cold Damage, Seasonal Qi, and Warmth Disorders each concerns “making it not transmit to others” (ling buxiang ranyi 令不相染易). The inclusion of contagion suggests that Chao accepted that epidemics could in some cases be contagious, its marginality suggests that he saw it as the less important or even an embarrassment to his functional configurational accounts.

In the case of Cold Damage disorders, Chao included a section on contagion only to clarify that they were not contagious.

---

78 For more on these other contagious categories, see Hinrichs (2003), Chapter 6.
79 Wushang xuanquan santian yutang dafa, 23.6.
80 Nongshu, 2.5b.
81 Guixin zashi, 81.
82 In each of these three sections, two or three items before this last is a discussion of transmission during sexual intercourse. Zhubing yuanhou lun jiaozhu, 8.275-276, 9.300, 10.332-333.
As for Cold Damage Disorders, it is only when people become ill from contacting the qi of Cold toxin that it will then not contaminate (ranzhao 染着) other people. If, because the seasons are inharmonious, with warmth and coolness losing their regularity, people are affected (gan 感) by perverse (guaili 乖戾) qi and become ill, this then will often contaminate others. Thus one should take medicine in advance and take measures to prevent it.\footnote{Zhubing yuanhou lun jiaozhu, 8.277. The latter part of this account is quoted verbatim as applying to Seasonal Qi, at the end of that section. Zhubing yuanhou lun jiaozhu, 9.302.}

Cold Damage disorders were contracted when Cold occurred when it is supposed to, in winter, and were not contagious. It was when climatic qi was out of phase with the normative progression of the seasons, as was characteristic of Seasonally Spread or Seasonal Qi disorders, that contagion was possible. Even here, Chao did not describe the qi by which people were affected in these cases as irregular (buzheng 不正) or noxious (xie 邪), the more common antipodes to correct (zheng 正) qi in the language of functional medicine, but with the sharper qualifier ”perverse” (guaili 乖戾).

If Cold Damage stood out for its non-contagion, Warmth stood out for its exceptional contagiousness—not when it appeared as a manifestation of dormant Cold Damage, its defining feature in Chao’s nosology, but when it emerged from the “perverse” (guaili) Seasonal Qi pattern of seasonal irregularity.

[As for Warmth Disorders], these are all due to disharmony in the seasons, and warmth and coolness losing their regularity. People are affected (gan 感) by perverse (guaili) qi and become ill. Then the disease qi transmits to and contaminates others (zhuangxiang ranyi 染易), culminating in the destruction of the family (miemen 滅門) and extending to outsiders. Thus one should take medicine in advance and take measures to prevent it.\footnote{Zhubing yuanhou lun jiaozhu, 10.333-334.}

Thus, while Chao pointedly refused to accommodate the idea of contagion in the case of Cold Damage, he seemed to feel compelled to make room for Warmth Disorder’s potential for contagion, but at the same time preserving some distinction between configurational and contamination modalities by producing an alternate etiological explanation.

In a clearer gesture toward ontological-contamination frameworks, by making “destruction of the family line” (miemen) one of the characteristics
of Warmth contagion, Chao hinted at a link with demonic-contagious Infestation disorders of which it was a primary feature. Ge Hong 葛洪 (281-341), who distinguished Cold Damage and Seasonally Spread diseases in a way similar to Chao, made the connection explicit.

Cold Damage, Seasonally Spread, and Warmth Epidemics (wenyi) are three names for one type [of disorder]. Fundamentally, they are [only] slightly different. Those cases in which there is injury by Cold in the winter months, sometimes spreading rapidly and acting strongly; breaking out in sweat and getting Wind-Cold; and breaking out [in illness] when summer comes—these are called Cold Damage. Those cases in which in the winter months it is not very cold, and there is a lot of Warmth qi to the extent that the four winds make people’s bones and joints become slack and get ill; and when spring comes it breaks out—these are called Seasonally Spread. In those cases in which during the year there is pestilential (li) qi that combines with demon-toxin and Infestation—these are called Warmth diseases. If it is any of these, on examination the symptoms [of different patients] resemble each other. In the refined speech of the eminent and powerful, they are sweepingly called Cold Damage. It is the popular custom to call them Seasonally Spread. The exorcistic talismans of Daoist techniques speak of the Five Warmth-[Demons].

---

85 The term “destruction of the family line” (miemen) derived from a category of legal punishment (criminal responsibility in some cases extended to relatives). The punishment was adapted in Daoist juridical frameworks, and was sometimes envisioned as being carried out by demons. On the Qin-Han legal principle of destruction of the lineage on which miemen is thought to have been based, see Lewis (1990), pp. 91-94. On the extension of punishment to the family in sepulchral plaints in early medieval Daoism, see Strickmann, pp. 10-23; Bokenkamp, pp. 56-58, 111-118, 130-138; Katz (2009), pp. 34-35. For more on the etiology and contagion of Infestatious disorders, see Hinrichs (2003), Chapter 6; Hinrichs (forthcoming), Chapter 6.

86 Epidemic demons and Warmth demons tend to come in fives. See Lee (1993a), p. 422. This passage appears in Ge Hong zhouchou beiyi fang, 2.45-46. Part of this passage also appears in quotations from the Xiaopin fang, which scholars have dated more broadly to the two Jin and Northern and Southern Dynasties (265-588), to the Western Jin (265-316), and to latter half of the fifth century. See Xiaopin fang xinji, 1, 60. Ge Hong’s Zhouhou beiyi fang as it has come down to us includes passages that
Like Chao Yuanfang, then, Ge Hong placed Cold Damage and Seasonally Spread disorders in a functional-configurational framework. While Chao hints at a link with demonic Infestation through the language “destruction of family,” Ge made this link explicit. Finally, Ge went further than this. He reported that these terms, which might be distinguished technically, were used generically by different social groups for epidemics, in which “on examination the symptoms [of different patients] resemble each other.”

Warmth as used in Daoist exorcistic talismans is not Warmth Qi or a manifestation of Cold Qi injury, but ontologically noxious, pestilent (li), demonic, and infestatious. This is born out in Daoist texts, where we find the epidemic-spreading “Five Warmth Demons.”

Where medical texts treat Warmth as demonic and ontological rather than as a variety of Seasonal Qi, they continue to show evidence of derivation from Daoist traditions. Chao Yuanfang, who had taken such care to place Warmth in a functional framework, when admitting its potential for contagion, linked it to demonic epidemics. He followed his section on Warmth with one on “Pestilence” (yili), in which he distinguished the various seasonal disorders that were often epidemic among the people from pestilential diseases caused by demons. Here he quoted a nurturing life (yangsheng 養生) text’s method for extending years that will allow one to “avoid noxious demons,” “avoid and eliminate the masses of noxious [agents] and the hundred demons,” make it so that the “hundred noxious [agents] dare not invade you, and you can thereby go into the midst of a Warmth Epidemic” — presumably without catching it.

Chao Yuanfang seems to have taken a commonly recognized type of epidemic, generally understood to be caused by demons, and partially fitted it into a functional-configurational framework. He did not entirely omit, though, traces of Daoist and demonic understandings, producing discrepancies with the switch from Cold Damage to Seasonal Qi etiology, the introduction of language usually associated with Infestation, and the link between Warmth Epidemics and demonic pestilence. Chao’s work was a starting point for many later authors’ definitions of disease, and they did

---

were originally annotations by Tao Hongjing (456-536). Which belong to Ge Hong’s original text and which were added by Tao Hongjing is often no longer clear.

A similar social distinction is also reported by Xiaopin fang, some versions of which give “Seasonally Spread,” others “Heaven Spread:” “Cold Damage is the term of refined gentlemen; Heavenly Spread and Warmth Epidemics are the way it is called in the fields and in homes. They do not speak of the differences and similarities in these disorders.” Xiaopin fang xinji, 60. This was already in footnote 65.


Zhubing yuanhou lun 10:334-335.
follow him in subsuming Warmth disorders under the etiological pattern of Cold Damage, in treating Warmth disorders as contagious, and in retaining some reference to demonic contagion.

Despite minor inconsistencies, we find a strong authorial voice and overall theoretical consistency in Chao’s *Zhubing yuanhou lun*. Sun Simiao on the other hand seems to have been more interested in including multiple perspectives and approaches to treatment. He quoted widely from other sources, and did not bother to reconcile theoretical differences, which were particularly marked in the completely different styles of medicine he brought to bear in therapies for Cold Damage and Warmth disorders.

Sun followed his general functional-configurational theoretical introduction to Cold Damage disorders with a subsection devoted to formulae for “Avoiding Warmth.” In the introduction, he quoted *Xiaopin fang*, which attributed Warmth Disorders to injury by Cold in winter. While from this we might anticipate that “avoiding Warmth” would entail “keeping oneself firmly closed in” in the winter, the Avoiding Warmth section consisted predominantly of methods for “avoiding epidemic qi,” “avoiding Warmth Diseases,” killing demons, and breaking the line of transmission and contamination of Warmth Epidemics, which otherwise then “culminate in the destruction of the family line (miemen) and extend to outsiders.” The term “avoid” (bi 避) itself was traditionally used to refer to methods for warding off demons. Accordingly, the formulae in this section were concerned with avoiding Warmth, Epidemic Qi, and demons.

Besides the descriptive language of “avoiding” and “demons,” many of the formulas themselves were clearly apotropaic. There were several cases of protection against or expulsion of noxious entities or qi from bodies, homes, and wells. Bags of medicines were hung in or on doorways, windows, walls, or bodies or were dropped into wells; medicines were used to fumigate homes and courtyards as well as ingested; and noses and ears were smeared with medicines. The formulas contained numerous ritual or magical elements, such as facing east at dawn and reciting incantations, and measuring the circumference of the house with a rope and then cutting it. Some specified performance on New Year’s morning, a significant time in the ritual calendar for cleansing away and exorcising the previous year’s demons. The medicine itself was sometimes described as

---

90 *Xiaopin fang xinji*, 60; *Beiji qianjin yaofang*, 9.173.
92 *Beiji qianjin yaofang*, juan 9-10, passim.
93 See translation in Appendix 5, “Prescriptions for Avoiding Warmth and Contagion From Sun Simiao’s *Beiji qianjin yaofang* and Pang Anshi’s *Shanghan zongbing lun*,” in Hinrichs (2003), pp. 283-301.
possessing a type of anti-demonic power, as in Sun’s introduction to “Formula for Realgar Pills:”

In the 2nd Year of the Jianning period in the Han (169 AD), Jupiter was in the you 西 position. Epidemic qi spread, and multitudes of people died. There was a young adult student, Li Hui 李混, who was coming from Qingcheng Mountain in Shu (Sichuan). To the east he passed through Nanyang [in Henan], entering from the West Market Gate. He saw that there were rather many people suffering from pestilence (yili), and thereupon took some medicine from out of his bag. He bestowed on each one pill. When its efficacious numinosity (ling 灵) wet their lips, there was no illness that was not cured.

When the epidemic demons (yigui) in the marketplace, numbering in the hundreds and thousands, saw the student distributing medicines, they all became frightened and ran away. There was a Demon King who saw the student, and said that he must have the Law (or Rites) of the Dao (daofa 道法)94 [since] when he distributed the medicine it both affected (gan) the populace and the demons fled the way they did. Thereupon he made a visit to the student seeking to receive his Law of the Dao. The student said, “I have no Law of the Dao, but only the medicine in my bag.” He presented this to the Demon King, but when the Demon King looked at the medicine he kowtowed in alarm, begged for his life, and ran away.

Wear this medicine, and when you go into the mountains, you will be able to avoid tigers, wolves, insects, and snakes. When you go into the water you will be able to repel water monsters, jiao-dragons (蛟), and shen sea creatures (蜃).95

The medicines prescribed also featured drugs regularly used against demons and worms but not Cold Damage disorders. Realgar (xionghuang 雄黄), featured in the formula above, appeared in seven of Sun’s Avoiding Warmth formulas.96 At least as early as the first century it had been

---

94 Also referring to Daoist ritual.
95 Bei ji qianjin yaofang, 9.176.
recommended for killing sprites (jingmei 精魅), malevolent demons (egei 惡鬼), and noxious qi. In the fifth century it appeared in a text for Demonic Infestation (guizhu 鬼注). It was also recommended for use in amulets to “put dangerous animals to flight and to destroy the venom of poisonous snakes.” In his Qianjin yifang 千金翼方, where he lists drugs and their properties, Sun Simiao wrote that realgar “resolved … Strikes by Malignant Agencies (zhonge), … and demonic possession; and killing spirits, malevolent demons, noxious qi, and the toxins of the hundred gu (baigudu 百蠹毒).” During the Dragon Boat Festival in modern Taiwan, realgar liquor has been both sprinkled around the outside of homes and ingested to ward off noxious creatures.

One of the first major Song treatises on Cold Damage Disorders, Pang Anshi’s龐安時 Shanghan zongbing lun 傷寒總病論 (Comprehensive Treatise on Cold Damage Disorders, before 1100), while elaborating functional-configurational frameworks, followed Sun’s lead by inserting a subsection of remedies for “Avoiding Warmth,” much of it copied from Sun’s Qianjin fang, and like Sun without any attempt to reconcile it theoretically with the climatic explanations that preceded it. Pang also employed realgar as an apotropaic, and showed evidence of links to Daoist traditions, as in the following remedy:

Grind high quality realgar (xionghuang 雄黃) with water. Use a writing brush to dip up a thick dollop [of realgar] and smear it inside the nostrils. Then epidemic qi will be unable to enter, and [even if] you share a bed with a sick person it will still not transmit (xiangran 相染). At the

Pills,” “Prescription for Realgar Pills,” “Prescription for breaking off transmission and contamination by Warmth Epidemics.” These also appear in Taiping shenghui fang, Shanghan zongbing lun, and Shengji zonglu.

98 Qianjin yifang, 3.16. To take just one other example, Cinnabar also appears frequently. Among its applications, Sun lists “killing sprites (jingmei 精魅) and noxious and malignant demons (xiangui 異惡鬼), and expelling (chu 除) stomach aches from strikes by malignant agencies.” As we expect given its association with cultivating vitality and transcendence, Sun lists constructive uses as well, such as cultivating the seminal essence and spirit (jingshen 精神), calming the Yang and Yin souls, and increasing the qi. Qianjin yifang, 2.14.

Gu-poison was a type of witchcraft-inflicted infectious disease whose production involved the cultivation of demonic snake-, toad-, worm-, or insect-like “worms” (chong).

99 Davis (1992), pp. 405-406.
100 Shanghan zongbing lun, 122-126.
beginning of the fifth watch\textsuperscript{101} after you wash your face and as contingencies arise, daub it on. In general, the homes of those stricken with Warmth Epidemics of themselves generate noisome and foul (\textit{zhouhui} 臭穢) \textit{qi}. When people smell this \textit{qi} [they should] immediately use a strip of paper to probe the inside of their nose. If they sneeze it [out] it is good. Otherwise the noxious \textit{qi} will enter the “Higher Origin Palace” (\textit{shangyuangong} 上元宮) and form this disease. If you use realgar to daub it, then because you do not smell this \textit{qi}, you will additionally avoid the various malignant agencies and monstrous dreams [i.e., demons].\textsuperscript{102}

The “Higher Origin Palace” corresponds to the brain and upper Cinnabar Field, which have a central role in Daoist physiology and self-cultivation but none (ordinarily) in functional medicine.\textsuperscript{103}

Besides continuing to appear in “Avoiding Warmth” sections of medical works, in the Song the ideograph for Warmth, \textit{wen} 溫, came to appear more often with its water radical swapped for a disease radical 瘟, referring more generally to virulent epidemics, or plagues.\textsuperscript{104} The “Plague Gods” that

\begin{footnotesize}
\begin{enumerate}
\item Around 4 a.m.
\item \textit{Shanghan zongbing lun}, 5.123-124. This passage came under particular criticism from Cheng Jiong in his arguments against contagion. Ironically, Chen Yan, who also quoted this remedy (\textit{Sanyin fang}, 6.6b), provided a postface to Cheng Jiong’s \textit{Yijing zhengben shu}.
\item Liu Wenshu, famous for his successful promotion of Five Phases and Six \textit{Qi} theory to the court in 1099, described a similar mechanism for contagion, toxic \textit{qi} entering through the nose into the brain. Although he did not identify this specifically with Warmth or with demons, he did give instructions such as the following: [Quoting from a “lost chapter” of the \textit{Suwen}, considered apocryphal]: “If you want to enter the chamber [of someone sick with] an epidemic, beforehand imagine green \textit{qi} coming out of the Liver and moving leftwards to the East and transforming (\textit{hua}) and making (\textit{zuo}) trees.” “Lost Tract,” \textit{Suwen rushi yunqi lun} 運氣論, 29-31. The text continues with instructions for subsequently imagining the other Phase-associated colors issuing from the Phase-correlated Viscera, moving in the Phase-matched directions and transforming into Phase-fitting things. Catherine Despeux argues that Five Phases Six \textit{Qi} theory was developed in a Daoist milieu, and such visualization techniques and an emphasis on the role of the Brain do suggest such a connection.
\item Lee (1993a), pp. 423-425. Current recensions of Ge Hong’s work also distinguish the graphs in this way.
\end{enumerate}
\end{footnotesize}

Plague here is to be taken in the sense of a general, pestilential affliction, often implying something infectious. It is not to imply any association with the specific disease of bubonic plague, often referred to as The Plague.
began to spread in the Song period were written with the latter graph.\textsuperscript{105} The two usages appeared in conjunction, making clear their references to different understandings of etiology, in the Southern Song physician Chen Yan’s “Brief overview of the various epidemics and their patterns and treatments.” Here, Warmth 溫 was one epidemic configuration:

In general, before the vernal equinox and after the autumnal equinox, the qi of Heaven accords with Clear and Cool [weather]. If suddenly you have Warmth qi breaking in, then the people will be ill with Warmth Epidemics (wényì 溫疫). After the vernal equinox and before the autumnal equinox, the qi of heaven accords with Heat. If suddenly you have Clear and Cool qi breaking in, then the people will be ill with Cold Epidemics. …

Following this, Chen detailed a rich variety of plague瘟 types which he associated with specific places, fitting a demonic and more generally ontological view of etiology:

That which establishes an epidemic (yì), might be ditches not flowing, accumulating their filth, and this fuming up and forming [epidemic qi]. It might be that the land has a lot of death-qi, which is blocked and then erupts and forms [epidemic qi]. It might be that the officials and clerks are corrupt and oppressive, making grievances and slander which forms [epidemic qi]. Today these are called Prison Plague (yuwen 罪瘟), Injury Plague (shangwen 傷瘟), Grave Plague (muwen 墓瘟), Temple Plague (miawen 庙瘟), Shrine Plague (shewen 社瘟), Mountain Plague (shawan 山瘟), Sea Plague (haiwen 海瘟), Home Plague (jiawen 家瘟), Stove Plague (zaowen 竈瘟), Harvest Plague (suiwen 壽瘟), Heaven Plague (tianwen 天瘟), Earth Plague (diwen 地瘟), and so forth. You must not fail to investigate [their origins].\textsuperscript{106}

These varieties were associated with places prone to the particular dangers of blockage or demonic attack: sacred precincts; remote areas; domestic


\textsuperscript{106} (Chen Wuze) Sanyinfang, 6.4b-5a.
spaces; stagnating filth producing noxious fumes; and the moral obstruction of governmental injustice accumulating airs of grievance around prisons.107

Theoretical Rigor and its Limits

As the naturalistic Yin-Yang and Five Phase cosmologies that underlay and powerfully integrated imperial ideology, medical theory, and religious practice gradually spread from the Han period on, the contradictions between functional-configurational and ontological-contaminationist frameworks became evident but were often ignored. Sometimes, as in the case of Ge Hong and Chen Fu, the different frameworks were tied to social class. Cao Zhi (192-232)108 attributed demonic views of epidemics in general to the benighted poor.

In 217 pestilential qi was spreading, and every family suffered [the proliferation of their relatives’] stiff corpses. In every room there was the sorrow of wailing tears. Some closed their doors and died. Some clans were mourned for their annihilation. Some people took it to be epidemics carried out by demons and spirits.

Now, of those so stricken, all are sons who dress coarsely and eat rough food, people who live in thorn huts and mugwort-woven shacks. It is rare among those families who live in palaces and eat from ding-vessels, and households with piles of sable and layers of bed-mats. When Yin and Yang losing their positions, when Cold and Summer-Heat cross the seasons—it is for this reason that epidemics arise. But the deluded people hang talismans and perform exorcisms. It is ridiculous.109

The class distinction is born out in the decline between the Han and the Song of customs such as the exorcistic nuo 雙 festival and the employment of shamans for healing at court and among elites.110

Despite occasional derision and the posing of functional-configurational models as alternatives, though, disease-spreading demons remained prominent objects of fear across the social spectrum. From early times we find

---

107 For analyses of demonic dangers associated with particular places, see Liao Hsien-huei (2007); Li Jianmin (1994).
108 Famous poet and younger brother of Cao Si, Cao Cao’s successor and founder of the Wei Dynasty.
records, not only at the popular level but in elite society, of epidemics
treated and prevented by wearing or imbibing protective talismans or
demon-expelling medicines, exorcisms and exorcistic festivals, and the
shunning of people or areas stricken with epidemics. Shamans and plague
god festivals remained vital and prevalent at the local level through the rest
of the imperial period and even today.111

During the Song period, when officials were deploying Cold Damage
texts to combat shamanic healing, Daoist exorcists were also popular
among elites, talismanic treatments retained a department in the imperial
medical curriculum, and prominent medical writers and government
bureaus included treatments for demonic ailments in their formularies.112
The imperially compiled Comprehensive record of Sagely beneficence (1118)
advised:

For methods of treatment [of Demonic Intermittent
Fever (guinüe 鬼瘧)] it is appropriate to perform
exorcistic sacrifices to expel [the demonic noxious agents
(guixie 鬼邪)], and together with that take decoctions for

111 In a very few records, we find policies or policy proposals that reflect a
recognition of contagion as a real danger, and quarantine as a judicious response.
State-run hospitals were, in at least one policy document, ordered to set aside
quarantine wards specifically to prevent contagion. During epidemics in 1181 and
in 1187 official travel bans were ordered for the Southern Song capital of Lin’an
(modern Hangzhou), presumably in this case to keep the disease from spreading
through interpersonal transmission. On quarantine wards, see Song huiyao
jigao 宋會要輯稿, discussed in Goldschmidt (2009), p. 64. For records of the two travel bans,
which were gleaned from local gazetteers, see Imura Kōzen (1936), p. 271.

Contagion among cattle may have provoked less controversy. Although “filial”
behavior among cows was used in the Song as evidence that Filial Devotion was a
universal Coherent Principle (li 理), for literati cattle quarantine does not seem to
have triggered the intense moral reaction that it did among humans. On contagion
among cattle, see Nongshu. On bans on cattle trading during disease outbreaks, see

On apotropaic and exorcistic treatments and festivals, see, for example, Harper
While some of these works mention the continuation of these practices in the
twentieth century, the following focus on it: Lin Fu-shih (1995b); Guo Jing 郭靜
(1993); Lee (1993b); Gould-Martin (1975).

112 See, for example, Davis (2001), p. 17; the talismans in Shengji zonglu (1118),
juan 195-197. On the inclusion of talisman and incantation techniques in the Song
curriculum, see Miyashita Saburō (1967), p. 140.
expelling (qu 祛) noxious [agents] and calming the spirit.\(^{113}\)

The medical official Chen Yan 陳言 (fl. 1161-1176) similarly wrote:

> When the sick have chills and fever every day, their dreams are inauspicious, and they often become afraid, this is called Demonic Intermittent Fever. It is appropriate to use apotropaic and exorcistic methods (jinbi yanrang zhi 法 禁避厭禳之法).\(^{114}\)

We are not looking, then, at official or elite consensus.

The impression that medical works sometimes appeared to uphold Cheng Jiong’s ideals and advocate a rigorous functional-configurational approach, may have been an artifact of context. The Song did see an outpouring of treatises on Cold Damage that eschewed mention of contagion and “Avoiding Warmth” — books that took Zhang Zhongjing’s contagion-free Shanghan lun and Five Phases and Six Qi theory — not Chao Yuanfang’s comprehensive nosology, not Sun Simiao’s eclectic therapies, and not state pharmacopeias’ encyclopedic ambitions, as their starting points. If contagion and Warmth did not fit the narrower theoretical enterprise, this does not mean that they were neglected medically even by the same authors. We have already discussed the appearance of Avoiding Warmth in the theoretical works of Pang Anshi and Chen Yan. Liu Wenshu, famous for successfully promoting Five Phases and Six Qi at court, did not discuss contagion in his theoretical writings, but did in his comments to an appended apocryphal “lost tract” from the Suwen.\(^{115}\) The literatus medical writer Xu Shuwei 許叔微 (1080-1160)\(^ {116}\) developed functional-configurational theories in his works on Cold Damage, where he did not mention contagion, but gave accounts of and treatments for “Various Worm, Flying Corpse, and Demonic Infestation” diseases and demonic or ghostly visitations in his formulary, Puji benshi fang 普濟本事方

---

\(^{113}\) Shengji zonglu, vol. I, 35.718.

\(^{114}\) Under “Symptoms and Treatments for Intermittent Febrile Disorders (nüebing) with Neither Inner Nor Outer Causes,” Sanginfang, 6.12b.


\(^{116}\) Person of Zhen Prefecture, Huainan East Circuit; in modern Jiangsu. Jinshi 1132. He served as an Educational Official in Huizhou and Hangzhou, and as Grand Academician at the Academy of Scholarly Worthies. Songren zhuanji 3.2177; postface to Xu Shuwei Shanghan lun zhu sanzhong by Chen Zhiheng et al., 215.
One type of work aimed at the development of functional-configurational frameworks, in which contagion did not fit; others included more diverse phenomena. Medicine is, after all, a practical discipline, and does not lend itself to theoretical reductionism.

That said, medical writers and Song officials, if they did not go so far as Cheng Jiong in calling for rigorous confinement to canon-based Cold Damage models, did give that approach to medicine priority and prominence over demonic Warmth and contagion. Luo Shi and Liu Yi did pit “Cold Damage” against shamanic healing. What provoked the growing antagonism between functional-configurational and ontological-contaminationist medicine? What made their polarity more obvious, and commitments to the former stronger?

The eleventh century saw the conjunction of the new availability of the hitherto obscure Shanghan lun of Zhang Zhongjing, the appearance of a new system for calculating and predicting the climatic configurations that engendered epidemics and guided their treatment, and the coincidence of the dominance of the Three Yin and Three Yang modalities in both the classical text and the new cosmology. The Song’s expansions of its bureaucracies for editing and publishing medical texts, as well as for medical education and medical relief, provided venues for the circulation of these texts and thereby opportunities for building on them in theory and in practice. Campaigns against southern shamans and quarantine, begun as early as the 960s, clearly brought attention to the contradictions between functional-configurational and ontological-contaminationist medicine, and motivated officials and literati to promote the former against the latter. Put another way, functional-configurational approaches provided a resource for those who would reform southern customs, or would dispute contagion, or would seek non-apotropaic non-exorcistic non-sick-avoiding means for treating epidemics.

Functional-configurational medicine also spoke to a view of the cosmos, of the person, and of disease that would have been congenial to officials and to elites with predilections for a holistic organic universe, and for minimizing the heterogeneity of the empire. Configurational theories reduced diverse disease manifestations to factors of climatic variation in temperature and dampness, to a numerical cosmology; ontological factors such as Warmth and Plague demons came in a profusion of local peculiarities and individual personalities. Five Phases and Six Qi theory also

---

117 Puji benshi fang, 6.89, 7.94-103, 8.112-113; Xu Shuwei Shanghan lun zhu sanzhong, passim.
implicated literati and officials who were interested in cosmology, something Cheng Jiong evinced in his work on the *Yijing* (Classic of Change), and surely contributed to making contagion, which does not fit well in cosmological systems, anathema.

**Implications**

The theoretical potential of demons, worms, and effluvia to be treated in functional, processual, or relational terms was never fully translated into practice. Daoist talismans did not attempt to convert demons; they exorcised them. Medical therapies did not prescribe means of harmonizing with demons and worms; they avoided and expelled them. Foul *qi* was not measured on axes of temperature and moisture; it stank. The compelling cosmology that provided the basis for functional medicine, while influential, sometimes overlay and more often coexisted, competed, or alternated with other ways of looking at the world, experiencing the body, and healing. These frameworks not only offered different ways of looking at the world, they authorized different action in it. They were strategic resources.

It is not inconsequential that functional-configurational medicine offered an elegant cosmology of disease and epidemics that shared a common idiom with dominant models of imperial-bureaucratic power. This medical modality’s diagnostic and therapeutic approaches demanded subtle artistry and erudite sensitivity, not unlike that of the ideal ruler or official. It identified not enemies to be attacked or defended against, but irregularities to be regulated, imbalances to be balanced, insufficiencies to be replenished, excesses to be curbed, contrary flows to be rechanneled. It eschewed martial approaches for civil ones congenial to cultured literati, gentry, and the growing number of physicians who aspired to elite distinction.\(^{119}\) It reduced the human, environmental, climatic, and epidemiological ecologies of far-flung Lingnan, Sichuan, Jiangnan, and the northern “central” plains to fractal variants of common principles, or even Coherent Principle (*li* 理), thus producing an ideologically resonant formulation that integrated the diverse peoples and lands of the empire.

Ontological-contaminationist medicine did not. Instead it offered a vibrantly diverse and capricious world of violent bestial demons, gnawing verminous creatures, and vile fetid vapors. It located these in the rooms and effects of the sick and the dead and in exotic, frightening lands. These were not patterns to be harmonized, but things to be fled, warded off,

\(^{119}\) On the growing number of Song physicians who were seeking and achieving something closer to literati status, see Hymes (1987); Chen (1997); Chu (2006).
cleansed, and destroyed. Ontological modalities were not alien to elite culture and ruling practice, but neither did they suit civil-bureaucratic and Confucian ideals—ideals grounded in oppositions between governance through transformative instruction of commoners and barbarians on the one side, and punishment and military conquest on the other. In the Song, officials and literati exhibited totalizing preoccupations, campaigning aggressively to integrate elite-commoner and center-periphery customs and mores. As we have seen, this ethos permeated far beyond policy and philosophy, contributing to the rationalization of theories of epidemics, and to the marginalization of contagious Warmth diseases and the divisive world views and behaviors they supported.

---

120 This ethos tended to be acted on more through central state policy in the Northern Song, and more through local activism and self-cultivation in the Southern Song. For an overview of these orientations, see Hymes and Shirokauer (1993).
**Functional-Configurational vs. Ontological-Contaminationist Models**

<table>
<thead>
<tr>
<th>Etiologies</th>
<th>Functional</th>
<th>Ontological</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Noxious Qi 邪氣</td>
<td>• various demonic entities: 惡鬼，精魅，邪，蠱，精物，忤，屍，祟</td>
</tr>
<tr>
<td></td>
<td>• Wind 風</td>
<td>• various chong 蟲，蠱，蠹，蟯</td>
</tr>
<tr>
<td></td>
<td>• Cold 寒</td>
<td>• various perverse, steaming, stinking, or fermenting [effluvia] 乖戾，熏，蒸，鬱，臭穢，惡，鬱汙（氣）</td>
</tr>
<tr>
<td></td>
<td>• Warmth 湿</td>
<td>• Summer-Heat 暑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Categories of Epidemic or Contagious Disorders</th>
<th>Configurational</th>
<th>Contaminationist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Cold Damage 傷寒</td>
<td>• Pestilence 瘟</td>
</tr>
<tr>
<td></td>
<td>• Seasonal Qi 時氣</td>
<td>• Warmth, Heaven-Spread 瘟，天行</td>
</tr>
<tr>
<td></td>
<td>• Five Circulatory Phases and Six Climatic Qi 五運六氣</td>
<td>• Infestation 注／疰，傳屍癆瘵</td>
</tr>
<tr>
<td></td>
<td>• Harmonize 調，和</td>
<td>• Miasma 瘧，霧</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Grand Wind, lai 大風，癩</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dominant Responses to Disorder</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Avoid, Ward Off 辟／避，禁，防</td>
</tr>
<tr>
<td></td>
<td>• Expel, Evacuate, Exorcise 除，下，祛，厭，禳</td>
</tr>
<tr>
<td></td>
<td>• Kill, Destroy 殺，滅</td>
</tr>
</tbody>
</table>
References

Traditional Works in Eastern Asian Languages:


Beisong jingfu nianbiao; Nansong zhifu nianbiao 北宋經撫年表; 南宋制撫年表 (Chronological Tables of Northern Song Military Intendants; Chronological Tables of Southern Song Military Intendants), comp. by Wu Tingxie 吳廷燮, punc. and emended by Zhang Chenshi 張忱石, Beijing: Zhonghua shuju, 1984.

Caoji quanping 曹集詮評 (Collected Writings of Cao [Zhi] with Commentary), by Cao Zhi 曹植, ed. by Ding Yan 丁晏, vol. 2, Shanghai: Shangwu yinshuguan, 1931.


Ge Hong zhouhou beiji fang 葛洪肘後備急方 (Formulae to Keep at the Elbow for Emergencies), by Ge Hong 葛洪, Beijing: Renmin weisheng chubanshe, 1963.

Guixin zashi 壬辛雜識 (Various Views from the Guixin Quarter) (c. 1298), by Zhou Mi 周密 (1232-1308), Beijing: Zhonghua shuju, 1988.


Huiyan wenji 晖安文集 (Collected Writings of Huian), by Zhu Xi 朱熹 (1130-1200), in Siku quanshu 1143-1146.

Jingui yaojue 金匱要略 (Essentials of the Golden Coffer) by Zhang Zhongjing
Leizheng puji benshi fang 䳀證普濟本事方 (Formulae for Universal Relief of Fundamental Matters), by Xu Shuwei 許叔微 (1080-1160), Siku quanshu, 741.

Nongshu 農書 (Writings on Agriculture) (1149), by Chen Fu 陳尃 (1076-after 1149), Siku quanshu, 1461.

Puji benshi fang 普濟本事方 (Fact-Based Recipes for Universal Succor), by Xu Shuwei 許叔微 (1080-1160), Shanghai: Shanghai kexue jishu chubanshe, 1959.

Qianjin yifang 千金翼方 (Supplemental Wings to Priceless Formulae), Taipei: Ziyou chubanshe, 1959, 1982.


Shanghan zongbing lun 傷寒總病論 (Comprehensive Treatise on Cold Damage Disorders) (before 1100), by Pang Anshi 龐安時 (fl. 1080-1100), Beijing: Renmin weisheng chubanshe, 1989.


Song huiyao jigao 宋會要輯稿 (Important Government Documents from the Song), ed. by Xu Song 徐宋 (1781-1848), Beijing: Guoli Beiping guoshuguan, 1936.

Songshi 宋史 (History of the Song), by Tuo Tuo 脫脱 (1314-1355), et al. (eds.), Beijing: Zhonghua shuju, 1985, 1990.


Suwen rushi yuqin lunqiao 素問入式運氣論奥 (Discussion of the Esoterica of the Circulatory Phases and Seasonal Qi as Formalized in the Plain Questions) (1099), by Liu Wenshu 劉温舒, Siku quanshu 738.


Wushang xuan yuan santian yutang dafa 無上玄元三天玉堂大法 (Great Rites of the Jade Hall of the Three Heavens of the Supreme Mysterious Origin) (1126), by Lu Shizhong 路時中 (fl. 1107-1158), in Zhengtong Daozang 正統道藏, 1444-45, Shanghai: Shangwu yinshuguan, 1926.

Xiaopin fang xin ji 小品方新辑 (Formulae with Short Essays, New Edition) by Chen Yanzhi 陳延之 (fifth cent. AD?), comp. and ann. by Zhu Xinnian 祝新年, Shanghai: Shanghai Zhongyi xueyuan chubanshe, 1993.

Xu Shuwei Shanghan lun zhu san zhong 許叔微傷寒論著三種 (Three of Xu Shuwei’s Writings on the Treatise on Cold Damage), by Xu Shuwei 許叔微, ed. by Chen Zhiheng 陳治恆 et al., Beijing: Renmin weisheng chubanshe, 1993.

Xu zizhi tong jia n chang bian 續資治通鑑長編 (Long Edition of the Continuation of the Comprehensive Mirror for Aid in Governance), ed. by Li Tao 李燾 (1115-1184), Shanghai: Shanghai guji chubanshe, 1986.

Yijian zhi 夷堅志 (Records of the Listener) (1161-1198), by Hong Mai 洪邁 (1123-1202), Beijing: Zhonghua shuju, 1981.


Yishuo 醫說 (Medical Anecdotes), by Zhang Gao 張杲 (twelth to thirteenth cent.), Taibei: Xinwenfeng chuban gongsi, 1981.

Zhizhi shu lu jie ti 直齋書錄解題 (Problems Solved in Zhizhai’s Bibliography), by Chen Zhensun 陳振孫 (c. 1186-1262), Shanghai: Shanghai guji chubanshe, 1987.

Zhubing yuan hou lun jiaozhu 諸病源候論校注 (Comprehensive Treatise on the Origins and Symptoms of Diseases, Collated and Annotated) by Chao Yuanfang 巢元方 in 610, Ding Guangdi 丁光迪 et al. (eds.), Beijing: Renmin weisheng chubanshe, 1991.

Secondary Sources in Western and Eastern Languages


Chen Yuanpeng 陳元朋 (1997), *Liang Song de “Shangyi shiren” yu “ruyi” – jianlun qi zai Jin-Yuan de liubian* 兩宋的「尚醫士人」與「儒醫」—兼論其在金元的流變 (The “Literati Aficionados of Medicine” and “Scholar Physicians” of the Two Song: Together with a Discussion of Their Development in the Jin and Yuan), Taibei: Taiwan National University (Guoli Taiwan daxue wenshi series, 104).


Guo Jing (郭凈) (1993), Nuo: qugui, zhuyi, choushen 儺：驅鬼．逐疫．酬神 (Nuo: Expelling Demons, Banishing Epidemics, Giving Thanks to Gods), Hong Kong: Sanlian shudian.

Hanson, Marta (1997), “Inventing a Tradition in Chinese Medicine: From Universal Canon to Local Medical Knowledge in South China, the Seventeenth to the Nineteenth Century,” Ph.D. diss., University of Pennsylvania.


EASTM 41 (2015)


Lin Fushih 林富士 (1988), Handai de wuzhe 漢代的巫者 (Shamans of the Han Era), Taipei: Daoxiang chubanshe.


—— (1995b), Guahun yu guixiong de shijie: bei Taiwan de ligui xinyang 孤魂與鬼雄的世界：北台灣的厲鬼信仰 (The World of Orphaned Spirits and
Ghostly Heroes: Beliefs in Malicious Spirits in Northern Taiwan),
Banqiao, Taiwan: Daoxiang chubanshe (Beixian xiangtu yu shehui daxi, 4).

Development of Western Han Acumoxa Therapy,” in Elisabeth Hsu (ed.),
Innovation in Chinese Medicine, Cambridge: Cambridge University

Chinese Medicine,” in Joseph S. Alter (ed.), Asian Medicine and
Globalization, Philadelphia: University of Pennsylvania Press
(Encounters with Asia), pp. 45-66.

Maspero, Henri (1981), Taoism and Chinese Religion, Amherst: The
University of Massachusetts Press.

Miyashita Saburō 宮下三郎 (1967), “Sō-Gen no iryō” 宋元の医療 (Medicine
in the Song and Yuan), in Yabuuchi Kiyoshi 葛内清 (ed.), Sō-Gen jidai
no kagaku gijutsu shi 宋元時代の科学技術史 (History of Science and
Technology in the Song and Yuan Periods), Kyoto: Kyoto daigaku
kenkyūjo, pp. 123-170.

Nakamura Jihēi 中村治兵衛 (1992), Chūgoku shamanizumu no kenkyū 中国シ
ャーマニズムの研究 (Research on Shamanism in China), Tokyo: Tōsui
shobō.

Obringer, Frédéric (1997), L’aconit et l’orpiment: drogues et poisons en Chine
ancienne et médiévale, Paris: Librairie Arthème Fayard.

of White Arsenic and Flower Arsenic,” in Elisabeth Hsu (ed.),
Innovation in Chinese Medicine, Cambridge: Cambridge University
Press, pp. 192-213.

Okanishi Tameto 岡西為人 (1969), Sō izen iki kō 宋以前醫籍考
(Investigations into Medical Books from the Song and Earlier), Taipei:
Guting shuwu.

Porkert, Manfred (1973), The Theoretical Foundations of Chinese Medicine:
Systems of Correspondence, Cambridge: MIT Press.

Rosenberg, Charles E. (1992), Explaining Epidemics and Other Studies in the
History of Medicine, Cambridge: Cambridge University Press.

Shiba Yoshinobu (1970), Commerce and Society in Sung China, trans. by Mark
Elvin, Ann Arbor: University of Michigan.


