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2016

Diversifying the Center: Authority and Representation within the Context of Multiplicity in Eighteenth century Qing Imperial Medicine

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Princeton, NJ : Princeton University

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DIVERSIFYING THE CENTER:

AUTHORITY AND REPRESENTATION WITHIN THE CONTEXT OF MULTIPLICITY IN EIGHTEENTH CENTURY QING IMPERIAL MEDICINE

Sare Aricanli

A DISSERTATION

PRESENTED TO THE FACULTY

OF PRINCETON UNIVERSITY

IN CANDIDACY FOR THE DEGREE

OF DOCTOR OF PHILOSOPHY

RECOMMENDED FOR ACCEPTANCE

BY THE DEPARTMENT OF

EAST ASIAN STUDIES

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January 2016

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Abstract

The eighteenth century witnessed unprecedented expansion of the Qing realm, and this study examines how some of these changes were reflected onto imperial medicine at the center. Institutional history suggests that one aspect was the representation of people from different backgrounds in imperial medical posts. Dynamic changes in the structure and function of medical organizations point to the value of examining the breadth of medical knowledge and practices under the authority of the emperor during this time. Qing imperial medicine was pluralistic with respect to institutions, posts, medicines, languages, and medical conceptions. Multiplicity, as a principle and a practical solution, facilitated continuity, representation, as well as the integration of medical organizations with those of bureaucratic nature. Within such a context, having the ability to mobilize a range of medical practitioners could also serve to increase the power of the rulership.

Imperial medicine in China was greatly restructured during the eighteenth century. The Imperial Pharmacy, which had been part of the Imperial Medical Bureau, gained relative independence before being integrated into the Imperial Household Department, where its functions expanded. During this time, the Imperial Medical Bureau became more distant from the Ministry of Rites with which it had been affiliated, and was increasingly overseen by the Imperial Household Department. Organizational plurality could be found beyond these examples. A class of specialty bonesetters at an institution that managed imperial horses reflected the overlapping spheres of human and equine medicine.

The organization of medicine provided space for individual cultural and practical spheres while also allowing for interaction. The study of plurality in imperial medical institutions reveals a variety of human actors, as well as the role of mobility in the day-to-day functioning of medical

affairs. Moreover, the multi-lingual context of the Qing points to the value of considering the various meanings of a particular term or name across a spectrum of languages.

Multiplicity was also exhibited through the differing conceptions of the body in three imperially commissioned textual sources: a five-language dictionary, a Manchu manuscript on anatomy that was a "translation" of a Western treatise, and a text for establishing medical orthodoxy. The latter was widely distributed, and a part of it found a new life in Japan, thereby showing how imperial medicine existed far beyond the palace gates, including the social history of medicine within a wider East Asian context.

Acknowledgements

In writing this dissertation I have benefited greatly from the insight, support, and generosity of mentors, colleagues, as well as friends.

I would like to express my deepest gratitude to my advisor Benjamin Elman, for leading by example, and creating an intellectual space that encouraged us to not only carefully examine the particularities in historical sources, but also to think broadly with respect to geographical and temporal frameworks, while critically engaging with a range of ideas. I would like to thank him for the detailed feedback he has provided together with the larger questions he has posed on a conceptual level. I would not have been able to write this dissertation within any other kind of context, and was also lucky to be at an institution that was very supportive of research and archival work.

I am grateful to Nicola Di Cosmo for teaching Manchu language at Princeton during my second year, as it made it possible to embark on new realms of research in the history of Qing medicine. His nuanced and inspiring writing continues to open up new worlds of scholarship and exploration for others. I would like to thank him for the thoughtful questions that he has posed about the research project through the years, which I would find myself coming back to as I worked through the sources.

I would like to take this opportunity to thank He Bian for her support and feedback, and for her insight into the social history of medicine in late imperial China. Her careful reading of the dissertation, and comments that asked me to clarify my arguments and their respective boundaries have played an important role in communicating my ideas more clearly.

Marta Hanson's work in Chinese medical history, which reflects the extent of interconnectedness of medical, social, and bureaucratic worlds, has provided invaluable direction

for thinking about the connectivities within my own research. Her support throughout the years has played an integral role in the development of my work.

I would like to thank Susan Naquin for her detailed feedback over the years to clarify my writing while discussing all aspects of the dissertation from its inception, as well as her encouragement to read documents critically, and to consider objects as evidence.

During the year I spent at Harvard University as a visiting fellow, I benefited greatly by learning from Mark Elliott and Shigehisa Kuriyama. I would first like to thank Mark Elliott for the footnote about Qing medicine in *The Manchu Way*. I would also like to thank him for letting me attend his course on Manchu sources, and for asking me to present one class on Manchu medical and scientific material. It was through that experience that I began to consider how Manchu medical sources fit into my project as a whole, and how they could be connected to one another. I would also like to thank Shigehisa Kuriyama for encouraging students to think outside the box, for providing examples of what scholarship has to gain from comparative work, and for teaching new ways to find more effective means of communicating ideas within a scholarly setting.

I would like to thank Sun Xiaochun and Liao Yuqun for their support during the year I spent at the Academy of Science, Institute for the History of Natural Sciences in Beijing. I would also like to thank Han Yi, Wang Yangzong, and Zhang Qiong for their advice and direction.

There were many scholars whose insight and scholarship I learned from during my years of graduate study at Princeton. I would like to thank Angela Creager, David Howell, Willard Peterson, Helen Tilley, Molly Greene, Michael Gordin, Katja Guenther, and Keith Wailoo. I would also like to extend my thanks to David Leheny, Jin Sato, Jim Bell, and Dai Yingcong.

Nathan Sivin has played a very important role in my studying history of Chinese medicine. I would like to thank him for putting me in touch with scholars, suggesting readings, and for the conversations that continue to live with me as the years go by.

For their support and generosity, I would like to thank Ding Yizhuang, Guan Xueling, Zhang Li, Dagmar Schäfer, Martina Siebert, TJ Hinrichs, Bridie Andrews, Yi-Li Wu, Paul Buell, Michael Nylan, Pamela Crossley, Melissa Dale, Asaf Goldschmidt, Matthew Mosca, Sean Hsiang-lin Lei, Angela Leung, and Yu Xinzhong.

At Princeton Gest East Asian Library, I would like to thank Martin Heijdra and Setsuko Noguchi for all of their help. I would also like to express my thanks to David Levkoff and Gönül Yurdakul. In Taiwan, I would like to extend my most heartfelt thanks to Chuang Chi-fa, and would also like to thank Chang Che-chia, and Tang Yi. In Japan, I would like to thank those at the Japan Medical Association library.

I would like to thank Fulbright-IIE fellowship which made it possible to spend one full year conducting research in China. I would also like to thank the Harvard University Countway Library of Medicine for a fellowship which was integral to my work on the final chapter. Moreover, I would like to thank the Research Center Anatolian Civilizations (RCAC) at Koç University for their fellowship that gave me an invaluable opportunity to consider the issues of medical plurality within a new geographic and political context.

I would like to extend my great appreciation to fellow graduate students, colleagues, and friends Howard Chiang, Margaret Schotte, Zuo Ya, Rohit De, Yulia Frumer, Greg Seiffert, Reut Harari, Jun Hu, Victoria Lee, Dan Barish, Daniel Burton-Rose, Kjell Ericson, Mårten Söderblom Saarela, Pey-yi Chu, and Fabien Simonis. It was also an absolute delight to find that one of my old childhood friends, Jessica Marglin, and I would be starting graduate school at the same time.

Moreover, I would also like to thank Dror Weil, Wayne Soon, Daniel Trambaiolo, Mathias Vigouroux, Bingyu Zheng, Alexis Siemon, Chris Mayo, Evan Young, Michael Hatch, Yaqin Li, Minlei Ye, Tuna Artun, Brigit Vance, Maren Ehlers, and Chunmei Du.

I would like to take this opportunity to thank Chen Hao (Bj), Chen Hao (Br), and Erdal Küçükyalçın. I would also like to thank Margaret Tillman, Hilary Smith, Stephen Boyanton, Margaret Ng, Devin Fitzgerald, Carla Nappi, and David Porter.

My last year at Princeton would not have been the same without my fellow graduate students and Zees at Whitman.

I could not have done this without Adedoyin Teriba, Susanna Weygandt, Miri Kim, Silviu Pufu, Elena Kreiger, Kanta Murali, Arijeet Pal, BingKan Xue, Bing Bing, Hans Bantilan, Miroslav Hejna, Iona Robinson, Margarita Fajardo, Eva Harmon, Tom Boeve, and June Young.

Finally, I would like to take this opportunity to thank all of my family and friends whose humor, thoughts, and ways of being come to life and travel with me, even when we happen to be in different places.

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Introduction

Imperial medicine usually brings to mind the emperor, canonical medical treatises, pharmaceutical prescriptions, and officials working in the institution of imperial medical doctors Taiyiyuan 太醫院 (Imperial Medical Bureau).[1] This study considers what we can gain in understanding Qing imperial medicine by focusing on the larger context around the emperors. The aim, here, is not to provide a comprehensive account of all that was under the emperor's command, but rather to show what we can learn by looking at imperial medicine through the lens of institutions, and observe the changing dynamics in the center of medical power that were reflected onto a variety of organizations, posts, medicines, languages, and ideas in texts.

There is no category called "imperial medicine" in Chinese. The term imperial medicine, here, broadly refers to medical institutions, posts, and practices under the authority of the emperor.[2] Modern-day Chinese scholars have used the term *gongting yixue* 宮廷醫學, which can be translated into English as "court medicine," to collectively refer to medicine in the imperial realm. However, court medicine in English suggests the depiction of a limited number of doctors caring for the emperor and his close family. The term imperial medicine, here, is used to show that the medical organization of the rulers was not only concerned with the care of the emperor

[1] In the English language sources, the Taiyiyuan is usually translated as Imperial Academy of Medicine. The meaning of academy is not found in the Chinese or Manchu terms denoting this institution. (For example, the Imperial Medical Bureau in Chinese is Taiyiyuan, meaning an office staffed by imperial doctors. The Manchu name *Oktosi be kadalara yamun* is an office in charge of doctors.) Translating as "academy" not only creates resonance with Western academies, but also overemphasizes the teaching and learning aspect of the institution. While there was certainly medical education, examinations, and training at the Taiyiyuan, it was one of its many functions. A literal translation of Taiyiyuan as the institution of imperial doctors also does not point to a range of activities including the distribution of medicine, providing medical care to soldiers in the capital, medical education, medically treating members of the imperial family, officials, and foreign dignitaries, as well as outside services to government institutions such as prisons and examination compounds. Imperial Medical Bureau, is a more general name, and therefore more reflective of the breadth of its operations and activities.

[2] While the term "imperial" has been employed in the literature in connection with "empire," here it is used to refer to "emperor," in describing what was under the authority of the emperor.

and imperial family, but was also involved in a range of activities under the command of the rulership.

The emperor and medicine

Scholarship on medicine at the center has generally focused on the treatment of the emperor (or empress dowager), imperial physicians, as well as the dynamics of the patient-physician relationship.[3] This approach will be referred to as *emperor-centered*. These studies have provided a wealth of information, such as the practitioners who cared for the emperor, and the medicine they prescribed, thereby giving invaluable insight into the medical care of the ruler who was at the heart of the political, ritual, and cultural life in the palace and the realm. Chang Che-chia's detailed 1998 study of the patient-physician relationship in the late Qing, with particular attention to the medical care of the Empress Dowager Cixi[4], has revealed the role of communication and decision making, as well as factors such as the doctors' social backgrounds and the limitation of medical records. If we turn from a study on medical history to one that focuses more generally on the Qing, Jonathan D. Spence's self-portrait of the Kangxi Emperor, which uses extracts of the emperor's own words, seems to be focusing directly on the ruler. However, it does so while providing a window onto the breadth of historical sources and practices that concern the history of medicine.[5]

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[3] For studies of medicine at court that fall within an approach that focuses more directly on the rulership, see Chang Che-chia, "The Therapeutic Tug of War: The Imperial Physician-Patient Relationship in the Era of Empress Dowager Cixi (1874–1908)" (Ph.D. Dissertation, University of Pennsylvania, 1998). For Chinese studies on court medicine in the Qing, see Chen Keji 陈可冀, ed., *Qinggong yi'an yanjiu* 清宫医案研究 (Examination of medical case studies of the Qing court) (Beijing: Beijing Guji Chubanshe, 2006). Chen Keji 陈可冀 and Li Chunsheng 李春生 eds., *Zhongguo gongting yixue* 中国宫廷医学 (Chinese court medicine) (Beijing: Zhongguo Qingnian Chubanshe, 2009).

[4] Chang, "Therapeutic Tug of War" is also valuable for examples within the context of gender in imperial medicine. Another important study in this regard is Chuang Chi-fa 莊吉發, "Wang wen wen qie- Qingdai Kangxi nianjian gongzhong funü de jibing yiliao" 望聞問切－清代康熙年間宮中婦女的疾病醫療 (Observing, listening/smelling, questioning, and checking the pulse-the medical treatment of women at court during the Qing dynasty Kangxi reign), *Qingshi lunji* 22 (2012): 211-217.

[5] Jonathan D. Spence, *Emperor of China: Self-portrait of K'ang-hsi* (New York: Vintage Books, 1975), 95-112.

The following chapters complement the *emperor-centered* approach, while taking inspiration from Spence's use of a wide range of sources to examine changes in organization within the imperial medical realm. This study points to the extent of knowledge and medical practices under the emperor's command, through discussions on shifts in institutional organization, and the dynamic context of medical institutions within the eighteenth century bureaucratic order.

Solely concentrating on the medical treatment of the ruler can lead to the assumption that it was representative of the breadth of medical knowledge in imperial medicine. However, as the treatment of the emperor's body involved more constraints, his medical care was a subset of the variety of practices under his authority. The understanding that the emperor's body was a microcosm of his whole realm, the desire to be "gentle" even while using techniques that would traditionally be rough, as well as an emperor's particular preferences could limit the kinds of treatments he received.

Relying only on these studies that have concentrated on the medical treatment of the emperor could also lead to an assumption that the physicians at the Taiyiyuan constituted all of the medical figures in imperial medicine.[6] Therefore, this study examines imperial medicine through the larger medical context of the emperors (institutions and posts, medicines, etc.) which reveals the existence of structures beyond the Taiyiyuan, and points to changes in the organization of imperial medicine. These two main methodologies (of focusing on the emperor's treatment and on his context) therefore reinforce one another in providing a comprehensive view

[6] There were a number of terms used to designate doctors (such as *yi*, *daifu*, *yuyi*, *limu*, *yishi*, *Menggu yisheng*, etc.) The term "doctor" in this study is a referent for a person charged with administering medical care, and "patient" is the one receiving this care, and should not in any way be conflated with present-day understandings of the terms doctor and patient.

of imperial medicine. Other lenses, such as the patient's view, will also be introduced through the chapters.

Studies that point to the larger historical framework within which imperial medicine was situated have revealed how the history of medicine was intimately connected to aspects of political as well as social history. The role of Qing emperors was not limited to being the patient, but included decision-making about the organization of medicine. Marta Hanson's 2011 study of the history of "warm factor" diseases (*wenbing* 溫病), for example, highlights how imperial medical decisions had an impact on society through public health measures in the Qing. Moreover, her 2003 study of the compilation of the *Yuzuan yizong jinjian* 御纂醫宗金鑒 (Imperially commissioned golden mirror of the orthodox lineage of medicine), from now on referred to as *Yizong jinjian*, shows the range of administrative and medical figures involved in compiling the treatise.[7] The following chapters follow this approach to examine links between medical institutions and the larger bureaucratic context in which they were situated.

While it is natural to wonder how one could study imperial medicine without focusing mainly on the emperor, there have been a number of studies in Chinese by scholars such as Guan Xueling, Yun Yumei, and Liao Yuqun that introduce new ways of thinking about the range of sources and subject matter for the history of Chinese medicine within the context of the court.[8] This study examines how the medicine under the authority of the rulership reveals the ways in

[7] Marta Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China* (New York: Routledge, 2011). Marta Hanson, "The 'Golden Mirror' in the Imperial Court of the Qianlong Emperor, 1739–1742," *Early Science and Medicine* 8, 2 (2003a): 111–147.

[8] Guan Xueling 关雪玲, *Qingdai gongting yixue yu yixue wenwu* 清代宫廷医学与医学文物 (Court medicine and material culture in the Qing) (Beijing: Zijincheng Chubanshe, 2008a). Yun Yumei 恽雨梅, *Qinggong yiyao yu yishi yanjiu* 清宫医药与医事研究 (Qing court medicine and medical affairs) (Beijing: Wenwu Chubanshe, 2010). Liao Yuqun's work on imperial medicine in early China also makes use of some of these new approaches. Liao Yuqun 廖育群, *Fanlu xia de Qihuang chunqiu* 繁露下的岐黄春秋: 宫廷醫學與生生之政 (The annals of Qibo and Huangdi under the colorful fringes of ceremonial headwear: court medicine and political change) (Shanghai: Shanghai Jiaotong Daxue Chubanshe, 2012).

which medical care played a role in central organization, as well as creating and maintaining power structures. Such a focus shifts the emperor's role from that of a patient or the recipient of medical care, to that of an active participant who harnessed the knowledge of a variety of medical figures.

It is within such a context that the palaces and the "court" gain importance as locales where different kinds of medical practitioners could be found. Moreover, doctors in imperial medicine functioned in a number of spaces within the Forbidden City (Zijincheng 紫禁城), inside the Imperial City, the Villa of Perfect Brightness (Yuanming Yuan 圓明園), and the summer residence at Rehe 熱河 (a.k.a. Jehol), etc. Mobility and travel were, therefore, integral aspects of the daily running of medical affairs.[9] This study will show that individual doctors were deputed to care for patients around the realm, and that the court also traveled and went on excursions.

The people in imperial medicine (practitioners, patients, managers, clerks, etc.) also exhibited diversity at a number of levels. The emperor, members of imperial family, as well as high-level administrators played crucial roles in defining the changing balance between imperial medical institutions. Practitioners who shared the realm of imperial medicine included the bureaucratic imperial physicians, commoner physicians, Jesuits, those who cared for women's health, as well as shamans, lama doctors, etc.[10] There were also many craftsmen, clerks, eunuchs,

[9] For movement and hierarchy within central organizations in Japan, see Constantine N. Vaporis, *Tour of Duty: Samurai, Military Service in Edo, and the Culture of Early Modern Japan* (Honolulu: University of Hawaii Press, 2008). In recent years there have been a number of works in Qing history that have highlighted aspects of mobility. See for example, Nicola Di Cosmo, *The Diary of a Manchu Soldier in Seventeenth-century China:"My Service in the Army."* By Dzengseo, translation and notes by Nicola Di Cosmo (New York: Routledge, 2006). Michael G. Chang, *A Court on Horseback: Imperial Touring and the Construction of the Qing Rule, 1680-1785* (Cambridge: Harvard University Press, 2007). Mark C. Elliott, *Emperor Qianlong: Son of Heaven, Man of the World* (New York: Longman, 2009), esp. Chs. 5, 6.

[10] For Buddhist medicine in the early modern period, see Janet Gyatso, *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet* (New York: Columbia University Press, 2015).

and medical officials.[11] Others included those involved in the production of medicine, as well as a special class of bonesetters who cared for animals as well as people. Examples of the range of patients included the emperor, members of the imperial family, officials, dignitaries, and missionaries. This study will show that services of imperial physicians were also extended to a variety of patients (civil and military officials, family members, guests, etc.) as a way for the emperors to bestow their grace. Recognizing the variety of people who took part in imperial medical activities provides an opportunity to consider the variegated and textured nature of medical organization and practice, where the changes in institutional and human actors provide a window onto the hierarchies that were (re)structured within the imperial medical world.

A number of seemingly contradictory elements coexisted within the Qing order. These included factors such as continuity and reform, as well as making certain demarcations while also employing practices of inclusive representation. Such elements were not only intertwined with each other, but also reflected onto the medical realm. For example, while maintaining continuity was a very important aspect of Qing rulers' quest for legitimacy, there were also shifts in organization with an increasingly broader range of peoples. However, not everyone was given representation within the new order, as we know from the spatial demarcations in the capital city, as well as the exclusion of Chinese who were not part of the banners from certain administrative positions. Moreover, clear distinctions between Manchu and Han populations were also found in the discourse on disease and public health.[12] Therefore, this study examines such seemingly contradictory yet interrelated tendencies within the organization of imperial medicine, and

[11] As an example of crafts and craftsmen (in the Ming), see Dagmar Schäfer, *The Crafting of the 10,000 Things* (Chicago: University of Chicago Press, 2011), esp. Ch. 3.
[12] For the geographic imagination, see Hanson, *Speaking of Epidemics in Chinese Medicine,* esp. Chs. 2 and 6. For discussion of segregation and public health measures for smallpox, see, 108-110.

suggests that plurality may be a useful framework for thinking about the existence factors that seem to be contradictory, but which may have also had practical utility.

Authority and representation within the context of plurality

One of the main characteristics of imperial medicine in the Qing was its plurality, which could be seen in institutions, medicines, languages, as well as ideas. The following chapters delineate how these multiplicities served the authority of the Qing state through continuity of earlier forms, representation of new peoples, and the integration of medical institutions within the bureaucratic order.

As commonly understood, pluralities can be seen in a number of aspects of Qing history, such as state leadership, worship, as well as medicine. For example, in his process of state building, the Qianlong Emperor had assumed the status of a Buddhist soul, Confucian sage-king, as well as heir to Chinggis Khan.[13] Such notions of diversity were not limited to the realm of rulership, but were intimately connected to, and extended to the social history of the city. Beijing, for example, had a vibrant religious life during the Qing, and a number of different kinds of temples were established during the eighteenth century.[14] Multiplicity was found in medicine as well, with a plurality of medical lineages, and a "democratization of medical knowledge" in late imperial China. Moreover, as we shall see, themes raised within the social history of Qing medicine (such as plurality, popularization, as well as the centralized or localized aspects of

[13] Pamela Crossley, *A Translucent Mirror: History and Identity in Qing Imperial Ideology* (Berkeley: University of California Press, 2002). Although the Qianlong Emperor aimed to appeal to a number of different groups at once, one view is that he also tried to decrease the importance paid to Confucian transformation. With regard to approaches for considering the existence of a number of ethnicities in Qing history, as well as Sinicization, see Evelyn S. Rawski, "Presidential Address: Reenvisioning the Qing: The Significance of the Qing Period in Chinese History," *Journal of Asian Studies* 55, 4 (1996): 829-850. Ho Ping-ti, "In Defense of Sinicization: A Rebuttal of Evelyn Rawski's 'Reenvisioning the Qing,'" *Journal of Asian Studies* 57, 1 (1998): 123-155. Huang Pei, *Reorienting the Manchus: A Study of Sinicization 1583-1795* (Ithaca: Cornell University Press, 2011).
[14] Susan Naquin, *Peking: Temples and City Life, 1400-1900* (Berkeley: University of California Press, 2000), Ch. 10, esp. 332.

medicine) showed resonance[15] with elements in the imperial realm.[16] The array of pluralities within a multilingual and multicultural order were embedded in a context that showed innovation, and that valued the legitimacy it could gain through continuity with earlier dynastic traditions. Multiplicity within such a context was a principle of rulership, as well as a practical means to harness a range of solutions.

There were certain advantages to institutionally pluralistic systems,[17] however the incorporation of new groups into imperial medicine resulted in a limitation of power for the Taiyiyuan doctors who had represented the status quo. While the multiplicity in the imperial realm could be considered to be representative of a wide range of people, it was neither neatly ordered nor egalitarian in nature. The pluralities will be examined, here, with respect to institutions, medicines, languages, and ideas in texts.

Institutions

Institutional history of medicine provides a lens with which to view its structure, organization, and inherent complexities.[18] The intersection of the history of military institutions

[15] The term "resonance" here is used to indicate the existence of similar phenomena, without indication of directionality. Moreover, as the matter of causality is very difficult to prove, and a single event/situation can take place due to a number of different factors and agents, therefore the following chapters present and evaluate the evidence that is found at various junctures.

[16] Angela Ki Che Leung, "Organized Medicine in Ming-Qing China: State and Private Medical Institutions in the Lower Yangtze region," *Late Imperial China* 8,1 (1987): 134-66. Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Durham: Duke University Press, 2002). Volker Scheid, *Currents of Tradition in Chinese Medicine 1626-2006* (Seattle: Eastland Press, 2007). Hanson, *Speaking of Epidemics in Chinese Medicine*. He Bian, "Assembling the Cure: Materia Medica and the Culture of Healing in Late Imperial China" (Ph.D. Dissertation, Harvard University, 2014), esp. Chs. 3-4, 6.

[17] For the study of the benefits of "unification failure" such as increased specialization, stronger need to coordinate, and increasing private sector involvement within the modern Japanese context, see Jin Sato, "The Benefits of Unification Failure: Re-examining the Evolution of Economic Cooperation in Japan," JICA Research Institute, JICA- RI Working Paper, 87 (February 2015), 15-21.

[18] Charles E. Rosenberg, *The Care of Strangers: the Rise of America's Hospital System* (New York: Basic Books, 1987). Erwin H. Ackernecht, *Medicine at the Paris Hospital, 1794-1848* (Baltimore: Johns Hopkins, 1967).

and medicine can also be a fruitful area of exploration.[19] Moreover, Evelyn S. Rawski's *The Last Emperors: A Social History of Qing Imperial Institutions* has played an important role in the focus of this study on the social and cultural history of imperial medical institutions, while also considering how understandings of leadership may have shaped the organization of medicine in the Qing.[20] Furthermore, Qing institutions included those such as the civil examination system that clearly showed continuities with earlier dynasties, as well as those that were unique to the Qing such as the banner system. The eighteenth century was also a time of increasing militarization of institutions as well as society. Peter Perdue's *China Marches West* details the processes through which the Qing expanded in an unprecedented manner during the eighteenth century.[21] Institutional formations not only speak of the priorities of internal organization, but also shed light on how the center dealt with outsiders. Successfully managing one's neighbors (as well as the multiplicities within the realm) was a delicate balance in rhetoric as well as in practice.[22] The following chapters therefore examine how the institutions of Chinese medicine at

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[19] David J. Caruso, "War and Knowledge Production: American Military Medicine, 1898 to 1918" (Ph.D. Dissertation, Cornell University, 2008). Shauna Divine, *Learning from the Wounded: the Civil War and the Rise of American Medical Science* (Chapel Hill: University of North Carolina Press, 2014).

[20] Evelyn S. Rawski, *The Last Emperors: A Social History of Qing Imperial Institutions* (Berkeley: University of California Press, 1998).

[21] The examination system was one that speaks of institutional continuity in late imperial China (while also exhibiting some changes), whereas an institution such as the banner system is, for example, characteristic of the Qing dynasty. For the history of the examination system, see Benjamin A. Elman, *A Cultural History of Civil Examinations in Late Imperial China* (Berkeley: University of California Press, 2000). For the history of the banner system, see Mark C. Elliott, *The Manchu Way: The Eight Banners and Ethnic Identity in Late Imperial China* (Stanford: Stanford University Press, 2001a). Joanna Waley-Cohen, "Military Ritual and the Qing Empire," in Nicola Di Cosmo, ed., *Warfare in Inner Asian History (500-1800)* (Boston: Brill, 2002), 405-444. Peter Perdue, *China Marches West: the Qing Conquest of Central Eurasia* (Cambridge, MA: Belknap Press of Harvard University, 2005).

[22] Nicola Di Cosmo, "From Alliance to Tutelage: a Historical Analysis of Manchu-Mongol Relations Before the Qing Conquest," *Frontiers of History in China* 7, 2 (2012): 175-197. Nicola Di Cosmo, "The Origins of the Great Wall," *The Silk Road* 4, 1 (2006): 14-19. Nicola Di Cosmo, "Kirghiz Nomads on the Qing Frontier: Tribute, Trade, or Gift Exchange?" in Nicola Di Cosmo and Don J. Wyatt, eds., *Political Frontiers, Ethnic Boundaries, and Human Geographies in Chinese History* (New York: Routledge, 2003), 351-372. Ning Chia, "The Lifanyuan and the Inner Asian Rituals in the Early Qing (1644-1795)," *Late Imperial China* 14, 1 (1993): 60-92. Joseph F. Fletcher, "China and Central Asia, 1368-1884," in J.K. Fairbank, ed., *The Chinese World Order: Traditional China's Foreign Relations* (Cambridge: Harvard University Press, 1968), 206-224, 337-368.

the center changed during this time, and point to the increasingly pluralistic structure of organization in imperial medicine.

One of the concepts which is integral to the following discussions on the shifting center of medical authority within an institutional context is the term *shu* (屬) which can be translated as "to belong to" or "to be under [another institution]." While the definition seems clear, this study shows that change in the institutional framework was actually a process that was negotiated at various points. Where the balance happened to be in the continuum of "being under" one institution or another was generally revealed through a combination of factors such as who had the power to make particular sets of decisions, the composition of the staff, as well as how the institution was categorized in normative sources.

Organizational multiplicity actually extended beyond the Taiyiyuan and Yuyaofang 御藥房 (Imperial Pharmacy). For example, specialty bonesetters were found in the Shangsiyuan 上駟院,[23] an institution responsible for horses (as well as camels, etc.) of the emperors. Examining the changing relations between institutions, and broadening range of functions shows that medical organizations were integrated with other structures within the imperial sphere.

The multi-institutional approach, here, points to shifts in the organization of areas of medical expertise. Looking from the point of view of the Taiyiyuan, the departments of bonesetting and acupuncture can be viewed as exhibiting decline in late Qing. While we know that the acupuncture department in the Taiyiyuan was closed in the Qing, the history of bonesetting has generally been elided. This study shows that what may seem like decline from the point of view a single institution, may look very different from a perspective that includes a number of institutions (Chapter 4).

[23] While Shangsiyuan is usually translated as Palace Stud, here it is translated as Ministry of Imperial Stables, Herds, and Carriages (see Chapter 4).

Areas of expertise bring with it questions relating to hierarchies of classification. Medical traditions having to do with practices or understandings related to the physicality of the body date back to earlier times. However, how these categories (such as external medicine (*waike* 外科),[24] wound/trauma medicine (*shangke* 傷科), bonesetting (*zhenggu* 整骨 and practices of the specialty bonesetters at the Shangsiyuan called *coban* (pronounced cho-bahn)) exhibited change within themselves, in which contexts and at which times one was regarded individually or was subsumed under another, where the lines of continuity and innovation can be drawn, and the extent to which knowledge in one field was "translated" into other realms of medicine are issues that are currently being defined in the field.[25] The following chapters provide a window onto these questions with a multi-institutional examination of bonesetting in the Qing. While the relationships between these medical categories in early modern China seem to have exhibited some fluidity, it should be noted that this was not unique to the Chinese world, as Western language understandings of surgery also suggest a certain flexibility of the category during the eighteenth century.

The specialty bonesetters at the Shangsiyuan provide an example of the overlap and integration of medical traditions of human and equine medicine. The example of these bonesetters referred to as *Mongolian doctor* in Chinese, is not to overstate their importance, or practices attributed to a particular cultural or ethnic group. Rather, it is meant to present an

[24] It should also be noted that the early-modern term for external medicine (*waike*) can be conflated with surgery as the historical term was used to refer to the field of surgery within the biomedical context.
[25] For examples of trauma medicine within the context of bonesetting and bonesetting within context of trauma medicine or forensics, see Yi-Li Wu, "Between the Living and the Dead: Trauma Medicine and Forensic Medicine in the mid-Qing," *Frontiers of History in China* 10, 1 (2015): 38-73, esp. 47-48, 61-62. For examples in history of structural, physical, or external understandings of the body that extend to earlier times, see Li Jianmin, "Great Display: A Note on Human Dissection and Spectacle in Han China," in Shigehisa Kuriyama, ed., *Imagination of the Body and History of Bodily Experience* (Kyoto: International Research Center for Japanese Studies, 2001), 51-55. E.T. Hsieh "A Review of Ancient Chinese Anatomy," *The Anatomical Record* 20, 2 (1921): 96-127.

example of *one of the* manifestations of medical posts, practices, or ideas that existed outside of the Taiyiyuan and Yuyaofang.

Medicines

Examining the multiplicity of institutions and posts provides a new lens with which to consider topics such as medicines, languages, and texts. Medicines were produced in different places, components obtained from various offices, and a single formula could be written in a number of ways. The Imperial Pharmacy found a new context within the Neiwufu 內務府 (Imperial Household Department), an institution with autonomy from the ministries and serving various needs of the court. Within its new institutional setting the Yuyaofang expanded its areas of operation, and extended into realms that were traditionally under the Taiyiyuan.

Multiplicity in organization of medicines also made mobility an integral part of daily affairs. In addition to obtaining ingredients from different locations, medicines were also distributed around the palace or across the realm. Moreover, movement was not only required for making or distributing drugs, but for medical figures as well. When doctors were not deputed to far away places to offer medical treatment, they rotated through posts at different palaces and villas.

Languages

Pluralities also exist within the linguistic context, where the "same" word can be mapped onto different sets of meanings in two languages. The word "medicine" in English, and *yi* 醫 in classical Chinese, for example, resonate in their resonance to the field of medicine. However, "medicine" in English also signifies drugs or pharmaceuticals while the secondary meaning of the Chinese word *yi* refers instead to practitioners. Volker Scheid has drawn attention to the importance of translation in medicine, showing how a single concept can have very different

representations in Chinese and English. For example, the English term "Traditional Chinese Medicine," which was coined for foreign-language publications in the 1950s, suggested an unchanging order. However, within China the modern word *zhongyi* 中医, literally meaning Chinese medicine, was projected as a discipline that was scientific in nature. Just as the examples of Chinese and English terminology showed differences, this study will show that divergences also existed between some Chinese and Manchu words.

Using terms as evidence presents certain challenges in itself. Unlike archival documents which are clearly bounded in an institutional context and mark a particular point in time, dictionaries rarely specify a temporal framework. When they do, it is often to that of the entries, whereas the definitions can range through centuries. In addition to gesturing towards an expansive sphere of time, these examples also exhibit geographical divergence. While there are certain terms that show sharp differences in time (such as scientific terminology), there are also many words used in day-to-day life that show continuity through generations. Moving away from considering what we can learn from terms and dictionaries due to the fact that they gesture toward broader dimensions of time or space, can represent a greater loss for seeing connectivities within the historical context, where shared terms can point to new frontiers of exploration. The examples of terminology, here, are provided with the understanding that one employs for all sources, which is to have an awareness of the advantages and limitations of their use.

Qing records include a wealth of Manchu language material.[26] Moreover, there is much

[26] The importance of studying Manchu material has been generally acknowledged within the field of Qing history, and its value has been further emphasized by scholars such as Beatrice S. Bartlett, Nicola Di Cosmo, Pamela K. Crossley, Evelyn S. Rawski, and Mark C. Elliott. See for example, Beatrice S. Bartlett, "Books of Revelations: The Importance of the Manchu Language Archival Record Books for Research on Ch'ing History," *Late Imperial China* 6, 2 (1985): 25–36. Pamela K. Crossley, and Evelyn S. Rawski, "A Profile of the Manchu Language in Ch'ing History," *Harvard Journal of Asiatic Studies* 53, 1 (1993): 63–102. Mark C. Elliott, "The Manchu Language

that we can learn from Manchu scientific and medical texts. For example, Nicola Di Cosmo has shown the value of examining Manchu medical sources of the Jesuits. Marta Hanson and Catherine Jami have discussed the significance of using Manchu materials for the history of science and medicine. Moreover, by examining printed Chinese memorials and the Chinese translations of memorials that were originally in Manchu, Beatriz Puente-Ballesteros has shown that documents which were in Manchu contained significantly more information related to medicine, including Jesuit drugs.[27]

The value of Manchu material in the Qing has been described in a number of ways, ranging from assumptions that they were direct translations, to considering what kinds of additional information may be found in Manchu compared to the Chinese. While both could be true in certain cases, the examples below show that the Manchu language could have also provided a linguistic dimension for meanings within the Manchu cultural context. The examination of names and terms related to institutions, drugs, animals, etc., here, show that it is not possible to know, without close examination, which of the Manchu terms can provide insight into a new cultural dimension, and be a translation or a transliteration. Moreover, examination of

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Archives and the Origins of the Palace Memorial System," *Late Imperial China* 22, 1 (2001b): 1–70. Di Cosmo, *The Diary of a Manchu Soldier in Seventeenth-century China*.

[27] For Manchu in history of science and medicine, see Nicola Di Cosmo, "A Manchu Fragment on the Medical Treatment Given by the Italian Jesuit Giovanni Giuseppe Da Costa to Yin-ssu, Eighth Son of K'ang-hsi," in Klaus Sagaster, ed., *Religions and Lay Symbolism in the Altaic World* (Wiesbaden: Otto Harrowitz, 1989), 100–112. Marta Hanson, "The Significance of Manchu Medical Sources in the Qing," in Wadley Stephen and Carsten Naeher, eds., in collaboration with Keith Dede, *Proceedings of the First North American Conference on Manchu Studies* (Portland, Oregon, May 9–10, 2003): *Tunguso Sibirica* 15, 1 Studies in Manchu Literature and History (Wiesbaden: Harrassowitz Verlag, 2006), 131–175. Jami, "Imperial Science Written in Manchu in Early Qing China: Does It Matter?" in Florence Bretelle-Establet, ed., *Looking at it from Asia: Processes that Shaped the Sources of History of Science, Boston Studies in the Philosophy of Science*, vol. 265. (New York: Springer, 2010), 371–391. Beatriz Puente-Ballesteros, "Jesuit Medicine in the Kangxi Court (1662–1722): Imperial Networks and Patronage," *East Asian Science Technology and Medicine* 34 (2011): 86–162.

archival material suggests that within a multilingual context, the Manchu language could have served as an organizational element for some documents.[28]

Ideas in texts

Medicine and texts at the imperial center bring the medical canon to mind. Canonical medical texts, historical constructs in themselves, constitute a fundamental component of Chinese medical history. Numerous editions and commentaries are part of a long tradition of textual and intellectual history. Centuries old classics such as the *Huangdi neijing* 黃帝內經 (Yellow Emperor's classic of internal medicine), *Nanjing* 難經 (Classic of difficult issues), *Shanghan lun* 傷寒論 (Treatise on cold damage), *Bencao gangmu* 本草綱目(Systematic materia medica), etc. include topics about the formulas for treatment, study of *materia medica*, cold-damage, as well as theories of Chinese medicine such as *yinyang*, and five-phases. Works by Paul Unschuld, Asaf Goldschmidt, and Carla Nappi introduce these valuable texts and provide translations and histories of these sources in the classical corpus.[29]

The following chapters focus not directly on canonical texts, but show what we can learn from the plurality of ideas found in imperially commissioned texts. In fact we see that one particular imperially commissioned text was not necessarily representative of the wealth of medical ideas within the imperial realm. Multiplicity of textual worlds coexisted with increased

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[28] I would like to thank Mårten Söderblom Saarela for his work on the Manchu alphabet, which helped me see that Manchu was also used in organizing archival documents in the Qing. See Mårten Söderblom Saarela, "The Manchu Script and Information Management: Some Aspects of Qing China's Alphabetic Literacy," in Benjamin A. Elman, ed., *Rethinking East Asian Languages, Vernaculars, and Literacies 1000-1900* (Leiden: Brill, 2014), 169-197.

[29] See for example, Paul U. Unschuld and Zheng Jinsheng, *Huang Di nei jing su wen: an Annotated Translation of Huang Di's Inner Classic: Basic Questions* (Berkeley: University of California Press, 2011). Paul U. Unschuld, ed., *Medicine in China--the Nan-ching: Classic of Difficult Issues* (Berkeley: University of California Press, 1986). Asaf M. Goldschmidt, *Evolution of Chinese Medicine: Song Dynasty 960-1200* (New York: Routledge, 2009). Carla Nappi, *The Monkey and the Inkpot: Natural History and its Transformations in Early Modern China* (Cambridge: Harvard University Press, 2009). Also see dictionaries for terms in classical texts such as Hermann Tessenow and Paul U. Unschuld, *A Dictionary of the Huang Di nei jing su wen* (Berkeley: University of California Press, 2008). Zhang Zhibin and Paul U. Unschuld, eds., The *Dictionary of the Ben cao gang mu, Volume 1: Chinese Historical Illness Terminology* (Oakland, CA: University of California Press, 2015).

popularization of imperial medicine.[30] Titles of popular texts that were not part of famous imperial compilations, could instead be found in the collection of books at the Imperial Pharmacy, or as the names of drugs sold by a commercial pharmacy that also had ties to the Yuyaofang. The multiplicity seen through the institutional approach will provide an opportunity to examine the many strands that existed within texts, such as a plurality of editions, as well as the array of medical conceptions within one particular source. Translation of textual material was an opportunity for medical information to be reconfigured into a new framework. Moreover, texts also provided links with a wider East Asian world, where an imperially commissioned medical treatise from the Qing, for example, found a new context within the social history of medicine in Japan. Along with the continuities, imperial medicine crossed many boundaries, such as that of the human and animal, as well as those of ethnicity, status, culture, and language.

The multiplicities within institutional contexts point to a number of areas that were overlapping, and not so well defined. This study will show the value of exploring how pluralities were found in overlapping realms (human and animal medicine, imperial and social history, local and universalistic bodily understandings), as well as terminology that resonates with more than one epistemological sphere. Moreover, the following chapters also provide examples where "ambiguity" may have been employed as a tool in and of itself, doing work in the conceptual and practical levels. Therefore, rather than discounting what may seem to be contradictory or unclear as mere conceptual oversights (or editorial errors), the examples suggest the value of exploring the tensions that are found in places that offer less definition. The shared worlds, as seen through overlapping spheres and multiple resonances, can be revealing of various audiences.

[30] For popularization of medicine in Ming Qing society, see Angela Ki Che Leung, "Medical Instruction and Popularization in Ming-Qing China," *Late Imperial China* 24, 1 (2003): 130-152.

Imperial medicine within a wider context

Some recent studies in early modern/late imperial Chinese history have shown the value of placing Chinese history within a wider East Asian context, including an examination of land and sea connections.[31] Moreover, comparative and transnational studies have specifically focused on science and medicine in East Asia.[32] Furthermore, questions of "modern Chinese medicine in the world" highlight the nature of transnational connections in a rapidly globalizing environment.[33] Such studies that consider China and its interactions across a number of fronts have played a significant role on the larger framework of this study, which primarily considers how the changing physical and conceptual boundaries of the realm could be seen in the organization of medicine at the center. It is within such a context that we find here examples of the "Mongolian" *coban* doctors, the Jesuits, and the social history of medicine in Japan. These particular examples are not to suggest that we should assume certain kinds of directionality for particular actors in the processes of sharing knowledge. The evidence relating to the movement of ideas, here, is reflective of the nature of the sources at hand.

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[31] For studies considering connections beyond state formations within East Asia, see for example Benjamin A. Elman, "Sinophiles and Sinophobes in Tokugawa Japan: Politics, Classicism, and Medicine During the Eighteenth Century," *East Asian Science, Technology and Society* 2, 1 (2008): 93-121. Valerie Hansen, *The Silk Road: A New History* (New York: Oxford University Press, 2012). Joseph F. Fletcher, "Integrative History: Parallels and Interconnections in the Early Modern Period, 1500-1800," in Şinasi Tekin and Gönül Alpay Tekin, ed. *Niguca Bicig, Pi Wen Shu: An Anniversary Volume in Honor of Francis Woodman Cleaves*, *Journal of Turkish Studies* 9 (1985): 37-57. Recent studies are also examining boundaries and frontiers in new ways. See for example, Mark C. Elliott, "Frontier Stories: Periphery as Center in Qing History," *Frontiers of History in China* 9, 3 (2014): 336 – 360. Pamela K. Crossley, Helen F. Siu and Donald S. Sutton, eds., *Empire at the Margins: Culture, Ethnicity, and Frontier in Early Modern China*. Berkeley: University of California Press, 2006. For a combination of land and sea connections within a larger geographical context, see Evelyn Rawski, *Early Modern China and Northeast Asia: Cross-Border Perspectives* (Cambridge: Cambridge University Press, 2015). Peter Perdue, "1557: A Year of Some Significance," in Eric Tagliacozzo, Helen F. Siu and Peter C. Perdue, eds., *Asia Inside Out: Changing Times* (Cambridge: Harvard University Press, 2015), Ch. 3. Eric Tagliacozzo, Helen F. Siu, Peter C. Perdue, eds. *Asia Inside Out: Connected Places* (Cambridge, MA: Harvard University Press, 2015). Timothy Brook, *The Troubled Empire: China in the Yuan and Ming Dynasties* (Cambridge, MA: Belknap Press of Harvard University Press, 2010).

[32] Nathan Sivin, with Sir Geoffrey Lloyd, *The Way and the Word: Science and Medicine in Early Greece and China* (New Haven: Yale University Press, 2002). Shigehisa Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York: Zone Books, 1999). Harold J. Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007), 339-377.

[33] TJ Hinrichs and Linda L. Barnes, eds., *Chinese Medicine and Healing: An Illustrated History* (Cambridge: Belknap Press of Harvard University Press, 2013), Ch. 9.

History of Chinese medicine and the eighteenth century

Having discussed this project within the scholarship on Qing medicine in the imperial realm, let us take this opportunity to examine how it is situated among the works on Chinese medicine, more generally. When we turn to the literature on the history of Chinese medicine we see that Joseph Needham had focused on developments throughout Chinese history, and except for a few themes, the Qing was not particularly an area of emphasis in history of medicine within the *Science and Civilisation in China* series.[34] Nathan Sivin's invaluable contributions to the field have also extended across a wide temporal framework, solidifying the base of studies on Chinese science and medicine through his numerous published works as well as mentorship of students and scholars in the field.[35] Moreover, Paul Unschuld's many contributions include those on the history of Chinese medicine more generally, as well as studies on particular canonical texts.[36] Other important studies in Chinese medical history range from those focusing on ancient and medieval medicine, to those that include late imperial China on themes such as gender, medicine in literary works, and case studies, etc.[37]

In the past twenty years, there have been many works that either concentrated on or incorporated the eighteenth century. Through these, we have learned about topics such as

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[34] Joseph Needham, *Science and Civilisation in China. vol. 6. Pt. 6, Biology and Biological Technology. Medicine.* Edited and with introduction by Nathan Sivin (Cambridge: Cambridge University Press, 2000).

[35] The fresh new approach that brings together analyses of state and popular medicine in the Song, see Nathan Sivin, *Health-care in Eleventh Century China* (London: Springer, 2015). Also see Nathan Sivin, *Medicine, Philosophy and Religion in Ancient China: Researches and Reflections* (Brookfield, VT: Variorum, 1995b). Nathan Sivin, *Traditional Medicine in Contemporary China: a Partial Translation of Revised Outline of Chinese Medicine (1972): with an Introductory Study on Change in Present Day and Early Medicine* (Ann Arbor: Center for Chinese Studies, University of Michigan, 1987).

[36] See, for example, Paul Unschuld, *Medicine in China: a History of Ideas* (Berkeley: University of California Press, 1985). Paul Unschuld, *Medicine in China: a History of Pharmaceutics* (Berkeley: University of California Press, 1986).

[37] Vivienne Lo and Christopher Cullen, eds., *Medieval Chinese Medicine: the Dunhuang Medical Manuscripts* (London: Routledge, 2005). Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960-1665* (Berkeley: University of California Press, 1999). Christopher Cullen, "Patients and Healers in Late Imperial China: Evidence from the Jinpingmei," *History of Science*, 31 (1993): 99-150.
Joanna Grant, *A Chinese Physician: Wang Ji and the 'Stone Mountain Medical Case Histories'* (New York: Routledge, 2003).

imperial textual projects, warm factor diseases and the geographic imagination, Manchu medical documents, Manchu medicine and Jesuits, organization of medicine, medical instruction, the social and cultural history of *materia medica*, women's medicine, trauma medicine, tobacco, eunuchs, disease categories (such as leprosy, *jiaoqi*, madness), and medical lineages.[38] The following chapters on the organization of imperial medicine in the eighteenth century complement the extant literature on this period.

When we turn to Chinese language secondary sources, except for those focusing on aspects of the emperor's medicine mentioned earlier, we find that many scholars have regarded the Qing as being representative of institutional continuity, while some others have relegated it to the realm of minority studies.[39] While both aspects have certain merits, there is value in examining the concurrent existence of these factors, rather than regarding them as separate entities. The following chapters, therefore, show that questions of background or ethnicity played an important role within the context of imperial medicine which also valued institutional continuity.[40] Moreover, rather than focusing on which aspects of Qing medicine can be considered to be Han Chinese (or the extent to which aspects of medicine could be considered to

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[38] See for example, Hanson, *Speaking of Epidemics in Chinese Medicine*. Hanson, "The 'Golden Mirror' in the Imperial Court of the Qianlong Emperor, 1739–1742." Hanson, "The Significance of Manchu Medical Sources in the Qing." Jami, "Imperial Science Written in Manchu in Early Qing China." Puente-Ballesteros, "Jesuit Medicine in the Kangxi Court (1662–1722). Leung, "Organized Medicine in Ming-Qing China." Leung, "Medical Instruction and Popularization in Ming-Qing China." Bian, "Assembling the Cure." Yi-Li Wu, "Body, Gender, and Disease: the Female Breast in Late Imperial Chinese Medicine," *Late Imperial China* 32, 1 (2011): 83-128. Wu, "Between the Living and the Dead." Carol Benedict, *Golden-silk Smoke: A History of Tobacco in China, 1550-2010* (Berkeley: University of California Press, 2001). Melissa Dale, "With the Cut of a Knife: A Social History of Eunuchs During the Qing Dynasty (1644--1911) and Republican periods (1912--1949)" (Ph. D. Dissertation, Georgetown University, 2000). Angela Ki Che Leung, *Leprosy in China, a History* (New York: Columbia University Press, 2009). Hilary Smith, "Foot *Qi*: History of a Chinese Medical Disorder" (Ph.D. Dissertation, University of Pennsylvania, 2008). Fabien Simonis, "Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine" (Ph.D. Dissertation, Princeton University, 2010), Ch. 4, 73-136. Scheid, *Currents of Tradition in Chinese Medicine 1626-2006*.

[39] For Qing medicine as minority medicine, see Teng Shaozhen 滕绍箴, "Manzu yixue shulue" 满族医学述略 (Summary of Manchu medicine) *Qingshi yanjiu* 3 (1995): 62-68.

[40] See Mark C. Elliott, "Ethnicity in the Qing Eight Banners," in Pamela K. Crossley, Helen F. Siu and Donald S. Sutton, eds., *Empire at the Margins: Culture, Ethnicity, and Frontier in Early Modern China* (Berkeley: University of California Press, 2006), 27-57. Elliott, *The Manchu Way*.

be Manchu or Mongol), we would benefit greatly from understanding how imperial medicine was organized institutionally within its own context. Doing so requires looking at its inherent hierarchies, overlapping realms, contradictions, and ambiguities.

The history of the eighteenth century China was a unique intersection of continuities from earlier dynasties, great territorial expansion, and the reconfiguration of institutional structures, while some newly conquered peoples were provided representation at the center. It was a time of military as well as cultural achievements, book projects, and imperial enterprises on a large scale. During this time, the Qing imperial world was interacting, on the practical and intellectual levels, on a number of different fronts.

The nineteenth century, which was still pluralistic with respect to medicine and organization, showed more stability in institutional structures of medicine (albeit with certain shifts and the blurring of boundaries), before another period of a very different kind of large-scale reform in medical organizations took place mostly through the twentieth century.[41] (For discussion of historiographical arcs in the history of Chinese medicine, see Chapter 1.)

Sources

This study examines the imperial medical organization in the eighteenth century by using sources such as the *Huidian* 會典 (Collected Statutes) while including a variety of other governmental sources, as well as those at the boundary of imperial and social history of medicine. The selection of sources is meant to point to new facets of medical organization, rather than aiming to conduct a comprehensive study of all medical practices during this time period.

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[41] See for example Scheid, *Chinese Medicine in Contemporary China*. Kim Taylor, *Chinese Medicine in Early Communist China, 1945-63: a Medicine of Revolution* (New York: Routledge Curzon, 2005). Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle for China's Modernity* (Chicago: University of Chicago Press, 2014). Bridie Andrews, *The Making of Modern Chinese Medicine, 1850-1960* (Vancouver: UBC Press, 2014).

While earlier ideas of stagnation in the Qing dynasty have been more recently revised, an assumption of an unchanging structure of institutions is reflected in what has been a general use of late nineteenth-century sources to depict earlier times. For example, the 1899 edition of the *Precedents of the Guangxu Collected Statutes* (光緒會典事例 *Guangxu huidian shili*) was most widely available and has traditionally been consulted for the history of Qing institutions, including earlier Qing. However, five editions of the *Huidian* were published in the Qing dynasty (see Chapter 1). Therefore, using one version of a late-Qing edition of the *Huidian* to describe the structure of an institution in early to high-Qing can underestimate the dynamic nature of changes that took place.

The examples in this study that make use of a number of editions of the *Huidian* started with a project that initially focused on the Taiyiyuan.[42] A series of explorations onto the similarities and differences in the section on the Taiyiyuan within the Kangxi, Yongzheng, and Qianlong editions of the *Huidian* began after finding that reprint editions of a set of five Qing *Huidian* had been published in 2006. The revealing nature of the silences and changes in these three versions of the text (see Chapter 1) was very curious, as was the fact that the text had exhibited differences in its own structure, moving from a one-part to a two-part form of organization with the Qianlong edition. While in China for doctoral research in 2011-2012, there was an opportunity to see the works of scholars who did have access to more than one edition, and who had used these to refer to particular historical material (as one would refer to different chapters of any historical source). Later, it was possible to see those who were using different editions to show change in the description of the state at different times. Since then, access to

[42] Sare Aricanli, "The Organization of Medicine in the Qing Empire," conference paper presented at *War and Devastation in the Qing and Ottoman Empires*, Bosphorus University, Istanbul, Turkey, June, 2009.

multiple editions of the *Huidian* has been greatly facilitated through print and electronic editions, making this kind of study accessible to a wide range of scholars.

A number of editions of the *Huidian* are used, here, with the intention of tracing the changes that were exhibited over time within the normative sphere. As the structure of the text changed with the Qianlong edition to be composed of two parts (see Chapter 1), in addition to the diachronic change exhibited through the *Huidian* of different Qing emperors, the last three editions also include a synchronic element for considering what kinds of overlaps or divergences may have existed across the two parts. For ease of clarity and communication, the description provided above is referred to, in the following chapters, as the *arc of normative change*.[43]

Each edition of the *Huidian* should be regarded as a collection of texts that describe the institutional formations compiled by different committees during various reigns. Rather than revealing a specific plan that was followed through the reigns of emperors, these sources point to issues that were at stake for the compilation committees as well as the rulers (to the extent to which they were involved in the production of the text). Normative sources are rich in content. However, as we shall see, there were also a number of issues that were not mentioned in the *Huidian*.

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[43] The phrase *arc of normative change*, here, is not an analytical category, but rather a description of what the Qing sources themselves were doing on a conceptual level. As there does not seem to be an actors' category describing the examination of the changes through editions of the statutes, therefore this phrase is used to signify observing these shifts. The word arc, here, refers to change over time and does not suggest a particular shape, progression, or predetermined nature. Normative refers to the fact that the *Huidian* were sources that reflect the description of how phenomena should be, rather than how they necessarily were in practice. Change in the normative description, or change in points over time, can be exhibited as moving in different directions (if numerical, with positive or negative slope), as points going back and forth, or in any other manner. Moreover, the nature of the sources themselves and the way that they were compiled (see section below on the compilation of the *Qianlong Huidian* in Chapter 1) does not make it possible for changes exhibited by these sources to have a preordained or smooth nature. Differences between normative descriptions represented the sum of many interactions and negotiations and should not be taken as reflective of neatly described points. (Other types of sources such as memorials regarding the process of compiling the text would be helpful in elucidating the negotiations, tensions, and renegotiations that took place in the process of establishing a particular normative description.) The differences between the five diachronic editions, and three sets of synchronic editions of the Qing *Huidian* can point to fruitful areas for examining archival sources (see section on ritual in Chapter 1).

While there are examples that point to how the *Huidian* were consulted during the Qing, the regulations in these texts were not always followed. However, this does not decrease the value of the *Huidian* in terms of delineating the changes on the normative level, and the issues that were at stake. Just as we find following the changes in current health policy to be of interest (regardless of how much precedent will be made in each case), the statutes of the Qing are a window onto the negotiations in the medical structure. Words alone, of course, did not change the organization, but could constitute one part of the process.

This methodology can also aid our understanding of shifts that were taking place on a linguistic level, as later-Qing sources exhibited modifications to the terminology that pertained to earlier times. Identifying words (in medicine, ritual, or statecraft) that showed temporal variance can have great value, especially at a time when digital searches are not just limited to electronic editions of historical sources, but have also become an integral part of archival research.

This study suggests the value of not relying too heavily on the early twentieth century *Taiyiyuan zhi* 太醫院志 (Treatise of the Imperial Medical Bureau), as it is not an official history as suggested by its title, but rather a later compilation akin to personal notes or jottings by a medical figure who had been a late-Qing imperial physician.[44]

Other sources include the *Neiwufu xianxing zeli* 內務府現行則例 (The current precedents of the Imperial Household Department), as well as memorials in Chinese and Manchu, records of the Palace Workshops, edicts, *zouxiaodang* 奏銷檔 (Palace memorials reporting financial matters), documents of internal communication, a stele and a gravestone, popular medical texts, paintings, catalogs of a commercial pharmacy Tongren Tang, an imperial medical

[44] See for example Li Zi 李梓, "Zui hou de *yuyi*" 最后的御医 (The last imperial physician), *Qingnian bolan*, 24 (2007): 22-23.

pamphlet, an oral history, image of medical ornaments and jewelry, and lists of medicines and medical objects.

The following chapters will demonstrate the breadth of imperial medical activity, while showing the changes that were taking place in the institutional sphere. Through the Qing, it was not only the Taiyiyuan that became more diverse, but also imperial medicine as a whole. The center of imperial medical power shifted from the Taiyiyuan and Ministry of Rites toward the Imperial Household Department. As the Imperial Household Department was an institution in direct control of the Qing rulers, and staffed by a special class of bannerman-bondservants (referred to as *baoyi* 包衣) who were attached to the imperial family and managed by eunuchs, it had considerable amount of resources at its disposal, and was relatively independent of the ministries.[45] Through the Imperial Household Department, the Qing emperors (as well as their regents and advisors) and the imperial family had an institutional structure with which they could realize their enterprises in many realms, including medicine.[46] As imperial medicine became managed by the more private court institution, there was increasing multiplicity of medical posts, and diversity in the activities of the pharmacies in the imperial medical world.

Medicine, after all, was not just about providing medical care by examining patients and giving drugs. It was rather a story of power, authority, distinctions, representation, benevolence, as well as punishment. A multicentric organization may seem to speak of de-centralization from a point of view that expects a single institutional center. Those in the Taiyiyuan may have certainly regarded imperial medicine as losing ground. After all, while they had represented the

[45] For bondservants see Jonathan D. Spence, *Ts'ao Yin and the K'ang-hsi Emperor: Bondservant and Master* (New Haven: Yale University Press, 1966).
[46] Preston M. Torbert, *The Ch'ing Imperial Household Department: A Study of its Organization and Principal Functions, 1662-1796* (Cambridge: Harvard University Press, 1977), esp. Ch. 2. Qi Meiqin 祁美琴, *Qingdai Neiwufu* 清代内务府 (Imperial Household Department in the Qing) (Shenyang: Liaoning Minzu Chubanshe, 2008), 8, 56-64.

status quo, they had become just one of the groups within an increasingly broad range of peoples who operated in imperial medicine. A new group of people, with hereditary rights over posts and distinct differences with respect to class and ethnic background, had started occupying crucial positions in the administration and in the running of the daily affairs of imperial medicine. Giving representation to peoples such as Mongols within the central medical structure was one way the Qing rulers could make themselves the center to multiple directions, and strengthen their legitimacy in the eyes of a wider group of figures. Such ideas of multiplicity may signify the desire of Qing emperors to be rulers of a greater realm, while suggesting that they saw medicine not as a single epistemological or even cultural framework, but as sets of useful practices that they could harness while realizing their larger project of becoming rulers of Asia.

Structure

Chapter 1 shows the breadth of activities of the Taiyiyuan, exhibiting change over time. Chapter 2 discusses institutional multiplicity and shifting dynamics of power between the Taiyiyuan and Yuyaofang, as the two institutions become managed by the Imperial Household Department. Chapter 3 examines the (broadening) medical activities in eighteenth century imperial medicine, especially with respect to the newly found context of the Yuyaofang within the Imperial Household Department. Chapter 4 provides an example of the multiplicity of medical institutions, ideas, and practices outside of the Taiyiyuan-Yuyaofang, through an example of *coban,* a special class of bonesetters at the Shangsiyuan who crossed the boundary between animal and human medicine. Chapter 5 turns to the pluralistic worlds of ideas (in texts) found within the imperial medical world.

In addition to the main themes such as the organization of medicine, broadening base of imperial medicine during the eighteenth century, as well as linguistic and textual multiplicities,

secondary themes in the following chapters include the contextual nature of pharmaceutical formulas, illnesses on their own terms (including difficulties adapting to new climatic conditions, or avoiding the heat), a variety of people (such as officials, doctors, patients in imperial medicine), the patient's perspective, militarization of medicine, as well as mobility and movement.

The following chapters will outline the plurality of institutions, posts, practices, conceptions, and ideas within imperial medicine, and show that imperial medical doctors, drugs, and texts extended beyond the walls of the imperial palaces. But first, let us turn to the Taiyiyuan to see the changes in its organization and context in the eighteenth century.

Chapter 1. Imperial medicine and the Taiyiyuan: breadth of activities and changes in organization

The Taiyiyuan was located next to the offices of ministries, east of the Ministry of Rites, and south of the Astronomy Bureau, which were across the southern gate of the Forbidden City.[47] The Taiyiyuan's role, however, was not limited to its physical space or the palace grounds. This study shows that the Taiyiyuan was highly integrated with other bureaucratic structures, and that its doctors participated in a number of medical activities in addition to caring for the emperor.

If we view the Taiyiyuan from the lens of institutional history of imperial medicine, then the Taiyiyuan marks the climax of the history of medical institutions in imperial China, starting with the post of the chief imperial physician in the 3rd-century B.C., and continuing through the Imperial Medical Office and Imperial Medical Service during medieval times.[48]

Historiographically, studies on the late-imperial Chinese medicine have generally oriented themselves around the Song dynasty (960-1279), which brought unprecedented order and standardization to medicine, especially with respect to the textual tradition.[49] The Taiyiyuan, however, was established in the Jurchen Jin (1115-1234),[50] and an institution with the same

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[47] Hou Renzhi 侯仁之, ed, *Beijing lishi ditu ji* 北京历史地图集 (Collection of Beijing historical maps) (Beijing: Beijing Chubanshe, 1985), Qing Beijing 1750 (QL15). For the late-Qing (1905) location of the Taiyiyuan, see BRB, Chongjian Taiyiyuan beiji 重建太醫院碑記 (Inscription for the rebuilding of the Taiyiyuan), GX31/8.

[48] Imperial medical institutions in Chinese history include the Qin 秦 (3rd century-B.C.) Taiyi ling 太醫令 (Imperial Physician), Sui-Tang 隋唐 (6-10th-century) Taiyishu 太醫署 (Imperial Medical Office), and the Song 宋 and Liao 遼 (10-13th-centuries) Taiyiju 太醫局 (Imperial Medical Service).

[49] See Goldschmidt, *Evolution of Chinese Medicine*. For the Song textual tradition as well as the Jin-Yuan context, also see Marta Hanson, *Speaking of Epidemics in Chinese Medicine*, esp. Chs. 2 and 6.

[50] The Yuan, and especially the Jin, seem to be less visible historiographically, although the Jin-Yuan period is considered an important part of the intellectual history of Chinese medicine, with the four great masters (*Jin-Yuan si dajia* 金元四大家). For example, there is no chapter attributed to the Jin in Wang Zhenguo 王振国, ed. *Zhongguo gudai yixue jiaoyu yu kaoshi zhidu yanjiu* 中国古代医学教育与考试制度研究 (A study of ancient Chinese medical education and examination system) (Jinan: Qilushushe, 2006), 1-3. For a study that does include the Liao and Jin (together with Yuan), see Chen Keji and Li Chunsheng, eds., *Zhongguo gongting yixue*, Ch. 6. For Jin and Yuan medical ideas from the perspective of the history of madness, see Simonis, "Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine," Ch. 4, 73-136.

name continued through the Yuan, Ming, and Qing dynasties, revealing continuity of more than 700 years in the history of Chinese imperial medical institutions. This chapter is about the end of this story: the Qing Taiyiyuan, and the changes in its function and context through the eighteenth century.

In the field of the history of Chinese medicine, we have a clearer picture of the history of medical texts compared to that of institutions. The fact that textual and institutional history point back to different timeframes suggests the value of considering multiple chronological axes in the history of late imperial/early modern Chinese medicine, such as an axis from the Song for texts, and from the Jin for institutions.

This chapter is in two main parts, the first on institutional structure and the second on medical practice. The part on institutional structure begins by examining the bureaucratic organization of medicine under the authority of the emperor, and shows that the institution not only treated the emperor, but that it included the medical care of officials and foreign dignitaries, and provided a number of outside services where Taiyiyuan officials served in other governmental institutions. The discussion on institutional structure then moves on to examining shifts in organization through the eighteenth century, and highlights changes in the relationship between the Taiyiyuan and the Ministry of Rites, as well as modifications in the ritual for deceased doctors. The chapter then introduces a new categorization of Taiyiyuan doctors that became evident after the eighteenth century, suggesting the significance of institutional structures beyond those in imperial medicine that contributed to the multiethnic nature of medical organization in the Qing (see Chapters 2-4).

The second part of the chapter presents examples of imperial medical practice under the emperor's command. Scholarship has traditionally focused on the emperor's medical care, and as

a field we have gained invaluable insight through detailed treatments of the ruler. This section includes complementary perspectives to the *emperor-centered* approach. The first is to examine the categories and language with which the emperor understood and communicated the state of his own bodily health. The second is to provide examples of the emperor bestowing his grace by dispatching imperial doctors for medical care.

Before describing medical treatments, we will first turn to the organization of the Taiyiyuan, its medical figures, and the changing functions of the institution.

Organization of the Taiyiyuan

One way to examine the structure of an institution is through the posts, and Taiyiyuan employees were classified according to administrative rank as well as areas of expertise. During the Kangxi reign, the Taiyiyuan was an office of the 5th rank which had one commissioner (*yuanshi* 院使) and two administrative assistants (*yuanpan* 院判) designated as senior and junior (*zuo you* 左右), and these top-level posts were referred to as senior officials (*tangguan* 堂官).[51] There were ten imperial physicians (*yuyi* 御醫), twenty medical secretaries (*limu* 吏目), and all of whom were under (*shu* 屬) the Ministry of Rites.[52] The Taiyiyuan had nine departments corresponding to areas of medical expertise, and each of the imperial physicians, medical secretaries, master physicians (*yishi* 醫士), and medical students (*yisheng* 醫生) were in one of

[51] The English translations of the positions in the Taiyiyuan are also provided by Chang, "The Therapeutic Tug of War," 30 and BH 233-240.

[52] KHD, 161.14b. While the commissioner was of the 5th rank and received 80 *liang* of annual salary, the administrative assistant was of the 6th rank and received 60 *liang*. Imperial physicians from the 7th rank received 40 *liang*, secretary clerks received 33 *liang*, and master physicians received 30 *liang*. Qi Fengshan 齐风山, "Dui 'Ming Qing Taiyiyuan' yiwen de buchong" 对《明清太医院》一文的补充 (An Addition to the 'Ming Qing Imperial Medical Bureau' Article), *Qian jin lun tan* (October 2003): 40. Shan Shikui, however, states that imperial physicians were 8th rank, that while master physicians and medical students had not entered the ranks, but that master physicians were allowed to wear the hat and sash of the 9th rank. Shan Shikui 单士魁, "Qingdai de Taiyiyuan 清代的太医院 (The Qing Imperial Medical Bureau), *Tan jiao suo* (December 2009): 64-67 (see 65).

these categories.[53] By the time the *Kangxi Huidian* was being compiled these nine departments were internal medicine (*dafang mai* 大方脈), pediatrics (*xiaofang mai* 小方脈), cold damage (*shanghan* 傷寒), gynecology (*furen* 婦人), dermatology (*chuangyang* 瘡瘍), acupuncture (*zhenjiu* 針灸), ophthalmology (*yanke* 眼科), dentistry throat (*kouchi yanhou* 口齒 咽喉), and bonesetting (*zhenggu* 正骨).[54] From the *Collected Statutes* of Kangxi to Qianlong, the number of departments remained the same, before they began to decrease.[55] While fewer departments is often used to argue for decline, this study will show that enumerating the departments in the institution may not be the best indicator of the vibrancy or decline of the Taiyiyuan (or medicine in the imperial realm), as there were factors such as the realignment of organizational structures (Chapters 1-2), broadening of range of activities, etc. (Chapter 3), that were not visible by considering how many departments were in a single institution such as the Taiyiyuan. Moreover, other significant changes, such as the management of a department in the Taiyiyuan by another institution (see Chapter 4), were also not reflected by such an approach.

Moving up the ranks

In the early Qing, in order to fill vacancies below that of imperial physicians, the Taiyiyuan senior officials sent the information to the Ministry of Rites, which was then

[53] As imperial physician (*yuyi* 御醫) was a position in the Taiyiyuan, therefore the term "imperial physician" here will be reserved specifically for referring to this post, and doctors will be referred to as physicians in the imperial realm, imperial doctors, imperial medical figures, etc. Moreover, the Chinese term *yisheng* 醫生 commonly meaning doctor, was also a position in the imperial medical realm. The *yisheng* at the Taiyiyuan referred to medical students, as the Taiyiyuan *yisheng* had to take examinations before getting an official position. The Taiyiyuan *yisheng* in the early Qing were also described as making drugs. Taiyiyuan *yisheng* were not the only posts in the imperial medical realm which were referred to as *yisheng*, however, as *yisheng* were also found at the Yuyaofang and Shangsiyuan. See Ch. 2 fn. 129 and Ch. 4 fn. 279.

[54] KHD, 161.17b-18a. Earlier, there were eleven departments, but smallpox had been placed into pediatrics, and throat and dentistry were combined into one department. While the names of some of these departments, such as dermatology, ophthalmology, gynecology, etc., have names similar to fields in medicine today, these areas of expertise in the late imperial world should not be conflated with the modern specialties.

[55] In the Jiaqing era the number of departments decreased to 9 then 8, in Daoguang to 7, and in Tongzhi to 5. Wang, *Zhongguo gudai yixue jiaoyu yu kaoshi zhidu yanjiu*, 404.

forwarded through the Ministry of Personnel, and the position was conferred (or not). Posts were organized according to those in the service of the inner court (*neizhi* 內值), and those in the service of the outer court (*waizhi* 外值).[56] If the posts for the service of the inner court were all filled, then the information pertaining to the officials in the service of the outer court were ranked and forwarded for possible appointment. There were also medical figures who were brought into the Taiyiyuan by imperial decree.[57]

Early in the eighteenth century, there was an effort by the Taiyiyuan to obtain skilled and experienced doctors from the provinces. In 1708 (KX47) it was decided that new doctors should be chosen, as there were only a total of 105 imperial physicians and medical secretaries, while 110 doctors were needed on a daily basis.[58] Moreover, as some officials could be away on duty, the doctors who remained in Beijing did not meet the demand. Furthermore, it was proclaimed that those who were older or ill could retire. Each province was to make recommendations for the Taiyiyuan, and upon arriving at the capital, the doctor was to report to the Ministry of Rites, and then be directed to the Taiyiyuan to be examined and delegated duties.[59] Another way that the positions in the Taiyiyuan were diversified was through posts in the military. Toward the mid-eighteenth century commoner physicians were able to attain a more secure position at the Taiyiyuan by rotating through service in the military.[60]

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[56] *Waizhi* was also referred to as *liuzhi* 六值 (six duties referred to six palaces or six kinds of people at different times), and *neizhi* was also called *gongzhi* 宮值 (palace duty). *Neizhi* had a higher ranking than *waizhi*, and those on *neizhi* would serve at the pharmacy and the emperor, and those on *waizhi* would be dispatched to the six palaces (later *liuzhi* was used to refer to different kinds of medical figures who were incorporated into the ranks). See Wang Peihao 王培浩,"Ming Qing Taiyiyuan" 明清太医院 (Ming Qing Imperial Medical Bureau), *Qian jin lun tan* August 2003: 39. Guan, *Qingdai gongting yixue yu yixue wenwu*, 32. Huang Xu 黄旭, *Qingdai Taiyiyuan zhidu tanjiu* 清代太医院制度探究 (An investigation of the Qing dynasty Taiyiyuan System) (M. A. Dissertation, Lanzhou University, 2009), Ch. 4, 3.

[57] KHD, 161.16b-17a.

[58] YHD, 248.5b-6b.

[59] YHD, 248.8a.

[60] ZANHA, 5-31-13, QL4/9/10.

The Taiyiyuan senior officials would examine the master physicians and medical students by choosing questions from texts in the medical canon such as *Suwen* 素問(Basic questions), *Nanjing* 難經 (Canon of difficult [issues]), *Bencao* 本草 (Materia medica), and *Maijue* 脈訣 (Secrets of the pulse),[61] as well as many important prescription books in their own departmental area of expertise. The vacancy would be filled by the candidate who was well-versed in the material. In the Yongzheng reign, students were examined on another set of classics: *Leijing zhushi* 類經注釋 (Annotated canon of classifications), *Bencao gangmu*, and *Shanghan lun*,[62] thereby suggesting a reconfiguration of the standards and criteria by which students would move through the ranks in the Taiyiyuan.

Education

Medical education was organized as instruction inside the Forbidden City (*neijiaoxi* 內教習) and that outside the Forbidden City (*waijiaoxi* 外教習). The *neijiaoxi* took place at the Eastern Pharmacy (Dongyaofang 東藥房). There, Taiyiyuan officials with vast knowledge of medicine were selected to teach eunuchs to read medical books, as eunuchs held a variety of roles in imperial medicine including managing the pharmacy and providing medical care. The Court of Imperial Entertainment (Guanglusi 光祿寺) provided a kitchen servant to supply provisions. Education outside the Forbidden City took place in a classroom (*jiaoxiting* 教習廳) at the Taiyiyuan, and the instructor was chosen from among imperial physicians and medical secretaries who excelled in both study and conduct. In addition to those entering the Taiyiyuan to study medicine, the students also included the sons, brothers, or nephews of medical officials. In 1684 (KX23), it was proposed that two people from the Taiyiyuan would be selected to teach at

[61] YHD, 248.5b.
[62] YHD, 248.7a.

the outer *yamen* (probably referring to the Taiyiyuan compound outside of the Forbidden City as opposed to the office inside it) together with the senior eunuch in charge of storehouse of medicines (*shouling kuguan* 首领庫官). They would take shifts through the night in order to be able to respond to emergencies.[63]

Those among the master physicians and medical students who had just entered the ranks of the Taiyiyuan who were judged as being well-acquainted with medical principles remained at the Taiyiyuan. If there was a vacancy for master physicians, a replacement was selected by examining the medical students. Moreover, these master physicians who proved to be successful in examinations could move up in the ranks to become a medical secretary. Those who were "skilled in prescriptions and pulse" and "morally upright and hardworking" were promoted by having their information forwarded through the ministries as explained above. If a doctor's practice of medicine was not considered to be satisfactory, and he could not fill a position even though many years had passed, the doctor was then sent to the classroom.[64]

Outside services

Taiyiyuan doctors also had outside services. For example, one master physician from the Taiyiyuan was deputed to civil and military metropolitan examinations.[65] Moreover, Taiyiyuan officials were sent to work in a prison. In 1651 (SZ8) the Ministry of Punishment had established a medical post for a master physician at a prison. The price of medicines as well as payment, in ingots and in kind, were provided to the official every month. After serving for six years, the medical figure could return to the Taiyiyuan, and be promoted to rank of medical secretary.

[63] KHD, 161.18b.
[64] KHD, 161.18a-18b.
[65] KHD, 161.15b.

Another post for a master physician was established in 1654 (SZ11). In a manner similar to the aforementioned position, if the Taiyiyuan needed the medical figure, he could be called back.[66]

Examining the breadth of Taiyiyuan functions through the *arc of normative change*

The *arc of normative change*, defined as examining a number of editions of the *Huidian* with the intention of tracking changes taking place in the normative sphere, reflects the shifts in the structure and functions of the Taiyiyuan. This method points to the eighteenth century, and especially the Qianlong Emperor's reign, as a time of reorganization in imperial medicine.

The *Huidian* were intended to outline organizational structure and practice on the normative level, and are often used to describe institutions. (For details regarding the five Chinese editions of the *Huidian*, see Table 1.) The *Huidian* were written using archival material provided by various administrative offices. As briefly mentioned earlier, starting with the Qianlong edition, the organization of the text was divided into more than one part: the *Huidian*, and *Huidian zeli* 會典則例 (Precedents of the Collected Statutes), which were completed at the same time. (See section below for the unique structure and organization of the *Qianlong Huidian*.)

The two-part structure that started with the Qianlong edition continued in the following two (Jiaqing and Guangxu) editions, but with a change in title: the Jiaqing and Guangxu reigns had a *Huidian*, and a *Huidian shili* 會典事例 (Precedents of the Collected Statutes). The Jiaqing and Guangxu editions of the *Huidian* also had *Huidian tu* 會典圖 (Diagrams of the Collected Statutes). Furthermore, in addition to the Chinese editions, there were Manchu language *Huidian*. In this study, the Manchu edition of the Qianlong *Huidian zeli* will be used to consider the linguistic dimension of medical terms in the Chinese *Huidian*.

[66] KHD, 161.16a. In 1684 (KX23) the post at the Ministry of Punishment increased the number of master physicians by one person.

Table 1. The Five Chinese editions of the *Qing Huidian*

		Edited by	Dates when compilation was made (years)	Dates that the compilation covers (years)
Kangxi	*Huidian*	Yisang'a et al. 伊桑阿	1684 - 1690 (KX 23-29)	1636-1686 (CD 1-KX 25)
Yongzheng	*Huidian*	Yintai et al. 尹泰	1724- 1732 (YZ 2- 10)	1687- 1727 (KX26- YZ5)
Qianlong	*Huidian* *Huidian zeli*	Yuntao 允禌 et al.	1747- 1764 (QL 12- 29)	1728- (1758) and extended to 1762 (YZ6 -QL23, extended to QL27)
Jiaqing	*Huidian* *Huidian shili*	Tuojin et al. 托津	1801- 1818 (JQ 6- 23)	1758 – (1812) extended to 1818 (QL23- JQ17, extended to JQ23)
Guangxu	*Huidian* *Huidian shili*	Kungang et al. 昆岡	1886- 1899 (GX 12- 25)	1813- (1887) extended to 1896 (JQ18- GX13, extended to GX22)

Shifts in the organization of the Taiyiyuan rituals for deceased doctors

In addition to its other functions in medicine, the Taiyiyuan also held rituals for sagely doctors that took place on the 2nd and 11th lunar months at the Jinghui Hall (Jinghuidian 景惠殿) in the Taiyiyuan compound. This ritual commemorated deceased doctors, elevated the status of the Taiyiyuan, while conferring authority to those officiating the ceremony. Therefore, the changes that were suggested for the ritual point to shifts that were taking place in imperial medicine. The two main issues that will be discussed here are the differences in the name of the ceremony, and the officials in charge (see Chapter 3 for rituals to doctors that began to be held at the Yuyaofang). This section first outlines how the ceremony for deceased doctors was described in editions of the *Huidian*, and then discusses how the archival evidence and later editions of the

Huidian resonated with (or diverged from) the descriptions of the ceremony delineated in the two Qianlong editions of the *Huidian*.

The Kangxi and Yongzheng editions of the *Huidian* stated that medical rituals at the Taiyiyuan were sacrifices to the Sanhuang 三皇 (Three Progenitors)[67] at the Taiyiyuan. One senior official from the Ministry of Rites officiated the ritual while two senior officials from the Taiyiyuan stood on either side.[68] The two parts of the Qianlong edition of the *Huidian* not only show divergence with the *Yongzheng Huidian* diachronically, but also reveal the differences that existed between the statutes and precedents synchronically. The *Qianlong Huidian* referred to the sacrifices as the ritual for deceased doctors (*xianyi li* 先醫禮) and mentioned the Taiyiyuan commissioner and an administrative assistant in the ceremony.[69] The members of the Ministry of Rites seem to have become unceremoniously invisible in this account, without any direct mention of who would be leading the ritual. In small print next to the text, is a note to see the section on Ministry of Rites, however, the section on *xianyi* is not evident within the table of contents of the *Qianlong Huidian* section on Ministry of Rites. The *Qianlong Huidian zeli* also referred to the ritual for deceased doctors (rather than Sanhuang), and that part is in agreement with the *Qianlong Huidian*. However, the two Qianlong editions diverge in the description of who officiated the ceremony. While the *Qianlong Huidian* did not mention the official from Ministry of Rites leading the ceremony, the *Qianlong Huidian zeli* stated that a senior official

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[67] The term Three Progenitors (Sanhuang 三皇) usually refers to Fuxi 伏羲, Shennong 神農, and Huangdi 黃帝. See Reiko Shinno, "Medical Schools and the Temples of the Three Progenitors," in TJ Hinrichs and Linda L. Barnes, eds., *Chinese Medicine and Healing: An Illustrated History* (Cambridge: Belknap Press, 2013), 140-144. Reiko Shinno, "Medical Schools and the Temples of the Three Progenitors in Yuan China: a Case of Cross-cultural Interactions," *Harvard Journal of Asiatic Studies* 67, 1 (2007): 89-133. Reiko Shinno, "Promoting Medicine in the Yuan Dynasty (1206-1368): an Aspect of Mongol Rule in China" (Ph. D. Dissertation, Stanford University, 2002).

[68] For Three Progenitors (Sanhuang), see KHD, 161. 19b. For ritual of Three Progenitors (Sanhuang li 三黃禮), see YHD, 248.8b.

[69] QHD, 86.22b-23a. *Qianlong Huidian* added the day of the sacrifice, the first *jia* 甲 of each month. *Jia* here refers to the first of the 10 heavenly stems (*jia* 甲, *yi* 乙, *bing* 丙, *ding* 丁, etc.) in calculating dates. *Jia* can also be used to enumerate, to show a secondary category (*er jia* 二甲), and in calculations in heavenly *qi*.

from the Minister of Rites officiated the ceremony, with the two Taiyiyuan officials at either side.[70]

We will see how the archival evidence overlaps with the normative record with respect to the shifts in the name of the ceremony, and the divergence in accounts on who was to officiate it. While the name of the ritual in an example from the Shunzi Emperor's reign is not clearly visible, an official from the Ministry of Rites officiated the ritual. In two examples from 1736 (QL1) and 1750 (QL15) the ceremony is referred to that at the temple of the Three Progenitors (Sanhuang miao 三黃廟), and an official from the Ministry of Rites led the ceremony.[71]

Documents from 1763 (QL28) and 1799 (JQ3) refer, not to the temple of Three Progenitors, but rather to the temple for deceased doctors (Xianyi miao 先醫廟). In these archival documents, the name of the temple and ritual had changed as it had been put forth in the *Qianlong Huidian*. However, while the *Qianlong Huidian* had just stated that officials from the Taiyiyuan would be present at the ritual without mentioning those from the Ministry of Rites, according to archival examples officials from the Ministry of Rites continued to lead the ceremony.[72]As the *Qianlong Huidian* included material until 1758 (QL23), and was later extended to 1762 (QL27), this suggests that a recommendation for reorganizing the structure of the ritual may have been put forth on the normative level by 1762. However, while the *Qianlong Huidian zeli* also referred to the Xianyi miao, it continued with the earlier description stating that

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[70] QHDZL, 158.33a-33b.
[71] GSSHP, 163985, SZ1/11/10. GSSHP, 031507, QL1/1026. GSSHP, 28476, QL15/10/18.
[72] For Xianyi miao without reference to an official from the Ministry of Rites, see QHD, 86.22b-23a, QHDZL. For Xianyi miao with an official from the Ministry of Rites leading the ritual, see QHZL, 158.33a-33b. For archival evidence from 1763 and 1799 referring to Xianyi miao and having officials from the Ministry of Rites in charge, see the following examples. On March 6, 1763 (QL28/1/22) a document for the ritual that would take place on March 20, 1763 (QL28/2/6) stated that a senior official from the Ministry of Rites would officiate the ritual at the Xianyi miao, and that two Taiyiyuan officials would stand on either side. GSA, 063236, QL28/1/22. A document on January 10, 1799 (JQ3/12/5) for ritual activity at Xianyi miao that was planned for March 11, 1799 (JQ4/2/6) stated that one senior official from the Ministry of Rites should officiate the sacrifice, and that there should be two Taiyiyuan senior officials on both sides. GSA, 002243, JQ3/12/5.

officials from the Ministry of Rites were leading the ceremony. If the *Huidian zeli* were the precedents, and the *Huidian* were the statutes, then it is still not clear how new the statutes were (or how old the precedents were). As dates were not provided for the different accounts of who leads the ceremony in the *Huidian* and *Huidian zeli*, we are just left with two versions without a clear delineation of when one may have ended and the other was to begin (see below for discussion of the *Qianlong Huidian*).

The evidence indicates that the change in the name of the ritual to that held at the Xianyi miao, took place sometime between 1750 (QL15) and 1762 (QL27). Both normative sources as well as archival evidence are in agreement with respect to this matter. However, the archival examples show that the arrangement outlined in the *Qianlong Huidian*, namely the absence of officials from the Ministry of Rites, was not put into practice. Instead, an official from the Ministry of Rites continued to lead the ritual, as it had been stated in the *Yongzheng Huidian* as well as the *Qianlong Huidian zeli*. The Jiaqing and Guangxu period *Huidian* and *Huidian shili* also mention sacrifices to deceased doctors, where a senior official from the Ministry of Rites officiated the ceremony,[73] thereby showing how the later editions of the *Huidian* can be reflective of the direction in which negotiations progressed. Tracking the changes in time within the section on ritual through various editions of the *Huidian* reveals shifts in terminology, as well as negotiations regarding who was in charge.

The differences between editions of the *Huidian* presented above suggests that the statutes not only changed, but that they had varying degrees of implementation. The example below shows how the statutes were used within actual practice. A document from December 2, 1829 (DG9/11/7) stated that the director (*langzhong* 郎中) of the Ministry of Works Wang

[73] JHD, 64.26b-27a. JHDSL, 831.8b. GHD, 81.737. GHDSL, 1105.1071.

Xiemeng 王協夢 et al., were undertaking repair work on the altar (painting and adorning the tablets on the shrine table) of the temple for deceased doctors. The matter of concern here was that the order of the tablets was not in accordance with that in the *Huidian*. Taiyiyuan Senior Administrative Assistant Kong Yulin 孔毓鱗 had not told Commissioner Zhang Yongqing 張永清 that they were not in the correct formation. Therefore, both Wang Xiemeng and Kong Yulin were reported to the Ministry of Works, so the matter could be deliberated and decided. An older and eminent official from the Ministry of Rites checked the order of the tablets at the temple for deceased doctors to see if the arrangement was according to the *Huidian*.[74]

Changing structure and organization: the Qianlong *Collected Statutes*

The two-part structure of the Qianlong editions of the *Huidian* was very different from earlier Qing editions. However, another aspect that set the *Qianlong Huidian* apart was its unique method of compilation. Rather than having a team of compilers, as it had been the case for earlier editions, the composition of the Qianlong edition involved a larger number of people. These included a group for writing the *Huidian*, as well as officials at each institution who were delegated to compile records, submit their work to the committee, and consequently revise. The Qianlong Emperor was also reputed to have examined drafts and made changes to the text.

Another significant aspect of the *Qianlong Huidian* included the breadth of texts that were consulted. In addition to the materials sent by each office, the compilation team used precedents that were being written for various ministries and agencies, including texts such as the *Li shu* 禮書 (Book of Rites) of the Ministry of Rites, and the *Lüli quanshu* 律列全書 (Complete book of laws and precedents) of the Ministry of Punishments, etc. Compilers could examine the *Qing shilu* 清實錄 (Qing veritable records), as well as rich collections of textual

[74] PMPMT, 405011357, DG9/11/7.

material such as *Gujin tushu jicheng* 古今圖書集成 (Synthesis of books and illustrations, past and present) [1728], *Yongle dadian* 永樂大典 (The Yongle Encyclopedia) [1408], etc.[75]

Scholars have put forth a number of reasons to explain the difference in the manner in which the *Qianlong Huidian* was compiled, and its two-part structure. The Qianlong Emperor's edict dated February 14, 1747 (QL12/1/6) for the compilation of the *Qianlong Huidian* stated that the documents of earlier editions of the *Huidian* were not complete, that matters had not been properly examined, and that there were errors and careless oversights that could not be excused.[76] According to the preface of the *Qianlong Huidian zeli*, the two-part structure of the text was meant to put the unchanging statutes in the *Huidian*, and the precedents in the *Huidian zeli*.[77] While these factors can contribute to understanding the process in which the text was compiled, the evidence below suggests these aspects alone may not reflect the whole picture. The changing the structure of the *Qianlong Huidian*, and having two differing versions could have been an indication of diverging opinions, debates, or negotiations that had been taking place with respect to institutional organization. In considering these issues, while it is desirable to separate the role of the Qianlong Emperor, and that of the various editors in the compilation of the

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[75] Lin Qian 林乾, "Cong Huidianguan zouyi lun Huidian de xingzhi" 从《会典馆奏议》论《会典》的性质 (Discussing the characteristics of the Collected Statutes using the memorials and recommendations of the office compiling the Collected Statutes), in Zhongguo diyi lishi danganguan, eds., *Mingqing dang'an yu lishi yanjiu lunwenji* 明清档案与历史研究论文集 (Collection of articles on Ming Qing archival material and historical research) (Beijing: Xinhua Chubanshe, 2008), 762-774.

[76] See the imperial edict dated February 14, 1747 (QL12/1/6) for writing the *Qianlong Huidian* (*Qianlong Huidian zeli*, 1a-2a). Also see, GZSL, 282.3a-6b.

[77] For *zeli* reflecting succession or change, and the *Huidian* being unchanging (*li ke tong, dian bu ke bian* 例可通, 典不可變), see *Qianlong Huidian*, preface.5a. For the *Huidian* as the main framework for the *zeli* (*Huidian wei gang, zeli wei mu* 會典為綱, 則例為目), see *Qianlong huidian zeli*, preface. 9a. For an interpretation on the history of the *Qianlong Huidian*, see Lin Qian, "Cong Huidianguan zouyi lun Huidian de xingzhi." For general history of *Qing Huidian* see Zhu Jinfu 朱金甫, "Lue lun *Daqing Huidian* de zuanxiu" 略论《大清会典》的纂修 (A brief discussion of the compilation of the Great Qing Collected Statutes), in Zhongguo diyi lishi danganguan, eds., *Mingqing dang'an yu lishi yanjiu lunwenxuan (10/1994- 10/2004)* 明清档案与历史研究论文选 (A selection of articles on Ming Qing archival materials and historical research 10/1994- 10/2004) (Beijing: Xinhua Chubanshe, 2005), 391-406.

Qianlong Huidian, the textual material provides challenges to identifying these strands. With the evidence at hand, it is possible to look for another kind of differentiation, namely the work being done through two editions of the text in the form of a *Huidian* and *Huidian zeli* (and later *Huidian* and *Huidian shili*). If we examine the Taiyiyuan section of the two different Qianlong editions of the *Huidian*, we see that the content and structure of the Taiyiyuan section of the *Qianlong Huidian* was very different from that of earlier times, whereas that of the *Qianlong Huidian zeli* was closer to previous editions.

It is clear that the archival material (such as edicts) presented in the reports from each institution came before the compilation of the *Huidian* text. However the crucial points of differences between the *Qianlong Huidian* and *Qianlong Huidian zeli* are not necessarily in those parts that listed edicts on particular dates. Were there two different kinds of edicts issued for a particular purpose, which were then written as general text (rather than as edicts) in the two texts? Were there differing regulations printed in some of the textual material, such as the *Qing shilu* or other bureaucratic texts or manuscripts? Or did the sections that show discrepancy come from the editorial process? If we turn to the people who compiled the *Qianlong Huidian*, the editorial team had close to eighty people, each with their own interests.[78] One possibility could be that two texts with differing information (and hence diverging solutions to problems) would satisfy various groups. The texts may have reflected decisions which were already made, or those in the process of being negotiated. Maintaining the continuity of the previous form of the statutes within the precedents may have created the feeling of respect to the past, while making some seemingly minor, but actually very meaningful changes in the main text. The two-part structure may have represented an opportunity to create two slightly differing versions of the statutes,

[78] For details on the editorial team, as well as the archival materials used in creating the Qianlong editions of the *Huidian*, see Lin Qian, "Cong Huidianguan zouyi lun Huidian de xingzhi." For general history of *Qing Huidian* see Zhu Jinfu, "Lue lun *Daqing Huidian* de zuanxiu."

thereby having ambiguity which would speak of continuity, while leaving room to maneuver and negotiate changes. What is clear from the evidence is that there were differences in the structure and content of the text, while the institutional structure of imperial medicine was also being redefined.

The Taiyiyuan section of the *Qianlong Huidian* is suggestive of the realigning relationship between the Taiyiyuan and the Ministry of Rites in a number of ways. The first clue comes from the absence of some words. While earlier editions of the *Huidian* began by introducing the highest-level positions, and stating that these officers were under the Ministry of Rites,[79] a statement that the Taiyiyuan is under the Ministry of Rites is absent in Qianlong's version of the *Huidian*.[80] (Absence of evidence is of course not directly a piece of evidence in itself.)

The second piece of information that indicates a reconfiguration in the relationship between the Taiyiyuan and Ministry of Rites concerns sending doctors to the warfront. In earlier versions of the statues, two people from Ministry of Rites and one person from the Ministry of War were sent to the front.[81] The *Qianlong Huidian* stated that when the Ministry of War needed doctors, the Taiyiyuan selected two people, and the Ministry of War chose one person. Therefore, the positions that were earlier filled by members of the Ministry of Rites were now taken over by the Taiyiyuan officials.[82] However, the *Qianlong Huidian zeli* continued to show agreement with earlier editions, and stated that two people from Ministry of Rites, and one from the Ministry of

[79] KHD, 161.14b. YHD, 248.1a.
[80] QHD, 86.21a.
[81] KHD, 161.15b. YHD, 248.2b.
[82] QHD, 86.22b-23a.

War would be sent.[83] What seems like a slight difference in the two Qianlong editions of the *Huidian*, actually carries great implications.

The third clue that supports the theory of changing dynamics between the Taiyiyuan and Ministry of Rites is that of the ritual for doctors which has been discussed above. The three aspects listed here, coupled with the fact that the section on the Taiyiyuan in the *Qianlong Huidian* is surprisingly short, suggests that it was meant to be regarded as a new text, while still carrying the old title.

Change in the relationship between the Taiyiyuan and Ministry of Rites did not mean that the relationship was severed on all levels. There were strands that continued as well, at least on the normative level. For example, even with all of the shifts outlined above, the *Qianlong Huidian* still stated that information regarding officials' moving up the ranks was to be forwarded to the Ministry of Rites and Ministry of Personnel in order for the appointment to be made (Chapter 2).[84]

Evidence regarding sending doctors to the warfront and officiating rituals together with the changes in the definition of Taiyiyuan officials as part of (or independent from) the Ministry of Rites, indicate that the relationship between the Ministry of Rites and Taiyiyuan was being redefined during the eighteenth century.

The compilation of the *Qianlong Huidian* ended in 1764 (QL29). Less than thirty years later, in 1793 (QL58) a minister of the Imperial Household was superimposed on the Taiyiyuan as a manager of bureau affairs (*Guanli yuanwu* 管理院務). The position was later referred to as superintendent of the Imperial Medical Bureau (*Guanli Taiyiyuan shiwu* 管理太醫院事務). Posts having to do with managing the Taiyiyuan had actually begun earlier in the eighteenth

[83] QHDZL, 158.30a.
[84] QHD, 86.21a-21b.

century. For example, the position of Imperial Medical Bureau affairs (*Taiyiyuan shiwu* 太醫院事務) was given to Ya'er'tu 雅爾圖, of the bordered yellow banner who was also junior vice-minister at the Ministry of Finance in 1747 (QL12), and to him again when he held the position of vice-minister at the Ministry of War in 1750 (QL 15). Status within the banner system may have been a factor in the selection of an external manager to the Taiyiyuan even before the establishment of a post specifically for ministers of the Imperial Household.[85]

New categories for Taiyiyuan doctors

One of the changes in imperial medicine that took place after the eighteenth century was related to how the Taiyiyuan medical figures were categorized. The changes outlined in the following chapter on the Yuyaofang will shed light on why such a distinction became important in imperial medicine after the eighteenth century. But first, we will examine the changes themselves.

The *Kangxi* and *Yongzheng Huidian* referred to people's backgrounds in reference to Manchu and Han civil and military officials who would be treated at outposts in the city where Taiyiyuan doctors were deployed.[86] In the later Jiaqing (as well as Guangxu) editions of the *Huidian*, the first issue outlined in the Taiyiyuan section was that the posts of Taiyiyuan officials were designated for Han.[87] Did that mean that there were other institutions or posts where, say, Manchus could hold a position? In other words, was the only defining factor ethnicity in itself, or were notions of ethnicity intertwined with other factors such as hierarchy or institutional

[85] *Qingchao xu wenxian tongkao* 清朝續文獻通考 (Supplementary edition of a complete examination of Qing dynasty documents), 128.8886. The section on the Taiyiyuan referred to the position as *Guanli yuanwu*. BH 234 referred to it as *Guanli Taiyiyuan shiwu*. Archival documents from late Qing, used minister of the household who was also the superintendent of the Imperial Medical Bureau (*Guanli Taiyiyuan shiwu zongguan Neiwufu dachen* 管理太醫院事務總管內務府大臣), GCPMT,168712, GX34/12/13. See Chapters 2 to 4 for the roles that members of the Imperial Household Department took in imperial medicine. For *Taiyiyuan shiwu*, see GZSL, 283.14a (QL12/1/30). GZSL, 361.4a (QL 15/3/17).
[86] KHD, 161.16b. YHD, 248.3b.
[87] JHD, 64.26a. GHD, 81.736.

affiliation? The fact that the text stated that all the positions at the Taiyiyuan were Han posts (*Han que* 漢缺) suggests that this did not refer solely to ethnicity, but was rather indicative of distinctions related to banner posts. Therefore, while early Qing *Huidian* began the Taiyiyuan section stating they were part of the Ministry of Rites, the late Qing *Huidian* began the same section stating that they were not part of the banners.

Moreover, the early twentieth century *Taiyiyuan zhi*, a text akin to jottings or notes by a late Qing imperial physician, began by stating that both Manchu and Han could serve in the Taiyiyuan,[88] thereby illustrating how certain lines that had been delineated earlier in the Qing, began to blur later in the dynasty. One of the questions that will be addressed in Chapter 2 will be to consider how ethnicity and institutional structures intersected within imperial medical organizations and posts.

Medicine under the authority of the emperor

Having examined the organization of the Taiyiyuan, we will move on to the second part of this chapter, describing the Taiyiyuan physicians under the authority of the emperor. This section will begin with the Kangxi Emperor's own reflections on his health, and continue with examples of imperial medical figures extending the emperor's grace through medical treatment.[89]

The Kangxi Emperor's descriptions of his own health

The following memorials between the Kangxi Emperor and the Governor-General of Zhili, Zhao Hongxie 趙弘燮 (1656-1722), are a window onto some of the medical categories with which the Kangxi Emperor evaluated his health. Zhao's memorials range in length, and the Kangxi Emperor's responses are replete with information that delineate the topographies of the

[88] Ren Xigeng 任錫庚, *Taiyiyuan zhi* 太醫院志 (Treatise on the Imperial Medical Bureau), [prefaces 1916, 1923], reprint ed. (Beijing: Rubujizhai, 1923), 1a.
[89] For the value of the patient's view, see Roy Porter, 'The Patient's view,' *Theory and Society* 14, 2 (March 1985): 175-198.

medical landscape of early eighteenth century imperial medicine from the emperor's point of view. The following three examples include escaping the summer heat,[90] acclimating to the climatic conditions of the geography (*shuitu* 水土), and concerns with respect to choice of medical treatment as the emperor's body represented a reflection of the realm.[91]

On August 18, 1709 (KX48/7/13) Zhao Hongxie wrote a memorial asking after the emperor's health and paying his respects. The emperor replied stating that he was avoiding the heat beyond the pass (*bishu kouwai* 避暑口外) and that he had not contracted pernicious summer heat influence (*shure* 暑熱) since August 2, 1709 (the 3rd *geng* 庚 being KX48/6/27). The emperor explained that as the climatic conditions due to the geography (*shuitu*) beyond the pass were very favorable, he was feeling rather well in his body, with respect to eating, drinking and everyday life.[92] However the emperor explained that his *qi-Blood* (*qixue* 氣血) was not fully circulating.[93] He concluded the note by stating that he was glad to hear that the fall harvest of each province had been completed, and that he hoped that everything would continue to progress in a positive manner.[94]

The following example from June 4, 1711 (KX50/4/19) confirms the emperor's concerns with avoiding the heat. Zhao Hongxie had written another memorial asking about the emperor's

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[90] The summer palace of emperors, a mountain resort in Chengde, is called the Summer Mountain Retreat (*Bishu shanzhuang* 避暑山莊). See James Millward et al., eds., *New Qing Imperial History: The Making of Inner Asian Empire at Qing Chengde* (New York: Routledge Curzon, 2004).

[91] I would like to thank Pamela Crossley for asking if the treatment of the emperor was the same as the treatment of other people.

[92] For the geographical imagination in Chinese medicine, and the Qing conceptions of the Pass (as well as distinctions such as northwest and southeast, north and south) see Hanson, *Speaking of Epidemics in Chinese Medicine*, esp. Ch.2, and Part III. For the history of the Pass in the Qing, see James A. Millward, *Beyond the Pass: Economy, Ethnicity, and Empire in Qing Central Asia, 1759-1864* (Stanford: Stanford University Press, 1998).

[93] Documents refer to *qi* circulation, as well as the circulation of *qi*-Blood, referring to an understanding of *qi* (the energy in the meridians) and Chinese medical Blood, which should not be conflated with blood in biomedical terms. For more discussions on circulation, channels, and what flows in them, see Chapter 5.

[94] PMPMT, 401000530, KX48/7/13.

health.[95] The Kangxi Emperor replied that as the weather had been quite dry since the 19th of March (*lixia* 立夏), he had had uneasiness in his five viscera (heart, lung, liver, kidney, spleen), and that he had lost some weight.[96] He continued to explain that as he got older, he had been having some feelings of melancholy resulting in palpitations of the heart (*xintiao* 心跳) and inability to sleep.[97] The emperor expressed that in caring for his own health, he could not benefit enough from the climatic conditions (*shuitu*) beyond the pass (*kouwai*).[98]

The emperor's body was not limited to notions of *shuitu*, but also had other constraints. Therefore, Zhao Hongxie offered advice related to the treatment of the emperor's body in consideration of events that had recently transpired. The advice was not as a doctor of medicine, but as an official who was showing his concern for the emperor's well-being.[99] On February 17, 1716 (KX55/1/25) Zhao Hongxie stated that he heard from the high officers that the emperor had pain in his arm.[100] Saying that he could not bear this, Zhao continued with the usual hyperbole surrounding writings directed to the emperor (saying for example that the emperor's body contained the ten thousand things in one form, and gathered the universe (*liuhe* 六合) in one heart) while also alluding to the understanding that the emperor's body was a microcosm of his realm. More concretely, Zhao expressed his opinion that it would probably be best for the

[95] PMPMT, 401000346, KX50/4/19.
[96] *Lixia* is one of the 24 Solar terms, and is usually begins around the beginning of May, and continues through the middle of the month. *Wunei* 五內 refers to *wuzang* 五臟, or the five viscera.
[97] Emotional states of being such as anger or melancholy are part of the geographies and patterns of the Chinese medical body, related to viscera as well as the movement of *qi*.
[98] While *shuitu* can refer to the geographical topography, it can also designate climatic conditions due to the particular geography, and was an important way of framing concerns related to health during this time.
[99] For discussion of the body as a microcosm of the state, see Nathan Sivin, "State, Cosmos, and Body in the Last Three Centuries, B.C.," *Harvard Journal of Asiatic Studies* 55, 1 (1995a): 5-37. Also see Sivin, *The Way and the Word*.
[100] PMPMT, 401000120, KX55/1/25.

Kangxi Emperor not to get into a bath (i.e. submerge his body in water), as there had been a flood in the land under his rule.

The Kangxi Emperor actually replied to the particular comment, stating that as he had happened to contract some Wind, there was a bit of discomfort where his left arm met the shoulder. Therefore, he used water from hot springs (*tangquan* 湯泉) to wash (*yuxi* 浴洗) his body, but did not get into the water, and that it was very efficacious. Within this context, as the emperor's body represented a reflection of his domain, if there had been an event which was considered to be inauspicious (such as a flood), then any activity that would create resonance between his body and his lands, such as the emperor submerging his body into water was to be avoided. These examples indicate that the emperor's medicine was not the sum of all imperial medical techniques, but actually a certain set of practices for the care of the body of the emperor. Therefore, in order to understand the breadth of medical practices within the imperial medicine, it may be more useful to look at the kinds of medical care that emperors bestowed on others.

Medicine as a means for the emperor to bestow his grace

Imperial medical doctors from the Taiyiyuan were deputed for the medical care of family members, officials, princes, imperial in-laws, elderly visitors, foreign dignitaries, etc. An edict from April 2, 1713 (KX52/3/8) stated that the Kangxi Emperor extended medical services to elderly visitors who came to wish him long life. The emperor told the members of the Hanlin (翰林) Academy posted to the Southern Study (Nanshufang 南書房) that among those elderly people who came wishing him good health, there were many who were not from the area. The emperor was concerned that they may not be able to adjust to the climatic conditions of the geography (*shuitu bufu* 水土不服), as the temperature showed fluctuations during the spring. The Kangxi Emperor stated that these visitors most probably did not know the high officials,

therefore if one of them were to fall ill, the Taiyiyuan should be instructed to take care of them, so that the visitors would know the emperor's good intentions of caring for the elderly.[101]

The emperor bestowed his grace by sending imperial medical figures to take care of officials or family members who were ill. The following examples show that doctors were dispatched to examine valued officials including a minister of punishment, a minister of finance, as well as a general. While there were also gifts of drugs in the imperial realm, this was a gift of service for which the official could pay a visit in expression of gratitude. Time was also a matter of concern. In the case of the example of the general, below, two weeks passed between the time the emperor issued an edict, and the doctor arrived in Inner Mongolia to check on the general's health. Dispatching imperial medical doctors to far-away locations across the land certainly meant that they were absent for long stretches of time when they traveled, resided there, and set of on the return journey, all the while being unavailable for service at court.

While the emperor could bestow his grace through medical care, how the patient negotiated his treatment presented another side of the story. Such an example was seen on April 27, 1697 (KX36/3i/7), when Taiyiyuan Imperial Physician Ji Shao 吉紹 memorialized that on January 30, 1697 (KX36/1/8) there was an imperial decree that he examine the illness of the Minister of Punishment Tu'na 圖納. Tu'na's the *zheng* 症 [102] was numbness and inability to move the left side of his body (*mabi busui* 痲痺不遂). Ji Shao used a treatment that included prescribing imperial wine, along with acupuncture, medicine, and a bath. Afterwards, the numbness in Tu'na's legs lessened, but his body was still weak. Before Tu'na was able to express his appreciation for the imperial favors, on April 14th (KX36/3/23) he suddenly got a

[101]GCPMT, 032295, KX52/3/8.
[102] For discussion of "manifestation types" as a way that Chinese medicine aligned itself with Neo-Confucian thought and the value of recognizing patterns, see Scheid, *Currents of Tradition in Chinese Medicine 1626-2006*, Ch.2, esp. see section on scholarly medicine and the politics of identity.

carbuncle on the back of his neck (*duikou duju* 對口毒疽). Ji Shao wanted to call on a doctor of external medicine (*waike daifu* 外科大夫), but Tu'na said that there was a Buddhist priest doctor (*seng yi* 僧醫) by the name of Huining 惠寧 near his home who was adept at treating this kind of *zheng*. As a few days had already passed, his sore had already festered and released discharge. At this point, Tu'na was in a daze, miserable with fever, nauseous, had no appetite, could not sleep, and his pulse was soft and without energy (*ruo wu li* 弱無力). The condition of the sore had clearly become very dangerous. Ji Shao concluded by saying that he could not be held responsible for the situation.[103]

On the same day, April 27, 1697 (KX36/3i/7), doctors by the name of Qi Jiazhao 祁嘉釗 and Ji Shao 吉紹 received an imperial edict to take care of Minister of Punishment Tu'na's 圖納 illness which was now described as a carbuncle on the brain (*naoju* 腦疽). It had already been two weeks since the root of the poison had diffused spreading, and the poisonous liquid had flowed out. However, not all of the putrid material had come out, therefore its encasement had become destroyed. The patient's pulse had no energy, tongue had a black coating, and he was in a daze. Moreover, Tu'na's mouth was dry and perched, he was nauseous, and did not have an appetite. The doctors explained that as the *qi* of the three meridians, governing vessel (*dumai* 督脉), greater yang (*taiyang* 太陽), and lesser yang (*shaoyang* 少陽) had become sluggish, the poisonous influence had increased resulting in *a completely yin zheng*, where the danger was great. The doctors stated that they had done their best, and prescribed a combination of inner and external therapies: these included taking the decoction for supporting the interior by eliminating poison and restoring yang (*tuoli huiyang jiedu tang* 托裏回陽解毒湯), and externally using a

[103] PMPMT, 411000771, KX36/3i/7.

"Guanyin needle" (*guanyin zhen* 觀音針) and flame roasted (*huo hong* 火烘) herbs to draw out the poison.[104]

In the following example from the Qianlong Emperor's reign regarding the treatment of the Minister of Finance Zhang Kai 張楷, we see that the job security of the newly-appointed minister was also being negotiated during the course of medical care. The Minister Zhang Kai expressed his gratitude to the Qianlong Emperor for sending a doctor to treat him. Zhang had been appointed as minister of finance on February 18, 1744 (QL9/1/6), however due to his age, he showed decline, and caught a cold due to Wind-cold. He was not able to pay a visit to the court, as he was bedridden and taking medicine. On February 20, 1744 (QL9/1/8) Zhang Kai sent a memorial, and received a reply that he did not have to resign from his post, and that a doctor would be deputed to treat him. Zhang expressed feeling ashamed due to receiving so much grace from the emperor. A Taiyiyuan doctor of the 6th rank Liu Xun 劉洵 came to examine him, and explained that because Zhang had contracted Wind-cold, his *lung-qi* was not calm. Therefore the doctor used medicine to transform the phlegm (*huatan* 化痰) and relieve the lungs (*qing jin* 清金). Accordingly, he prescribed the tangerine peel and pinellia rhizome decoction for relieving the lung (*chengban qingjin tang* 橙半清金湯). After taking the medicine there seemed to be a decrease in phlegm, his *qi* was much smoother, and Zhang's spirit gradually improved. Zhang stated that as soon as he was well, he would go to court to express his gratitude. The memorial was forwarded to the emperor on February 23, 1744 (QL9/1/11), and the emperor responded with acknowledgement.[105]

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[104] PMPMT, 411000772, KX36/3i/7. The doctor wrote that the *huangqi jinyinhua* decoction (*huangqi jinyinhua tang* 黃芪金銀花湯) should be prepared and taken morning and night.
[105] GSSHP, 051695, QL9/1.

The example of the treatment of a general by a Taiyiyuan imperial physician, at a location quite far from Beijing shows the value placed on the general's health. On October 1, 1749 (QL14/8/20) Taiyiyuan Imperial Physician He Zhengtu 何徵圖 memorialized that he had received an imperial edict stating that he should take care of a General with the highest title of honor (*jianwei jiangjun* 建威將軍) Buxi 補熙. On October 16, 1749 (QL14/9/6) He Zhengtu examined Buxi in the region of Suiyuan 綏遠 (in what is now Inner Mongolia). Bu's pulse (*liu mai* 六脉) was described as "wiry, slow, and without force" (*xianchi wuli* 弦遲無力).[106] His *zheng* was in the category of *zhongfeng* 中風[107] characterized by sudden loss of consciousness, falling over, paralysis in one half of the body, inability to speak, etc. In this case, the left side of Buxi's body was immobilized (*zuo banshen busui* 左半身不遂), his eyes and mouth were out of alignment (*kouyan waixie* 口眼喎斜), his speech was impeded (*yanyu jianse* 言語蹇澀), and he had difficulty walking (*bulü jiannan* 步履艱難). He Zhengtu treated the patient with acupuncture and moxibustion using acupuncture points such as *jianyu* 肩髃, *quchi* 曲池, *lieque* 列缺, *fengshi* 風市, *zusanli* 足三里, *sanyinjiao* 三陰交, and internally administering cassia twig-aconite accessory root decoction (*guizhi fuzi tang* 桂枝附子湯). After treatment with acupuncture, moxibustion, and medicines, Buxi's mouth and eyes returned to normal, his speech became clear, and he was able to move his left hand and foot.[108]

Imperially deputed doctors not only traveled long distances to reach their patients, but also stayed by their side for some time during the course of treatment. On October 22, 1749

[106] *Liu mai* 六脉 referred to checking the pulse at the three points (*cun guan chi* 寸关尺), on the inside of the right and left wrists.
[107] Another meaning for *zhongfeng* is a pernicious external Wind influence that led to feeling hot, sweating, and a desire to keep away from Wind.
[108] GCPMT, 004991,QL14.

(QL14/9/12), more than three weeks after the edict, and a week after his initial treatment, Buxi once more was not able to move the left side of his body, and had difficulty walking. The doctor then prescribed him two more doses (*ji* 劑) of medicine, and the next day Buxi regained movement. He Zhengtu wrote that Buxi's condition had improved to a large extent. Along with acupuncture and moxibustion, he prescribed pills for Buxi that would supplement his *qi* while providing support for the *rong* element in the blood (*yiqi yangrong wan* 益氣養榮丸). He Zhengtu concluded that he did not dare to decide on his own about when to return to Beijing.[109]

The document on He Zhengtu's treatment of Buxi included the name of the cassia twig-aconite accessory root decoction, and a list of its ingredients.[110] Medical prescriptions can be considered to be recipes of some kind, and can show variance, where a decoction with the same name could be prescribed with a number of different sets of ingredients. In fact, a skilled doctor was expected to have an understanding of the possible permutations, and adapt the combination of drugs to fit the patient's constitution (as well as climatic conditions). Moreover, the formula a doctor wrote depended on his particular training and lineage, as well. At the end of the list of ingredients for the *guizhi fuzi* decoction, there is an explicit note that nothing should be added or taken out. While it is important to have a clear indication of where a particular formula is coming from, when it was written, the conditions it was meant to address, its ingredients, how each of the drugs were processed, and the form into which the medicine was prepared (decoction, in pill form, etc.), printed editions of prescriptions seldom include all or most of this information. A prescription on its own, without context of the patient, the practitioner's lineages and training, climatic conditions, etc. remains to be a limited source of information. However, what we can

[109] Ibid.
[110] Ibid.

see from such examples is that pluralities in the imperial medical world did not just exist for institutions and practitioners, but also for the medical formulas themselves (see Chapter 3).

Imperial medical treatment was not only for generals and ministers, but also extended to family members such as princes and princesses within the lands as well as tributary states. In the early Qing, when princely households, princesses, imperial sons-in-law, members of the imperial family called a doctor, the Taiyiyuan deputed an official by imperial decree. A memorial was then presented on the relative success of the treatment. The service of sending doctors was extended to princesses and imperial sons-in-law of outer vassals and Mongolian dignitaries as well.[111]

The following examples of the treatment of an imperial prince, an imperial son-in-law who was a general, and the mother of an imperial son-in-law show how offering medical treatment to family members was part of the practices of bestowing grace and solidifying imperial rule. On January 29, 1765 (QL30/1/9) the Taiyiyuan Master Physician Zhang Ting 張渟 memorialized his treatment of the son of an imperial prince (*beile*), a *beizi* whose pulse (*maixi* 脉息) was wiry and slippery (*xian, hua* 弦, 滑).[112] He had internal pathogenic liquid and phlegm (*tanyin* 痰飲), and had just contacted the *zheng* of cough and Cold, which had resulted in distention and pain in the chest and belly (*xiongfu zhangtong* 胸腹脹疼) as well as obstruction of *qi* and the coagulation of phlegm (*qizhi tanning* 氣滯痰凝). After the doctor prescribed an

[111] KHD, 161.15b. Outer vassals (*waifan* 外藩) included the rulers of Bolor, Badakshan, and Khoqand along the boundaries of the Qing. The inner vassals (*neifan* 內藩) were those such as *beks* of Xinjiang, Mongol *taiji*, and Tibetan leaders who were considered to be within the Qing realm. Rituals of the outer and inner vassals with the Qing were very similar, and therefore the distinction between the two could be less than clear through the Qing. See Laura J. Newby, *The Empire and the Khanate: A Political History of Qing Relations with Khoqand c. 1760-1860*. (Leiden: Brill, 2005), 8. *Taiji* was originally a title for descendants of Chinggis Khan, however it refers to a minor nobility of the Mongols during the Qing. See Chia, "The Lifanyuan and the Inner Asian Rituals in the Early Qing (1644-1795)," 70. Also see John K. Fairbank, "On the Ch'ing Tributary System," *Harvard Journal of Asiatic Studies* 6, 2 (1941): 137.

[112] JMNHA, 3-181-2121-37.2, QL30/1/9.

herbal decoction and pills for expelling cold, transforming phlegm, broadening the chest, and supporting the stomach (*quhan huatan kuanxiong yangwei* 祛寒化痰寬胸養胃), all of the *zheng* had decreased, and his condition had shown improvement. The physician explained that on this day (January 29th) the patient was better, and that he would be returning to Beijing.

Another example that required the doctor to take a long journey was the treatment of a General and imperial son-in-law who had been conferred the imperially princely rank Qinwang (*jiangjun junwang jia qinwang xian* 將軍郡王加親王銜) Chebudengzhabu 車布登扎卜.[113] On October 24, 1760 (QL25/9/16) Taiyiyuan imperial physician Deng Weihan 鄧維翰 received an imperial edict to go to Khalkha (*Ke'er ke* 喀爾喀), in outer Mongolia (today's Mongolian Republic), to take care of the general and imperial son-in-law.[114] After nearly a month, on November 25, 1760 (QL25/10/18), Deng Weihan checked the patient's pulse, and found that he was suffering from the *zheng* of externally contracted pernicious Wind, where phlegm had invaded the meridians and collaterals, thereby resulting in his mouth and eyes being pulled to one side, and movements being slanted to the right. At times the patient felt numb, had an ache in his lower back, distention in his stomach, and was not able to digest what he ate. Since September 30, 1760 (QL25/8/22) the general had been seriously ill, and there had been little improvement in his condition. The doctor stated that he thought carefully and prescribed more than twenty doses of medicine such as *dan* to enliven the collaterals (*huoluodan* 活絡丹),[115] and a decoction for increasing the *qi* and transforming the phlegm (*yiqihuatan tang* 益氣化痰湯). His condition had already improved, and medicines could be accordingly modified. The doctor

[113] See, for example, Perdue, *China Marches West*, 283.
[114] For Khalkha being outer or northern Mongolia, see BH 869A.
[115] The term *dan* is transliterated rather than translated as it could refer to a drug (often with mineral components) which could either be in pill or powder form, and which could be applied externally or internally.

stated that he then advised taking pills, including the pills of pinellia rhizome and gastrodia rhizome (*banxia tianma wan* 半夏天麻丸) 2 *jin* 觔 morning and night, in order to prevent the illness from recurring. As the patient did not have deficiency or excess, and was showing improvement, the doctor returned to Beijing on the 14th of December, 1760 (QL25/11/8).[116]

On June 30, 1745 (QL10/6/1) Shao Zhengwen 邵正文, a Taiyiyuan official[117] whose particular affiliation, rank, or credentials were unspecified in this document, wrote a memorial stating that he received an imperial edict to care for the mother of imperial son in-law Celing (*e'fu* Celing 額駙 策領). Celing's mother had had the *zheng* of pain and rheumatism in the back and knees due to old age, which had been recurring for years. In the spring she had had a lot of phlegm, and had been panting, and coughing. Her whole body was in pain, and she could not sleep at night. She fluctuated between feeling hot and cold, did not have an appetite or the desire to drink. Both her body and *qi* was weak, and her pulse was feeble and soft. The doctor stated the seriousness of the situation, and explained that he was taking care of the patient together with Medical Secretary Chen Cui 陳萃. After deliberating, they decided to use medicine such as the decoction for strengthening the center and supporting the stomach (*jianzhong yangwei tang* 建中養胃湯). She was able to sleep and all the *zheng* showed improvement. The doctors further consulted one another and decided to prescribe pills for strengthening the center and protecting the *yuan qi* (*jianzhong baoyuan wan* 建中保元丸), and gave her an ointment to use morning and night while she took the medicine. The physicians concluded that her body and *qi* were still weak.

[116] JMNHA, 3-178-1852.13, QL25/11/8.
[117] For Shao Zhengwen as a medical figure at the Taiyiyuan, see GSSHP, 127473, QL7/4/9. For more details on this document regarding moving up the ranks, see Chapter 2.

On June 30, 1745 (QL10/6/1) Shao Zhengwen (presumably together with the medical secretary) returned to Beijing.[118]

There were only a limited number of medical officials at the Taiyiyuan, and a fewer number of high-level officials. These examples of the treatment of imperial family members show the extent of resources that were put into offering imperial medical care to those who were lucky enough to receive it. Some of the patients who received treatment by imperial medical doctors were in locations quite far from the capital, where it could sometimes take weeks for the doctor to reach the patient. The examples above were clearly not cases of emergency imperial medical care. Nor was this a service that could be provided to anyone. These were, however, examples of the emperor bestowing grace and showing benevolence. Those who were in the position to receive such care could benefit from it, once it arrived, all around the realm. These official treatments provided the emperor with often detailed information about his subjects' well-being and course of treatment. Taking care of officials' health was certainly important for the security of the realm, however providing medical care, as a gesture of concern as well as a reward for a subject's loyalty, also served to increase the emperor's authority. Traveling wide and far to provide medical care to their patients, doctors played a part in the mechanism of strengthening the solidarity between the emperor, his high-level officials, and imperial family members.

Conclusion

Tracing the changes in institutional structure through editions of the *Huidian* shows pluralities in the organization of imperial medicine, while revealing the divergences that existed in editions that were completed in the same timeframe. Finding the differences in how a

[118] JMNHA, 3-172-802.2, QL10/6/1.

particular topic is elucidated in the *Qianlong Huidian* and *Qianlong Huidian zeli*, for example, and seeing how it continued to be reflected in archival sources as well as consequent editions of the *Huidian* present possible ways to follow the direction in which these matters may have been resolved.

Multiplicities also resulted in seemingly inherent contradictions that were revealing of the breadth of possibility. According to the Qianlong edition of the *Huidian* the two-part structure (*Huidian* and *Huidian zeli*) served to better organize information, with the unchanging statutes in the *Huidian*, and changing precedents in the *Huidian zeli*. Practice was, in fact, the opposite of what was stated in rhetoric. The section on the Taiyiyuan in the *Qianlong Huidian* was very different in content and organization, while the *Huidian zeli* was largely similar to earlier editions of the statutes. Creating change precisely in places where it was claimed not to exist suggests the importance that was paid to maintaining continuity.

There can be a lot one can learn from silences, and textual pluralities pointed to some such examples. Musicians say that how one "plays a rest" among the many notes on the staff has a crucial role in the musicality and meaning of the piece. And one often hears wise folk say that one can, in fact, learn a lot from what someone has *not* said. It is similarly possible to listen to where the *Huidian* do not speak, and consider the meanings of those places where the text is quiet. Not mentioning the Ministry of Rites in crucial parts of the Taiyiyuan section of the *Qianlong Huidian* may be indicative of negotiation to redefine the place of the Taiyiyuan within imperial medicine. As we have seen in this chapter, some of the ways in which the Taiyiyuan's position with respect to the Ministry of Rites was realigned were through the roles that the Taiyiyuan played in ritual and military affairs, two topics which will continue to be of importance in the following chapters.

While early Qing editions of the Taiyiyuan sections in the *Huidian* stated the existence of institutional affiliation with the Ministry of Rites, the *Qianlong Huidian* remained silent, and the Jiaqing and Guangxu editions of the *Huidian* stated that all positions from the commissioner on down were Han posts (thereby stating that they were not from the banners). The Taiyiyuan section of the *Huidian* therefore reflected various levels at which the intersection (and divergence) of the Imperial Medical Bureau with other institutional contexts played a role in imperial medicine. The *Jiaqing Huidian* presented a new dimension, stating that the positions of Taiyiyuan doctors were Han. Why did such a form of categorization become an issue in the *Jiaqing Huidian*? These questions will be answered through the developments in imperial medicine that can be seen in the coming chapters (Chapters 2-4).

The two-part structure of the *Huidian* starting with the Qianlong edition, served to both give a sense of continuity with the older forms of the text, while also providing space for new ideas. The large number of people involved in the production of the text may have presented a challenge for deciding on one single solution. Allowing the continuity of older structures as well as innovation through new ideas within a text that was meant to lay out the institutional structure, if properly executed, could serve to increase the authority of the rulership.

As we shall see, the history of imperial medicine cannot be understood by focusing solely on the Taiyiyuan. During the eighteenth century, Qing rulers also redefined the organization and composition of other medical institutions and the hierarchy between them. As Chapter 2 will illustrate, the Imperial Pharmacy began to be managed by a new organizational structure that involved a wider range of players. Who were these people, where were they coming from, and what was their institutional context? In order to begin answering these questions, we will move out of the Taiyiyuan, and further into the palace grounds. The next chapter discusses the

changing context and broadening activities of the Yuyaofang. Shifting our gaze from the Taiyiyuan to the Yuyaofang, the actors include eunuchs and bannermen-bondservants, and the question is who was in charge.

Chapter 2. Yuyaofang and its changing place within the context of the Qing imperial medical order

The Imperial Pharmacy was an institution that prepared and produced the emperor's medicine, and which attained a broader range of functions in the high Qing.[119] The shifts in the institutional context of the Imperial Pharmacy that brought it under the Imperial Household Department were some of the most important changes in the redefinition of power within the eighteenth century imperial medicine. This chapter examines the context behind the organizational reconfiguration of the Imperial Pharmacy by first focusing on its changing affiliations from the late seventeenth century through the eighteenth century. Then, the chapter moves on to the integration of the Imperial Medical Bureau into the Imperial Household Department.

Medicines signify many things. As drugs, they can have a range of restorative or problematic effects on the body. Medicines, after all, also mean money.[120] The possible beneficial and harmful use(s) of drugs, coupled with the monetary value associated with them meant that having control over the pharmacy was a crucial aspect of consolidating power. Those who had a stake in imperial medicine included a range of actors from emperors and members of the imperial family, to ministers, clerks (*bitieshi* 筆帖式), eunuchs, and medical figures who compounded medicines.[121] This chapter provides a window onto the world of the Imperial Pharmacy and its functions, as its institutional context moved toward a pluralistic order within the Imperial Household Department.

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[119] The Chinese and Manchu names for the Imperial Pharmacy (Ch. Yuyaofang and Ma. *Dergi oktoi boo*) are in resonance here, both meaning Imperial Pharmacy.

[120] For example, when the infamous Heshen's property was confiscated, it included that of his senior henchman, which had in addition to gold, silver, strings of cash, loans of silver, income from two money changing shops, an accounts office, and a pharmacy. Torbert, *The Ch'ing Imperial Household Department*, 116.

[121] *Bitieshi* were clerks, see BH 293. The term is a Chinese transcription of a Manchu word *bithesi*, pronounced *bit-he-shi*. (*Bithe* is book, and *bithesi* means clerk, secretary, or scribe.) *Bitieshi* were found in great numbers in the central government, and the post was open to Manchu, Mongols, and Chinese who were part of the banners.

Authority in medicine changed through the reigns of emperors (with their regents and advisors), and with respect to institutional organization. The center of imperial medical power was therefore negotiated at various points. This chapter looks into some of these junctures as the pharmacy shifted from being an organization managed by Taiyiyuan, to one under the Imperial Household Department, which was growing exponentially in size through the eighteenth century, where the 402 officials in 1661 had reached a total of 1,623 officials by 1796.[122] The pharmacy represented one aspect of imperial medical activity within the Imperial Household Department.

As mentioned earlier, the Imperial Household Department, staffed by bannerman-bondservants was independent from the ministries. Therefore, supervision by the Imperial Household Department brought the Imperial Pharmacy under closer control of the Qing rulership both physically, and with respect to management. Moreover, the increasing importance of the Imperial Household in medical affairs also resonated with the distinctions set between bannermen and those who were not part of the banners in society. If we look inside the Forbidden City, we see that the Grand Council (*Junjichu* 軍機處), the emperor's privy council that issued decrees and orders, was placed close to the Great Interior (*danei* 大內), the northernmost part of the Forbidden City and the private quarters of the emperor, thereby helping ease communication with the ruler.[123] The reflection of such spatial organization was, in broad terms, found in imperial medicine as well. The Taiyiyuan was located outside of the Forbidden City but within the Imperial City, with an office inside the Forbidden city. However, many Yuyaofang could be found inside the Forbidden City. (There were also pharmacies at other palaces such as the Villa of Perfect Brightness.)

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[122] Torbert, *The Ch'ing Imperial Household Department*, 28-29.
[123] Beatrice S. Bartlett, *Monarchs and Ministers: The Grand Council in Mid-Ch'ing China, 1723-1820* (Berkeley: University of California Press, 1990).

Changes in medical organization affected the balance between pharmacies and doctors in the imperial realm.[124] While the functions of caring for a patient and preparing medicines cannot be completely severed from one another, doctors and pharmacists can perform these duties within a range of hierarchical relationships.[125] The need for the Taiyiyuan and Yuyaofang to work together created levels of porosity even in places where institutional demarcations became more defined. This chapter shows that while there was increasing separation between those who prepared drugs and the Taiyiyuan doctors, the Taiyiyuan and Yuyaofang officials had to cooperate in activities such as the preparation or selection of medicines. Such changes in the dynamics between doctors and those making medicines were not unique to the sphere of imperial medicine in the Qing, as He Bian (2014) has shown that the preparation of drugs shifted from doctors to pharmacies within the social history of medicine in late imperial China.[126] The fact that such changes took place within the context of the state and society in late-imperial China is of interest for the history of medicine.

The first part of this chapter discusses the shift in the management of the Yuyaofang from the Taiyiyuan to the Imperial Household Department, including aspects such as staff, and the

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[124] Asaf Goldschmidt's study of the changing role of the Song Imperial Pharmacy from an economic institution to one with a focus on public health has brought attention to how shifting functions of the pharmacy could affect the balance of power between doctors and pharmacists. See Asaf Goldschmidt, "Commercializing Medicine or Benefiting the People- The First Public Pharmacy in China," *Science in Context* 21, 3 (2008): 311-350.

[125] One may think of today's doctors and pharmaceutical companies/laboratories in the US for a similar inverted balance of power of individual status with the power of implementing their own work. The balance that has been struck within this biomedical framework accords great status to physicians, and much lower status to the individual pharmacists. Doctors, however cannot function without laboratory test results, or the medicines manufactured by the pharmaceutical companies. The individual pharmacists and lab technicians, while having lower status than the doctors, provide what the practitioner with the information and material s/he needs in examining and treating a patient. The physicians are therefore highly dependent on pharmaceutical companies, laboratories (and insurance companies) to function within the geographies of their day-to-day lives. Therefore, the question of the balances of power between doctors and those holding other functions necessary for medical treatment, whether in the form of inverted balances of power as we see today, or shifts in the center of power (with respect to the dynamics between doctors and pharmacists) in Chinese history is a universal question that is central to understanding the functioning of medical practice.

[126] For the shift in preparation of drugs from doctors to pharmacists within the context of the social and cultural history of *materia medica* and pharmacy in late Ming and Qing society, see Bian, "Assembling the Cure."

organization of its fiscal affairs. The second section shows how the Taiyiyuan was integrated into the structure of the Imperial Household Department.

Shift in the center of medical authority: Imperial Pharmacy as part of the Imperial Household Department

Having control over drugs was a matter of great importance, and is seen in the changes in those actors who vied for the power to be in charge of the storehouse of medicines. As seen in Chapter 1, the main players in the early Qing were the Taiyiyuan and Ministry of Rites. However this would not continue for long. In fact, for much of the Qing, the Imperial Pharmacy would be staffed and overseen by the Imperial Household Department.

The Qing Imperial Pharmacy was established in 1653 (SZ10) and was under (*shu*) the Imperial Medical Bureau. Establishment here probably referred to setting up the pharmacy in such a way that it could have more independence than it earlier had. On November 28, 1653 (SZ10/9/9) the director of the department of sacrificial affairs (*cijisi langzhong*, 祠祭司郎中) at the Ministry of Rites Guo Yikun 郭一鵾 wrote a memorial expressing his rather unfavorable opinion about the new organization of the pharmacy.

This was a time, shortly after the Shunzhi Emperor had assumed personal control, and less than a year after facilitating clear communication between himself and ministries by having his commands (which were delivered orally) submitted to him in Chinese and Manchu before sending them to the respective office. During this time, the advisors around the Shunzhi Emperor were also changing rapidly, and he was trying to assert himself with respect to matters of personal as well as administrative nature.[127] Therefore, while it may not be clear exactly who was attending to the matters of the pharmacy at that time, Guo Yikun wrote a memorial about

[127] Gerry Dennerline, "The Shun-chih Reign," in Willard J. Peterson ed, *The Cambridge History of China Vol: 9 Part 1: The Ch'ing Empire to 1900* (Cambridge: Cambridge University Press, 2008), 73-119.

his concern about the current state of medical affairs of the pharmacy. Guo stated that although the Ministry of Rites had often received imperial edicts about the use of medicines, however he had now seen that an Imperial Pharmacy was established for the manufacture of all medicines. After words of great flattery to the emperor, Guo explained that medicine required expertise, as patients have differing bodily constitutions (such as those who are old, young, or those who exhibit characteristics of being weak or in excess). Moreover, Guo continued that drugs also have specific properties, as there are medicines that are warm and cool, as well as drugs which purge or tonify. Guo was suggesting that specific knowledge was required to make decisions concerning drugs. Therefore, he continued that if one does not use drugs as one should, medicines given to nourish one's health could in fact cause harm. Understandably, the emperor (or those responsible for the matter) was rather displeased with Guo's remarks.[128]

During this time, the management of the Storehouse of Unprocessed Drugs (Shengyaoku 生藥庫) seems to have been a matter of contention between the Ministry of Rites and the Taiyiyuan. For example, in 1659 (SZ16) the administration of the storehouse went back to the Taiyiyuan (seemingly from the Ministry of Rites). Then, in 1660 (SZ17) it was proposed that a Taiyiyuan official should also partake in storehouse duty. Credentials, including a seal, were given to the Taiyiyuan, and ten positions were established for storehouse servants who did their rounds, patrolling, and keeping watch. In 1661 (SZ18) the Storehouse of Unprocessed Drugs was returned to the Ministry of Rites. In 1664 (KX3) financial matters, including those processed in silver ingots as well as in kind, were all put under the management of the Ministry of Finance. Consequently, the Taiyiyuan returned the storehouse seal to the Ministry of Rites. Afterwards, Taiyiyuan officials were just responsible for expounding on the quality of the drugs, and

[128] SZSL, 78.4b-6a. Also see Guan, *Qingdai gongting yixue yu yixue wenwu*, 12.

calculating the price. When drugs at the Inner Pharmacy needed to be used, the Taiyiyuan would report to its superior, and the Ministry of Rites and the Ministry of Finance would also be informed. The medicine was then located in the storehouse, and if it happened to be in low supply, then there was an inquiry into purchasing more. When fresh drugs were brought in, the Inner Pharmacy *yisheng* would prepare and compound the medicine.[129] Moreover, two officials (*guan* 官) in charge of the storehouse were chosen from among the Taiyiyuan master physicians, and managed the acquisition of drugs. The officials holding this post changed every two years, and after the term of office was filled, they advanced to the position of Taiyiyuan medical secretary.[130]

The Yuyaofang was abolished in 1661 (SZ18), and then set up again in 1667 (KX6) under the Taiyiyuan. In 1671 (KX10) it was decided that it would not be under the Taiyiyuan.[131] By 1691 (KX30), the Imperial Pharmacy was already under the Imperial Household

[129] Changes in the center of power with respect to managing production of drugs in the Qing were partly reflected onto the meanings of the term *yisheng* in the Taiyiyuan and Yuyaofang. While the *yisheng* at the Taiyiyuan were students who had also produced medicine, those at the Yuyaofang were referred to as drug compounding medical figures. Although we know that the *yisheng* in the Yuyaofang made drugs, there is no evidence, at the moment, to suggest that they were also students of some capacity. It will be important to understand whether *yisheng* from the Taiyiyuan continued to work at the Yuyaofang in later Qing, while other new *yisheng* posts were also established. The existence of the same term did not necessarily signify that the people were being selected from a smaller pool, or that the position could be defined in the same manner. (As we see in this chapter, secretaries (*zhushi* 主事) in the Yuyaofang which was part of the Imperial Household Department were not the same as *zhushi* in the ministries. The Yuyaofang *zhushi* were chosen from among Imperial Household scribes, referred to as *bitieshi*. The Yuyaofang had, for example, *heyao yisheng* 合藥醫生 (*yisheng* who compounded medicine) and the *Yuyaofang qi yisheng* 御藥房旗醫生 (banner *yisheng* of the Imperial Pharmacy), and *sula yisheng* 蘇拉醫生 (*yisheng* in the position of *sula*). (Sula 蘇拉 was the Chinese transcription of a Manchu term meaning idle, or at leisure, and the word referred to those in the banners who were not employed in an official manner.) Until there is more information about the range of their responsibilities and backgrounds of the various *yisheng* in the Imperial Pharmacy, they will be referred to in transcription, as *yisheng,* or as medical officials. The *yisheng* in the Yuyaofang were not the only *yisheng* in the Imperial Household Department, there were *yisheng* at the Shangsiyuan as well. This leads to the question of whether all *yisheng* in the Imperial Household Department were the like the *yisheng* at the Taiyiyuan, and if all of the *yisheng* in the Imperial Household Department were the same kind of *yisheng*. See Ch.1 fn. 53 and Ch. 4 fn. 279.
[130] KHD, 161.19a-19b.
[131] KHD, 153.2a-2b. Also see Guan, *Qingdai gongting yixue yu yixue wenwu*, 12.

Department.[132] The staff of the pharmacy reflected the institution's changing place within the organization of imperial medicine. In 1671 (KX10) positions were established for eunuch medical figures, as well as chiefs of the storehouse, clerks, servants, etc.[133] Toward the end of the seventeenth century, there was a very significant shift from management by eunuchs, to that of bannermen-bondservants, when in the summer of 1691 (KX30/7) the position of the senior chief eunuch was eliminated by imperial decree, and the Imperial Household Department positions of chancery overseer (*neiguanling* 內管領), and two assistant chancery overseers (*fu neiguanling* 副內管領), were put in place.[134] A shift from eunuchs to chancery overseers was a move from management by Han Chinese eunuchs, to one by bannermen-bondservants who could be Manchu, Mongol, or Hanjun.[135] Then, early in the Qianlong reign, in the summer of 1740 (QL5/6i), it was memorialized that two officials for managing affairs (*banshi siguan* 辦事

[132] KHD, 153.2a-2b. There can be different ways to ascertain when the *Yuyaofang* came under the Imperial Household Department. Guan uses the elimination of the senior eunuch and appointment of an overseer and assistant overseers in late summer of 1691 (KX30/7). See Guan, *Qingdai gongting yixue yu yixue wenwu* 12. Also see QZNZL, *Yuyaofang,* 1442. The *Kangxi Huidian*, which was completed in 1690 (KX29) and which included information from 1636 (CD1) to 1686 (KX25), also states that the Yuyaofang was under the Imperial Household Department. Therefore, according to the normative text, the Yuyaofang could be considered to be effectively under the Imperial Household Department a few years earlier than 1691 (KX30).

[133] For early Qing eunuch positions in the pharmacy, see for example, KHD 153.2ab. Examples of changing terminology for retrospective positions are not uncommon, and they also mask continuity. Changes in names of positions, include for example, ones from Chinese character transcription of the Manchu term bošokū, such as (*boshiku* 撥什庫) in the *Kangxi Huidian,* which is then referred to in Chinese as corporal (*lingcui* 鈴催) within the part of the *Yongzheng Huidian* that recapitulates the information in the *Kangxi Huidian* (See KHD 153.2a-2b, YHD 232.10a). For renaming the Yaofang in different editions of the *Huidian*, see KHD 153.2a and QHDZL, 163.35a.

[134] YHD, 232.10a. QHDZL, 163.35a. For the month, see QZNZL, *Yuyaofang*, 1442-1444 (esp. 1442). For the most detailed and extensive historical study of the banner system, an institution particular to the Manchus, see Elliot, *The Manchu Way*. Also see Chuang Chi-fa 莊吉發, "Dui zheng xia yao- Qingdai Kangxi nianjian jingcheng baqi renyuan de jibing yiliao" 對症下藥－清代康熙年間京城八旗人員的疾病醫療 (Giving medicine according to the *zheng*- Medical treatment of bannermen in Beijing during the Qing dynasty Kangxi reign), *Qingshi lunji* 21 (2011): 349-362.

[135] Understanding where the Hanjun could be found within the new medical organization is an important aspect of considering how ethnicity as well as bannerman status intersected within medical bureaucracy. Evidence of say, *qigu zuoling* 旗鼓佐領 (also known as *baoyi Hanjun zuoling* 包衣漢軍佐領) within medical posts would be a clear indication of posts for Hanjun. *Neiguanling*, however, were bannerman-bondservants from the top three banners who could be Manchu, Mongol, or Hanjun. Another way to consider the place of Hanjun within the medical system is to follow individual figures such as Wen Feng 文豐, a Hanjun from the standard yellow banner who held the position of Yuyaofang Taiyiyuan shiwu 御藥房太醫院事務 (Yuyaofang Taiyiyuan affairs) in 1858 (XF8), see QSG, 494.13670.

司官), and a secretary (*zhushi* 主事) be appointed to the pharmacy.[136] While the secretary is mentioned in documents as a position that was proposed by a member of the imperial household to manage the paperwork of the pharmacy's accounts that the overseer and assistant overseers had not been successful in handling (more on this below),[137] the officials for managing affairs do not seem to have been mentioned as often in the following documents regarding reform of pharmacy affairs. With the shift from chancery overseers to secretaries, the secretary was chosen from among the *bitieshi*, who were also bannermen. Through the Qing, the numbers of posts within the pharmacy continued to show some variance. In 1729 (YZ7), drug-compounding medical officials (*heyao yisheng* 合藥醫生) and enlisted drug-compounding commoner medical officials (*zhaomu heyao min yisheng* 招募合藥民醫生) began working in the Yuyaofang,[138] and continued to do so during the Qianlong reign.[139]Another new post was, for example, the *sula yisheng* 蘇拉醫生.[140]

While the *Huidian* and *Neiwufu zeli* paint a picture of the normative changes with respect to who managed the pharmacy, we can also learn from other kinds of sources such as lists of officials or gravestones. For example, the list of the earnings of Yuyaofang staff (*Yaofang renyuan fen'e biao* 藥房人員份額表) included officials' ranks as well as their hierarchy with respect to the kind of payment they received in the (most probably late) Qing. While the document is not dated, and does not state how often the payments were made, it still provides valuable information about the relative earnings of pharmacy staff. According to the list, the pay

[136] QHDZL, 163.35b. For month, see QZNZL, *Yuyaofang*, 1442.
[137] For the memorial, ZANHA, 5-47-49, QL7/1/30. For the Qianlong precedents showing that it was accepted, QHZL 136.35b.
[138] QHDZL,163.35b.
[139] QHD. 908b.
[140] QHDZL, 163.35a-35b. For new posts such as *sula yisheng*, see JQHD 90.6a. Also see for example, QZNZL, *Yuyaofang*, 1457, 1459.

for various positions were as follows: two keepers of storage (*kuzhang* 庫掌) 8 *liang*, one overseer (*cuizhang* 崔長) 8 *liang*, and two corporals who were "expectants" (*houbu lingcui* 候補鈴催) each 6 *liang*.[141] Fourteen errand boys (Ch. *baitang'a* 柏唐阿) and eight drug compounding medical personnel (*zhiyaosheng* 制藥生) each received 4 *liang*.[142] Four [chief][143] commoner drug compounding medical personnel (*min yaosheng* 民藥生) each earned 4 *liang*. Fourteen commoner drug compounding medical personnel (*min yaosheng* 民藥生) and nineteen *sula* each received 2 *liang*. The manager of the storehouse, as well as the *cuizhang* and *lingcui* received considerably higher pay than those making the medicines.

It is possible to learn the names of Yaofang officials from sources such as gravestones. That of the chief eunuch (*shouling* 首領) of the Imperial Pharmacy, Sun Guoshun 孫國順, stated that he was born in the evening of December 3, 1757 (QL22/10/22), and died in the middle of the night on January 13, 1834 (DG13/12/4). This example suggests that the chief eunuchs continued to work in some capacity at the Yuyaofang after the summer of 1691 (KX30/7) when the position of the chief eunuch as manager of the pharmacy was eliminated by imperial decree.[144] Sources such as these are also useful for learning names of lower-level Yaofang officials who constituted an important part of the social history of medicine.

The pharmacy did not only involve staff who worked in the production of medicines, but was also an institution that was of great interest for many higher-level officials in the Imperial

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[141] The expectant is a stage after the post is distributed, but before the candidate moves on to a substantive service (*shi que* 實缺).
[142] The Manchu word *baitangga* (transcribed into Chinese as 柏唐阿 or 拜唐阿 baitang'a) meant useful or applicable, and therefore a second meaning of the term was errand boy or underling.
[143] Yun Yumei states that these four are probably the commoner drug compounding medical personnel in charge of the fourteen, hence chief commoner drug compounding medical personnel. See Yun, *Qinggong yiyao yu yishi yanjiu*, 150-151.
[144] BRB, Shun Guoxun mubei 孫國順墓碑 (Gravestone of Sun Guoxun), DG13/12/4.

Household. When the Yuyaofang became part of the Imperial Household Department, it allowed the pharmacy to be used by members of the Imperial Household to amass personal power (more on this below).

Changes could be made in a number of ways. One of the most important reforms of the organization and finances at the Imperial Pharmacy took place toward the mid-eighteenth century. On August 5, 1740 (QL5/6i/13) Hongzhou 弘晝 (1712-1770), the fifth son of the Yongzheng Emperor titled Prince He of the first rank (Ch. Heshuo Heqin Wang 和碩和親王), memorialized with respect to five matters concerning the pharmacy. Hongzhou was the Qianlong Emperor's younger brother, and the one closest to him. The two had been educated together, and both also served on the Council of Miao Control. Moreover, the Qianlong Emperor had bestowed parts of his father's estate to Hongzhou, making him a very wealthy prince.[145] Hongzhou's publishing projects included topics such as ritual, examination essays, agriculture, divination, sub-statues, institutional history, as well as medicine. Hongzhou's memorial about the Yaofang was not his only engagement with medical affairs: as Marta Hanson has shown, On March 14th 1740, Hongzhou had submitted a memorial about the *Yizong jinjian*,[146] and it was just a few months after that, in early August of 1740, when Hongzhou wrote the memorial about the Yaofang.[147] The *Yizong jinjian* would be completed just two years later, in 1742 (QL7), at which time Hongzhou would already be holding the official position of the Superintendent of the Imperial Pharmacy (*Guanli yaofang shiwu* 管理藥房事務), a post that showed another means by

[145] See ECCP, 919.
[146] Hanson, "The 'Golden Mirror' in the Imperial Court of the Qianlong Emperor, 1739–1742."
[147] ZANHA, 5-38-23, QL5/6i/13.

which the pharmacy was integrated into the structure of the Imperial Household Department early in the Qianlong Emperor's reign.[148]

It was in the memorial about restructuring the pharmacy that Hongzhou had recommended that the position of a secretary (*zhushi*), mentioned above, be added. Using the probable pretext of the lack of attention to pharmacy accounts, he stated that it was necessary to appoint a secretary who was capable of managing the documents regarding finances. The person who executed the necessary requirements of the position described by Hongzhou would effectively have great control over the pharmacy and drugs. Hongzhou suggested that the overseer and assistant overseers were overextended as they not only tended to matters associated with their position and rotated through posts at the Yuanming Yuan and the Forbidden City, but also managed receiving and sending medicines. Having examined the *bitieshi* at the Yuyaofang, Hongzhou recommended Bochang 柏昌 as a candidate, stating that he was careful and took heed.[149]

Appointing an official to manage the finances while making an inventory of material at the pharmacy (such as medicine and objects) would certainly help the overall functioning of the institution by preventing corruption in the way of taking extra drugs or implements, while also consolidating Hongzhou's power. Perhaps Hongzhou had recognized that Bochang was a truly exceptional figure. However, appointing someone from a lower-level position such as a *bitieshi*, as the manager of the pharmacy's financial affairs, rather than someone with greater experience

[148] ZANHA, 5-47-49, QL7/1/30. ZXNHA, 207-124, QL7/1/30.
[149] For example with respect to its spending for the 21st day of the first lunar month until the 20th of the 4th month, the pharmacy had only specified the amount of medicine that had come in. Consequently, Hongzhou sent an official to examine the matter thoroughly, and had not found anyone who was responsible for the excess payment made for various medicines of 136 *jin*, which was calculated to amount to 59 *liang* 8 *qian* of silver. He explained that while the overseer and assistant overseer were in charge, the documents were not all complete, and that there was no evidence for investigation. Hongzhou requested that a calculation be made of the excess payments starting from the Qianlong Emperor's first year, and it amounted to 956 *liang* 8 *qian*. ZANHA, 5-38-23, QL5/6i/13.

or authority, would ensure that the newly appointed figure in the pharmacy would be more dependent on, and more loyal to Hongzhou, helping him accumulate more control.

After Bochang was recommended, he was appointed, and continued to rise. On March 6, 1742 (QL7/1/30) Hongzhou, as the Superintendent of the Imperial Pharmacy (*Guanli yaofang shiwu* 管理藥房事務) memorialized that as the Yaofang secretary Bochang had become assistant department director (*yuanwailang* 員外郎), the post of Yaofang secretary was to be filled by someone who was fully acquainted with the practices of the Yaofang, who respectfully followed orders, etc. For this post, Hongzhou presented three candidates: Yaofang keeper of storage (*kuzhang* 庫掌) Ping'an 平安 of the 7th rank, as well as the clerks (*bitieshi*) Mahai 馬海 and Saile 塞勒. By imperial decree, on March 6, 1742 (QL7/1/30) Hongzhou led Ping'an to be presented at court, and fill the post.[150]

Clerks (*bitieshi*) involved in imperial medical affairs were not all like Bochang, they also did scribal work. For example, in the early fall of 1799 (JQ4/8), a document by the Ministry of Personnel delegating the various people who would take over the positions of an official who was deputed away was signed by a *bitieshi* Jingfu 景福.[151] Moreover, the late Qing inscription for rebuilding the Taiyiyuan (*chongjian Taiyiyuan beiji* 重建太醫院碑記), from the early fall of 1905 (GX31/8) was written by a *bitieshi*.[152] There were also those *bitieshi* who caused problems, such as one Yaofang *bitieshi* who stole ginseng. Ginseng trade had been closely regulated in a changing manner through the Qing, and the drug was a great source of income for the Neiwufu, as well as a reward for the Imperial Household managers and bannermen-bondservants who

[150] ZANHA, 5-47-49, QL7/1/30.
[151] GSSHP, 148606, JQ4/8.
[152] BRB, Chongjian Taiyiyuan beiji 重建太醫院碑記 (Inscription for the rebuilding of the Taiyiyuan), GX31/8.

acted as brokers. With an ounce of the drug amounting to 8 to 23 grams of silver,[153] use of ginseng in the Imperial Pharmacy required special documentation. In the Qianlong reign, whenever ginseng was used, the date, amount used, and what it was used to treat were to be memorialized.[154] Therefore, an Imperial Pharmacy *bitieshi* stealing the valuable drug and running away was not a matter to be taken lightly (and neither was the inability for officials to apprehend the offender).[155]

Part of Hongzhou's memorial recommended reorganizing fiscal policy. Earlier, accounts for drugs were settled every year, from the 21st day of the 7th lunar month, to the 20th day of the 7th lunar month of the following year. The pharmacy would memorialize the amount, the Taiyiyuan would be informed, and the amount would be obtained from the Ministry of Finance.[156] (That for ginseng, however, would be obtained from the Guangchusi 廣儲司 (Department of the Privy Purse), which was in the Imperial Household Department). Then, in November of 1739 (QL4/10) it was memorialized that accounts should be settled every three months, where the Taiyiyuan would be informed and the amount would be obtained from the Ministry of Finance.[157] Hongzhou's memorial (QL5/6i/13) also put forth such a recommendation about the timing.[158] Most importantly Hongzhou stated that the pharmacy's documents of

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[153] Also see Torbert, *The Ch'ing Imperial Household Department*, 90.
[154] QHD, 90.8b.
[155] The matter was therefore followed up a year after it took place. On July 24, 1755 (QL20/6/16) the governor of Jiangsu Zhuang Yougong 莊有恭, who had served in the position from 1751-1756, wrote a memorial about Yaofang *bitieshi* San'ge 三格 who had stolen ginseng. On July 6, 1755 (QL20/5/27), Zhuang received an imperial decree written on June 26, 1755 (QL20/5/17), stating that while the matter of San'ge stealing three *jin* of ginseng at Rehe the previous year and running away had been directed to the governor-general(/s), San'ge had still not been apprehended. Zhuang continued that as Suzhou was a commercial hub, San'ge would probably not have dared to sell the ginseng he stole in the area. Moreover, as one year had already passed, the *bitieshi* had probably changed the price, and hidden his traces. Zhuang stated that while the large and small ginseng-shops (*shenpu* 參鋪) in and outside of Suzhou had been examined, it was not possible to find any traces. (PMPMT, 403009679, QL20/6/16.)
[156] This was the same procedure at that was employed for the medicine that was distributed for combatting the heat. Later, these were included with the remaining drugs. QHZL, 163, 36b.
[157] QHZL, 163.36a-36b. For month, see QZNZL, *Yuyaofang,* 1444.
[158] ZANHA, 5-38-23, QL5/6i/13.

expenditure were generally written carelessly and in an unclear manner. As the Yaofang had to manage its own finances, the lack of a detailed record of how much was used and what was left resulted in corruption, which was difficult to investigate. Therefore, Hongzhou recommended that the pharmacy establish the practice of having documents that stated the cost and amount of drugs being bought on a daily basis. Furthermore he asked that records of how much drugs had been used and what was left be reported to the emperor every month.[159] Later, in the fall of 1792 (QL57/9), the fiscal bureaucracy related to pharmaceuticals moved from the Ministry of Finance to the Department of the Privy Purse.[160]

Organization of the pharmacy also entailed clear management and categorization of pharmaceuticals. Preparing medicines from their raw ingredients required a combination of steps. Just as one cuts, peels, and discard parts of vegetables before cooking, Chinese pharmaceuticals were also processed before they could be used as drugs.[161] This could involve soaking the medicines, as well as drying or frying the drugs in a variety of ways to change their medical effects. Following such steps also changed the weight of the drug when compared to its raw form. Hongzhou's memorial stressed the importance of categorizing medicines with respect to how much was lost per *jin* during the course of preparation. Having a clear account of the loss of weight was one important part of his program in fiscal planning. The document outlining the five ways in which the Yaofang should be reorganized, stated that two Taiyiyuan officials, together with those from the Yaofang were to look into the matter of establishing and recording the

[159] ZANHA, 5-38-23, QL5/6i/13.
[160] QZNZL, *Yuyaofang*, 1446. For more on Guangchusi, also see for example QZNZL, *Yuyaofang*, 1464.
[161] As an example of the different procedures that drugs would undergo during preparation, licorice root (*gancao* 甘草) was roasted with honey (*mizhi* 蜜炙), a method that involved cooking the medicine that had been infused with honey until it was dry. Moreover, bupleurum/hare's ear root/thorowax root (*chaihu* 柴胡) was prepared with the method of stir-frying with vinegar (*cuchao* 醋炒), which involved soaking the medicine in vinegar, and then drying it with heat. The *qujie mizhi* 去節 蜜炙 method was used for ephedra stem (*mahuang* 麻黃), where the stem and nodes were removed before roasting it with honey. In addition to the individual drugs, there is also information for loss of weight in making compound medicines. ZXNHA, 202-416, QL5/6i/13.

amount of each medicine lost per *jin* in the preparation of pills (*wan* 丸), powders (*san* 散), ointments (*gao* 膏), *dan* 丹 and processing of drugs (*paozhi* 炮製). The Taiyiyuan had appointed two officials designated as Han, the Medical Secretary Zhang Zongxian 張宗獻 and Feng Shiqi 馮世祺, and Hongzhou deputed pharmacy officials who would work together with the Taiyiyuan officials to verify, check, deliberate, and decide on the amount lost (*e'zhe zhi shu* 額折之數) per *jin* in the preparation of the medicines, and memorialize it so that it would become a precedent.[162] The results of Hongzhou's recommendation can be seen in a list that classifies drugs according to their loss in weight (*zhehao* 折耗), into the following categories: drugs with no loss, those with 5 *qian* loss per *jin*, 1 *liang* loss per *jin*, etc.[163] As we shall see in the following chapter, the concept of loss per *jin* was later employed in a different context altogether: when taking medicines on imperial trips. The Jiaqing edition of the *Huidian* also mentioned the 31 medicines without *zhehao* and 292 with *zhehao* which were inspected by Taiyiyuan officials.[164]

Another aspect of organizing the pharmacy was clearing out the medicines that were not in use. In his memorial, Hongzhou explained the importance of properly dealing with the medicines that had long been kept in storage, and said that the stale ones should be determined

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[162] ZANHA, 5-38-23, QL5/6i/13.

[163] The drugs were categorized according to how much was lost per *jin*. For example, the 31 drugs with no loss included deer velvet (*lurong* 鹿茸), cattle bezoar (*niuhuang* 牛黃), and naval gland secretions of the musk deer (*shexiang* 麝香). The 174 drugs with 5 *qian* loss per *jin* listed aged tangerine peel (*chenpi* 陳皮), perilla leaf (*zisu* 紫蘇) etc. The 34 drugs with 1 *liang* loss per *jin* were, for example, licorice root (*gancao* 甘草), ephedra stem (*mahuang* 麻黃), and anamarrhena rhizome (*zhimu* 知母). Drugs with 2 *liang* loss per *jin* numbered 42, and included bupleurum/hare's ear root/thorowax root (*chaihu* 柴胡), dioscorea rhizome/Chinese yam (*shanyao* 山藥), and atractylodes rhizome (*cangzhu* 蒼术). The 11 drugs with 3 *liang* loss per *jin* had pinellia rhizome (*banxia* 半夏), abalone shell (*shijueming* 石決明), pyrite (*zirantong* 自然銅), etc. The drugs with 4 *liang* loss per *jin* numbered 13, and were those such as atractylodes rhizome (*baizhu* 白术), minium/lead oxide (*huangdan* 黃丹), and trichosanthes seed (*gualouren* 瓜蔞仁). There were also drugs categorized with loss of 6, 8, and 10 *liang*. Such calculations were also made for the loss per *jin* in the preparation of compound medicines. There were also lists of readjustments, with drugs that had initially been categorized as having loss per *jin* of 5 *liang*, and were later reevaluated and found to have a loss per *jin* of 4 *liang*, etc. QZNZL, *Yuyaofang,* 1450-1455.

[164] JQHD, 90.5b-6a.

and separated from the rest. For example, he explained that there were eighteen kinds of drugs which had been stored for many years, and which doctors did not know how to use, as well as medicines made of insects (or worms) that could no longer be prescribed. He pointed to the importance of disposing of such drugs. Moreover, Hongzhou advocated purchasing new drugs once the existent stock of a particular medicine had been used up. He explained that it was useless to keep the drugs that doctors did not have much information about (as well as those of insects) in the Yaofang. He continued to say that from now on, when unfamiliar medicines come to the Yaofang, the pharmacy should inquire about these drugs, and make a record, to facilitate their use. Under such circumstances, there would not be an accumulation of so much medicine that could no longer be used at the Yaofang.[165]

Financial organization also included accounting for valuable material, such as the gold and silver utensils at the pharmacy.[166] Hongzhou stated that the pharmacy had a 20 percent gold mortar that weighed 41 *liang*, and there were thirty-three implements with a total weight of 1488 *liang* 2 *qian*. Except for the golden mortar, things in the category of pots numbered thirteen, with a weight of 608 *liang* 8 *qian*. He recommended that other than those utensils at pharmacy, the 20 extra silver containers that were not being used regularly had a total weight of 879 *liang* 4 *qian*, should be given to the Storehouse of Silver (*yin ku* 銀庫) to smelt and reuse. Furthermore he stated that there was no need to continue to store things that were not used, as it would only encourage improper dealings.[167]

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[165] ZANHA, 5-38-23, QL5/6i/13.

[166] If a utensil was leaking or was not fit for use, the Guangchusi could manufacture silver, *tong* 銅 (brass/copper/bronze), or *xi* 錫 (tin/pewter) implements for the Neiyaofang (Inner Pharmacy). The old material could be smelted to remake it in its original size or in a bigger size (and weight), or these could also be remade using new material. QZNZL, *Yuyaofang*, 1456.

[167] ZANHA, 5-38-23, QL5/6i/13.

While the amount of the pharmacy's gold and silver utensils decreased in the following two decades, a new solution was found for storing those implements that were not in regular use. In early winter of 1763 (QL28/10), more than twenty years after Hongzhou's memorial, the Yaofang memorialized about the silver and gold utensils under its possession. These included one golden vessel that was 41 *liang*, and 13 silver objects, with a total weight of 608 *liang* 8 *qian*, much less than the total amount in 1740 (QL5). Among these was a pot that was 30 *liang*, which had to be removed because it had been used for a long time, and a part had either melted or was ground down, resulting in the loss of 1 *liang* 2 *qian* in weight. Therefore it was recommended that items that were not regularly used, such as these, should be kept at the Storehouse for Porcelain (*ciku* 磁庫) of the Department of Privy Purse, and when it would be necessary to use one, documentation could be prepared, and afterwards it would again be placed back in the storehouse. Except for the 30 *liang* pot mentioned above, the things that were to be placed in the storehouse included a golden mortar as well as a list of different sized silver pots, spoons, funnels, etc.[168] The *Jiaqing Huidian* also listed silver and gold items of the Yaofang that were stored at the Storehouse of Porcelain.[169]

The Yuyaofang did not only have drugs and implements. A list of objects stored and registered at the Guangchusi in 1768 (QL33) included those made of silver, leather, and rhinoceros horn. The silver objects were called *yanglao pai* (養老牌), tablets for bringing health to the elderly. These were memorabilia that were to be bestowed on those who would attend one of the two banquets the Qianlong Emperor had for celebrating his birthday.[170] There were 3500 *yanglao pai* organized in different sizes (weights): there were 400 tablets that were 9 *qian*, 400

[168] QZNZL, *Yuyaofang,* 1465-1466.
[169] JQHD, 90.6a.
[170] He Lizhou 何立洲, "Ying shi 'dan-chi'" 應是"丹墀" (It should be 'dan-chi'), editorial email *Yaowen jiaozi*, 8 (2012).

tablets that were 8 *qian*, 1000 tablets that were 7 *qian*, 1000 tablets that were 6 *qian*, etc. The two pieces of leather had a length of 2 *chi* 2 *cun* 5 *fen* and width of 5 *cun* 5 *fen*, and the other two pieces had a length of 2 *chi* 5 *cun* and width of 6 *cun*. The rhinoceros horn (*xijiao* 犀角) weighed 15 *jin* 12 *liang* 6 *qian*. This document shows that the Imperial Pharmacy not only had drugs and the implements for making them, but also a range of other valuable materials that had to be accounted for by placing them in the storage departments of the Privy Purse.[171]

Integrating the Imperial Medical Bureau into the Imperial Household Department

As the changes in the institutional context of the pharmacy shifted the balance of power in imperial medicine toward the Imperial Household Department, the Taiyiyuan was also integrated into the new structure. Early Qing accounts on the organization and structure of the Taiyiyuan include the pharmacy, which describe the institution with respect to its role of preparing drugs for the emperor. For example, on every 2nd and 7th day of the lunar month (i.e. 2, 7, 12, 17 etc.) the commissioner, imperial physician, and the medical secretary would enter the palace to pay respects and provide medical care.[172] The Taiyiyuan officials examined the emperor, wrote a prescription, and reported it to the throne. The Taiyiyuan officials oversaw this procedure together with the palace eunuchs. Two doses would be prepared together, and then stored separately in two containers. A Taiyiyuan official tasted one first, the palace eunuch followed suit, and the second vessel was taken to the emperor. The prescription was memorialized, and given to the Neiyaofang to prepare the following batches accordingly.[173]

In 1740 (QL5) it was memorialized that all medicines that were produced, such as pills, powders, *dan,* and ointments would be inspected jointly by Taiyiyuan and Yuyaofang officials.

[171] ZANHA, 5-251-57, QL33.
[172] KHD, 161.14b.
[173] KHD, 161.15a.

During the 6th intercalary month it was memorialized that the Taiyiyuan officials should examine the medicines closely and select the ones of good quality.[174] In July of 1753 (QL18/6) it was memorialized that drugs should be sent according to precedent and inspected by the drug-compounding medical officials (*heyao yisheng*), then a senior official from the Taiyiyuan should select a suitable imperial physician to examine and differentiate between which medicines should stay and what should be returned.[175] Having the Taiyiyuan and Yuyaofang officials work together may have been one of the mechanisms for ensuring security and control in such a pluralistic context.

The pharmacy and the Imperial Medical Bureau effectively had different tasks, one to care for patients and the other to prepare and manage medicines. However, as these two institutions had to work together, therefore the crucial question was where the center of power in the necessary relationship between the two was found, at a certain point in time. The existence of multiple parts that had to function together also made it possible, for those who desired to do so, to leverage any space, lack of communication (or mis-communication) to their own benefit. Within the context of multiple institutions, the Imperial Pharmacy became a realm for the consolidation of power in court politics. For example, a memorial[176] written on April 21, 1760 (QL25/3/6) by the Kangxi Emperor's 16th son Yunlu 允祿, Zhuangqin Wang 莊親王 (1695-1767) et al. reveals a great deal about the ways in which Yunlu and his nephew Yongzheng Emperor's sixth son, the second Guoqin Wang 果親王 (1733-65) Hongyan 弘曕,[177] aimed to amass power through the pharmacy, and its relationship with the Taiyiyuan. (We will

[174] QZNZL, *Yuyaofang*, 1456. Also see QHZL, 163.36a. QHD, 90.8b. ZANHA, 5-38-23, QL5/6i/13.
[175] QZNZL, *Yuyaofang*, 1456.
[176] ZANHA, 5-179-5, QL25/3/6.
[177] For Yunlu, also referred to as Yinlu 胤祿, see Zhuang Qinwang Yinlu, ECCP, 925-926. For the second Guo Qinwang Hongyan, ECCP, 919. For the first Guo Qinwang Yinli, ECCP, 331.

later see Hongyan again in Chapter 4, within the context of his relationship with an important official who was treated by specialty bonesetters for a severe head injury.)

Yunlu was a man who not only knew how to support those in power (and get rewarded for his actions), but was also versed in the art of having a loyal following of one's own. Moreover, it seems that he knew how to create problems (for others) in order to increase his own sense of control. Yunlu had sided with his brother Yongzheng's faction after the Yongzheng Emperor ascended the throne, and was named the successor to an heirless Prince Zhuang, a house with rights of perpetual inheritance. His receiving such considerable imperial favor attracted enough attention to have the Yongzheng Emperor write an official decree stating that he had played no role in Yunlu's rise. Yunlu was one of the people who had been present at the Kangxi Emperor's death-bed, and had therefore witnessed what has been speculated to be a questionable succession. Yunlu had also been given the responsibility of re-editing and printing work that had been compiled by scholars who had since fallen into less favorable circumstances. Moreover, he had fared quite well early in the Qianlong reign: in 1736 he was made one of the four regents to direct national affairs during the period of mourning for the Yongzheng Emperor, and in 1738 he was given an additional hereditary rank. Yunlu rewarded others, as well, and gained popularity. However in 1739 he lost the favor of the Qianlong Emperor when it was found that he was associating with a pretender for the throne, after which he was commissioned to revise a text, and appointed as a supervisor to the Board of Music. The turn of events must have left a man who was used to operating within circles of great power in need to build more influence.

Yunlu's memorial in 1760[178] was well after 1739, and before his death in 1767. Writing the memorial with Yunlu, was the Qianlong Emperor's brother Hongyan. Hongyan had become the second Prince Guo in 1738, and in 1763 he would be charged with imprudent conduct and greed, and degraded to a prince of the third degree. Before he fell into a state of ill circumstances, Hongyan may have been a younger, less-experienced and loyal accomplice to the power-hungry Yunlu. As it happened, one aspect of their work together fell into the realm of imperial medicine.

One way to amass power is by elevating one's object of attention. Another is to attack what may seem to be the competition. Hongzhou had already reformed the Yuyaofang, and Yunlu together with Hongyan then used their position at the Imperial Household Department to attack the Taiyiyuan, which would help shift the balance of power in imperial medicine further toward to the pharmacy and the Imperial Household. They used one of the oldest and worn tactics: undermining the authority of the leading figure and his subordinates. There, we find, as the object of our story, the Taiyiyuan Commissioner Wang Bing 王炳. Within a hierarchical system, the most straightforward way to criticize someone's conduct is to accuse them of not heeding commands. According to Yunlu and Hongyan's memorial, the Taiyiyuan Commissioner Wang Bing did just that, as he did not come when he was summoned. The memorial explained that it is essential for a doctor, and especially a subordinate, to come when called. Not coming was regarded as a blatant offense to, in this case, Yunlu's authority. These accusations of resistance, whether true or not, had also been preceded by a memorial of impeachment for Wang Bing et al. which had accused Wang Bing et al. of being lax and greedy. Wang Bing, on the other hand accused those in the Great Interior of sending people to report on the Taiyiyuan,

[178] ZANHA, 5-179-5, QL25/3/6.

which Yunlu vehemently denied.[179] Clearly, tensions were high. Let us now turn to the details of the memorial, below.

In this document from April 21, 1760 (QL25/3/6) Yunlu stated that he showed an earlier memorial of commissioner Wang Bing et al. to Hongyan.[180] Accordingly, the drugs that were newly acquired the previous winter were 1050 *jin*, 462 *liang* and a ten percent decrease was observed. It was communicated in an official dispatch so that the Taiyiyuan could take notice and resolve the matter. The Taiyiyuan, however, did not discern how much medicine it had to return, and asked the Yaofang to take care of it. The amount was then calculated as 46 *liang* 2 *qian*, and the Taiyiyuan returned that amount. Yunlu displayed his unfavorable view of Wang Bing et al. by rhetorically asking, how could one say that the Taiyiyuan should return what it owed? Moreover, he attacked the whole institution (starting with the Taiyiyuan commissioner and extending to those working under him) saying that the people who work in every department of the Taiyiyuan do not heed to authority. He stated that as the senior officials served the court on a daily basis, therefore not respecting hierarchy was a serious matter.

The memorial continued to raise issues about a specific doctor in the Taiyiyuan, Ma Ruitu 馬瑞圖 who had been deputed by imperial decree to care for a certain Folun's 佛倫[181] sore (*chuang zheng* 瘡症). Ma had taken medicine with him in case it would be needed, had not used it, but had not made an account of the expenses, either. According to Yunlu, Wang Bing et al. memorialized that the Storehouse of Medicines (*yaoku* 藥庫) told them verbally that there was an imperial edict to take the medicine and calculate it as a part of Folun's prescription. However, this left Yunlu with no evidence, and therefore Yunlu stated that Wang Bing and those

[179] ZANHA, 5-179-5, QL25/3/6.
[180] ZANHA, 5-179-5, QL25/3/6.
[181] This seems to be a different Folun from the official who lived during Kangxi Emperor's reign and who died in 1701, see ECCP, 162.

around him were neglecting their duties, only because there had been a memorial written to impeach (*canzou* 參奏) Wang Bing.

On the same date, we see the emperor's reply, stating that he understood the situation, and that Hongyan should not deal with matters of the pharmacy.[182] As Hongyan was the younger and less inexperienced of the pair, could a statement asking Hongyan not to interfere have also been a way of indirectly alluding that Yunlu's actions were not appreciated? Furthermore, the document that was written in Chinese seems to be classified in Manchu as one having to do with the Yuyaofang (and not the Taiyiyuan) suggesting the issue that was at stake, and probably giving a subject-heading that may aid readers of Manchu (such as the emperor's uncle or brother) who may have wanted to leaf through the files. As we will see in the following section, a document from just eight months earlier included a summary of an earlier piece of communication from the emperor stating that Hongyan would resolve a matter related to imperial medical affairs. While Yunlu had chosen an accomplice in good standing, it seems that Hongyan's position may have also been affected by working closely with the power-hungry Yunlu.

From this account it seems that Yunlu and Wang Bing were speaking to one another, which is a condition that Yunlu could have used to his own advantage to relay what Wang Bing might have said. Clearly, the matter at hand was more than just Wang Bing's "laxness" and the desire to adjust the running of Taiyiyuan affairs. It was more about a desire to increase their own power by decreasing that of Wang Bing. The method used was, as usual, a psychological one. They aimed to wear Wang Bing down, raising doubts about his abilities, etc. In effect, they may

[182] ZANHA, 5-179-6, QL25/3/6. There is also information here about the eunuch who handled the document. On April 21, 1760 (QL25/3/6) the memorial was given to the chief eunuch (*zongguan taijian* 總管太監) by the name of Wang Changgui 王常貴.

have been creating circumstances where Wang Bing's moves would be scrutinized to a much greater level, and any mishap could then be taken as evidence to prove the "claims" that had been raised against him. Yunlu and Hongyan seem to have been skillful in creating a trail doubt (including that of documentation) within a context where they actually did not have evidence. Earlier pharmacy reforms by Hongzhou, mentioned above, had also criticized a lack of attention to accounts to make changes in administrative roles. The main difference is that Hongzhou had focused on constructive measures.

Discrediting the senior officials of the Taiyiyuan and the subordinates was a rather straightforward move for Qianlong's uncle Yunlu and Qianlong's brother Hongyan in their quest to increase their own standing, and their personal power struggles with a smaller radius also played a part in recentering the authority of imperial medicine toward the Imperial Household within the larger scheme. It seems that being a good accomplice to Yunlu, Hongyan did not heed the Qianlong Emperor's advice not to deal with medical affairs. After all, Yunlu could not exert all the pressure. It would have been much more convenient if there was another, favorably lower-level person loyal to him (who did or did not see the larger picture, but hoped to benefit from this) who was making some of the moves.

Just two weeks after the memorial above, on May 5, 1760 (QL25/3/20) Hongyan wrote a memorial bemoaning the lack of the Yuyaofang's management of the Taiyiyuan. Hongyan memorialized that there were more than 150 people working in the Taiyiyuan, with Taiyiyuan commissioner, administrative assistants, imperial physicians, medical secretaries, and master physicians, and that matters of their promotion, transfer to another department, illness or retirement were all managed by Taiyiyuan officials, and that they did not have to consult the Yaofang. Hongyan expressed his displeasure at the Taiyiyuan officials' power over their own

affairs, stating that the amount of all the medicine used for anyone in the inner and outer court were given according to the prescription of the Taiyiyuan doctors. While Hongyan was not able to find any evidence of wrongdoing about the amount of drugs that had been reported as having being used, he complained that the Taiyiyuan officials' ways were becoming more and more lax. He had looked at the reason behind this, and found that in recent years these senior officials had made a precedent of making appointments according to kinship relations. For example, Zeng Tingmei 曾廷梅 was actually Commissioner Wang Bing's son-in-law. Liu Shiqi 劉世琦 was Administrative Assistant Shi Shiqi's 施世琦 maternal uncle. While these appointments were not against the rules, however Hongyan wondered how some people had been appointed to the positions of medical secretary and master physician in just a few years. There was also the matter of how Ma Shijun 馬士俊, with expertise in external medicine (*waike*), was related to Ma Ruitu 馬瑞圖 and Ma Ruilin 馬瑞麟 as father and son, and father and nephew. With this memorial, the relations of those such as Wang Bing and Ma Ruitu, who had been accused in Yunlu's memorial just two weeks earlier, were now brought under official scrutiny. Another complaint was against Wu Minggui 武明貴 a master physician in the bonesetting department (*zhengguke yishi* 正骨科醫士) who was running a restaurant in the southern part of the city! This was clearly found to be unacceptable.[183]

Those who signed the memorial included Yunlu as well as the Ministers of Household Laibao 來保, Sanhe 三和, Debao 德保, Zhong Yonggong 忠勇公, and Wohe 倭赫.[184] It seems that Hongyan and Yunlu had gotten the support of a number of very high-level officials before

[183] ZXNHA, 251-181-1, QL25/3/20.
[184] ZXNHA, 251-181-1, QL25/3/20.

making their move. Moreover, the Taiyiyuan Commissioner Wang Bing was resorting to tactics used by those in a weaker position such as not showing up when summoned, supposedly stating that he received certain orders verbally, and avoiding meeting the officials by going out of town. The hierarchy in imperial medicine between the Taiyiyuan and the Imperial Household Department was being further solidified in favor of the latter.

Authority of the Imperial Household Department over the Taiyiyuan: punishments and rewards

The Imperial Household Department exerted its control over the Taiyiyuan, not by changing the composition of its staff, but by imposing a member of the imperial household as manager (as discussed in Chapter 1). Before establishing a post that would oversee Taiyiyuan affairs, the Imperial Household had already began managing aspects such as punishments. Another matter of concern was the power to make appointments.

One aspect of control is punishment. Hongyan's displeasure with the workings of the Taiyiyuan had started before the memorial he wrote with Yunlu, as can be seen from a document dated August 22, 1759 (QL24/6i/30) from the Imperial Household's Judicial Department regarding punishment of Taiyiyuan doctors for a missed shift. On August 13, 1759 (QL24/6i/21) Hongyan memorialized that two days earlier, he had called a doctor as he had been suffering from the heat. He had not expected that there would not be a single person with expertise in internal medicine (*dafang mai* 大方脉) on duty at the office (*zhifang* 直房) for Taiyiyuan personnel. As a result of this situation, a student (*xuetu* 學徒) named Zhao Lianxi 趙連璽 had come instead. According to later investigation, the person who had been on duty had left even though the person who was to take over the shift had not yet arrived. Apparently, the doctor who

was getting off his shift thought that the Yuanming Yuan doctors were on call.[185] (The Yuanming Yuan doctors were there, in case they were summoned by the emperor, or in the event that someone from inside or outside the court fell ill.) The matter of the missed shift was forwarded to the Neiwufu to be investigated. As the office of the Taiyiyuan personnel and the Yaofang were close to each other, the memorial had recommended that a list of those to take on a shift at the Taiyiyuan should be reported to Yaofang every day, so that the changes in the shifts could be investigated. Moreover, there was also a suggestion that the people reporting for duty, and those leaving should physically go together to the Yaofang, in order to preclude having an "empty shift" (*kongban* 空班).[186]

The emperor had responded to an earlier memorial stating that the doctors who had an "empty shift" should all be forwarded to the Imperial Household Department, and the matter should be deliberated. However the emperor had added that the list of names did not need to be given to the Yaofang to investigate, and that Hongyan would look into the matter. Therefore, the power to examine the affairs of the Yaofang was given to the Imperial Household Department, while also preserving aspects of the Taiyiyuan's relative autonomy over its own affairs.[187] The physicians who had left early and those who had arrived late had both blamed one another, and according to precedent, they would have their pay deducted for a year. The document continued that the responsibility of the individuals was reflected onto their superiors, therefore, the senior administrative assistant was deducted in pay for three months for not having found out about the "empty shift" of his subordinates. Moreover, the punishment of superiors did not end with the senior administrative assistant but continued further. Upon investigation, it was found that

[185] Later in the Qing, there is evidence that there were eight doctors on shift at Yuanming Yuan. The latest date in this chapter of the text is DG25. QZNZL, *Yuyaofang*, 1457.
[186] ZANHA, 5-173-63, QL24/6/30.
[187] Ibid.

although it had been understood that Commissioner Wang Bing was going to Mulan at that time, apparently he had not yet set off on the journey! Therefore, Wang Bing was punished for having failed to realize his subordinates' "empty shift." In addition being cut in pay for an initial three months, it was recommended that Wang Bing's pay also be deducted for another six months. People who signed this document include Yunlu as well as Ministers of the Household Fu Heng 傅恒, Laibao 來保, Sanhe 三和, Debao 德保, and Wohe 倭赫.[188]

With respect to the case of the "empty shift" the Imperial Household's Judicial Department (Shenxingsi 慎刑司) asked the Taiyiyuan to look into punishments that should be given to the high-level Taiyiyuan officials, and report back to the Imperial Household Department. At the same time, the document used a variety of language that signified that the Taiyiyuan, as a subordinate, was communicating with a superior (Imperial Household Department).[189]

Yunlu's efforts at trying to amass more power in imperial medical affairs by punishing members of the Taiyiyuan are still seen in 1766 (QL30), just two years before his death. This following example shows that while treatment by imperial doctors was to be memorialized, it was not always carried out. On February 2, 1766 (QL30/12/23) the Qianlong Emperor's fifth son Yongqi 永琪 (1741-1766), a first class prince with the designation Rong Qinwang 榮親王, had been treated for five months without an official record. As the prince's burial was on April 16, 1766 (QL31/3/8)[190] his illness at that time must have been rather grave. The memorial written by the Imperial Household's Judicial Department, and signed by Yunlu, Ministers of the Household Fu Heng 傅恒, Aligun 阿里衮, and Sige 四格, discussed the issue of dismissing or keeping the

[188] Ibid.
[189] Ibid.
[190] GZSL, 756.9b.

Taiyiyuan Junior Administrative Assistant Zhang Rufan 張如璠 et al. as Wu Age had been treated for a few months without being cured. Doctors had finally diagnosed his condition as being related to weakness and deficiency (*xu sun* 虛損). The document stated that if this situation had been clearly reported, there may have been a way to cure it. However, for five months Zhang Rufan 張如璠 and Song Guorui 宋國瑞 et al. had not stated that there was a problem due to weakness and deficiency, diagnose the problem in detail, or report their findings. The memorial remarked that this was considered to be improper behavior, and that the doctors should be punished by the high officials of the Imperial Household Department. The memorialists further stated that they had already found that Zhang Rufan et al. were among those who cared for the prince's *bingzheng* 病症. However, they argued that the doctors' negligence in following proper procedure had delayed the process of treatment for many months until the time of writing this memorial. Therefore, an examination should be made as to whether the Junior Administrative Assistant Zhang Rufan, and the Medical Secretary Song Guorui should be dismissed or be allowed to remain in their positions. The memorialists stated that it was possible to let them continue to work at the Taiyiyuan to atone for their transgressions (*shu zuiqian* 贖 罪愆). The emperor replied on February 2, 1766 (QL30/12/23) conveying imperial sanction. Yunlu, was therefore an important actor in memorials from 1759 (QL24), 1760 (QL25), and 1766 (QL30)) written with complaints against the Taiyiyuan by members of the Imperial Household Department and imperial family.[191] Yunlu or the ministers of household above, however, were not the only people who recommended punishment of Taiyiyuan officials, another was Heshen 和珅.[192]

[191] ZANHA, 5-231-46, QL30/12/23.
[192] ZXNHA, 399-153, QL51/10/2.

Just as punishment is one aspect of control, another is playing a role in making appointments. As mentioned in Chapter 1, in early Qing, the paperwork for posts of Taiyiyuan officials below the rank of imperial physician went through the Ministry of Rites and Ministry of Personnel. This chapter will show that appointments in later Qing involved the Imperial Household Department. Responsibility for who made decisions regarding positions in the Taiyiyuan was one way that power relations in medicine were renegotiated during the Qing. Early in the Qianlong Emperor's reign, the recommendation to promote people in its ranks, or appoint medical figures from outside the institution were made by the upper-level officials of the Taiyiyuan.

Below are examples of the internal process, where the Taiyiyuan commissioner, and sometimes the commissioner and two administrative assistants, made the recommendation for who should move up in the ranks, and how the empty posts should be filled. For example, on August 2, 1740 (QL5/6i/10) the Taiyiyuan Commissioner Qian Doubao 錢斗保 made a recommendation that a commoner physician (*minyi* 民醫) by the name of Chen Cui 陳萃 be appointed as a medical secretary.[193] (Commoner physicians referred to those who were not coming through bureaucratic channels, but who were recruited from society at large.) Other examples[194] also show that either the commissioner and two administrative assistants, or just the commissioner had written the recommendations to move people up in their ranks.[195]

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[193] GSSHP, 023739, QL5/ 6i/10.

[194] In May 13, 1742 (QL7/4/9) Taiyiyuan Commissioner and high ranking official in the Court of Imperial Entertainments Qian Doubao 錢斗保 stated that a position had become available due to the illness of an imperial physician of the 7th rank Yu Shixuan 俞士炫, and that the post should be filled with medical secretary of the 8th rank Wang Fengxiang 王鳳翔. Medical secretary of the 9th rank Shao Zhengwen 召正文 should move to Wang's previous position, and that the position that Shao vacated should be filled by He Zhengtu 何徵圖 (for Shao Zhengwen and He Zhengtu, see Chapter 1). The document is signed by the Commissioner Qian Doubao, Senior Administrative Assistant Chen Zhijing 陳止敬, and the Junior Administrative Assistant Wu Qian 吳謙, who had played an important role in the compilation of the *Yizong jinjian* (GSSHP, 127473, QL7/4/9). Similarly, in February 28, 1743 (QL8/2/5) the Taiyiyuan Commissioner Qian Doubao wrote a memorial to recommend that the imperial

In late Qing, we see that appointments to the Taiyiyuan were made by members of the Imperial Household Department. Examples of appointments include those made by Jilu 繼祿 the Minister of the Household who was also the superintendent of the Imperial Medical Bureau (*Guanli Taiyiyuan shiwu zongguan Neiwufu dachen* 管理太醫院事務總管內務府大臣). In a memorial from January 4, 1909 (GX34/12/13) Jilu memorialized about the need to select officials to fill open positions for commissioner and administrative assistants. Moreover, he explained that on October 31, 1908 (GX34/10/7) the former Senior Administrative Assistant Zhang Zhongyuan 張仲元 had been appointed as commissioner by imperial decree. The Junior Administrative Assistant Yao Baosheng 姚寶生 had on the 11th month, 13th day memorialized asking to vacate his position and on the 14th he received an imperial decree that his request was approved. Therefore, a list of imperial physicians who could be chosen for the positions of junior and senior administrative assistant was appended, with their credentials (*lüli* 履歷). Fourteen

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physician of the 5th rank Liu Yuduo 劉裕鐸 should be appointed as junior administrative assistant, in which case medical secretary of the 8th rank Gong Kefa 龔可法 would take his place, etc. GSSHP, 54048, QL8/2/5. Another example is from when Liu Yuduo was junior administrative assistant: on July 30, 1746 (QL11/6/13) Commissioner Qian Doubao asked for two medical secretaries of the 9th rank to be appointed as medical secretaries of the 8th rank, and also suggested those who would fill each successive position that became available by the appointment. This document was signed by the Commissioner Qian Doubao and two administrative assistants (Senior Administrative Assistant Chen Zhijing and Junior Administrative Assistant Liu Yuduo). GSSHP, 22752, QL11/6/13. A similar example can be found in a memorial from August 20, 1746 (QL11/7/4), which recommended finding a replacement for medical secretary of the 9th rank Cai Chengzuo 蔡承祚, who was grieving the loss of his mother, and the document is again signed by the commissioner and two administrative assistants. GSSHP, 22547, QL11/7/4. An example from February 5, 1749 (QL13/12/18) shows the Taiyiyuan Commissioner Liu Yuduo and Senior Administrative Assistant Chen Zhijing making the recommendation for the appointment of an imperial physician. [195] Those who were recommended are often described with respect to their rank, demeanor, ability, and sometimes with a designation of expertise. For example, those who were recommended for the position of medical secretary of the 9th rank were chosen among the master physicians, and they were the pediatrician (*xiaofang mai* 小方脉) Liu Shilin 劉士琳 as well as the doctor of internal medicine practitioner Kang Xingbang 康興邦 who were reputed to be excellent in medicine, and careful and diligent in his employment. GSSHP, 22547, QL11/7/4. The following example lists areas of expertise. GSSHP, 25864, QL13/12/18. On June 1, 1729 (YZ7/5/5) The Governor-General of Shaanxi Yue Zhongqi 岳鐘琪 wrote a memorial about doctors for the military, he stated that in addition to enlisted doctors, he would like to have doctors of internal and external medicine (*neike waike yisheng* 內科外科醫生) accompany the military camps (*junying* 軍營). The emperor responded that five people would be added to the northern detachment (*beilu* 北路), and that three doctors of the capital would arrive in Suzhou in the early days of the 7th intercalary month. PMPMT, 402000516, YZ7/5/5.

people were included, with brief descriptions of how long they had been receiving payment, their age, and where they were from. The records show that the various people were mostly from the Beijing, and were between the ages of 44 and 77 *sui*.[196] Another example from late Qing shows the role of a minister of household. On December 7, 1908 (GX34/11/14) the Imperial Household Department presented a report that Jilu received an imperial edict stating that the request of Taiyiyuan Junior Administrative Assistant Yao Baosheng 姚寶生 to vacate his post has been approved.[197] Moreover, some appointments to the Taiyiyuan could also be integrated with the Yaofang structure.[198]

After the Imperial Medical Bureau began to be managed by the Imperial Household Department, one official could be deputed to oversee the affairs of the Yuyaofang and Taiyiyuan. For example, early in the Jiaqing reign there are examples of Yuyaofang Taiyiyuan matters being delegated to one person, when the person in charge of the position was seconded elsewhere. In a document of internal lateral communication (*zi* 咨) from the Ministry of Personnel in early fall of 1799 (JQ4/8) we see that when Nayancheng 那彥成 (1764-1833) was dispatched out of town for official affairs, the many offices he managed were delegated to others.[199] One of these, the post for managing the Yuyaofang and Taiyiyuan was filled by Dachun 達椿. Other examples such as these regarded the Yuyaofang and Taiyiyuan as a unit with respect to the purposes of

[196] GCPMT,168712, GX34/12/13.
[197] GCPMT, 167893, GX34/11/14.
[198] In a document notifying the Grand Council about rise in rank of a Taiyiyuan official on January 14, 1909 (GX34/12/23) the Taiyiyuan stated that the Taiyiyuan Commissioner Zhang Zhongyuan 張仲元 had personally received an imperial edict that Zhou Mingfeng 周鳴鳳 who used to be a medical secretary of the 9th rank should be elevated to be an imperial physician, of the 5th rank, and work in the Shouyaofang 壽藥房. The document stated that the information should be relayed to Jilu the Superintendent of the Imperial Medical Bureau, to be dealt with accordingly. GCPMT, 169973, GX34/12. This example shows how a raise in rank at the Taiyiyuan could also be associated with a place in a particular pharmacy such as the Shouyaofang.
[199] GSSHP, 148606, JQ4/8. ECCP, 584-587.

management, mentioning the Yuyaofang before Taiyiyuan.[200] These examples[201] also point to the fact that medicine was not limited to the sphere of medical practitioners, but that medical institutions and the people overseeing them revealed the ways in which medicine was highly integrated with other realms of the bureaucratic order.

While the Taiyiyuan increasingly became a part of the Imperial Household Department's power structure through the eighteenth century, the Taiyiyuan and Yuyaofang were "under" (*shu*) the Imperial Household in different ways. For example, even though the section on the Yuyaofang was in the part of the *Huidian* on the Imperial Household Department, the Taiyiyuan remained in its own separate place within the text, even as there were changes in the management of the Taiyiyuan that brought it further under the control of the Imperial Household Department. One reason for this may have been because the Taiyiyuan was not staffed by members of the Imperial Household Department, but just overseen by them. Although members of the Imperial Household Department were involved in punishing, overseeing, and even appointing Taiyiyuan officials, the composition of Taiyiyuan remained mostly Han Chinese doctors who were not part of the banner system.

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[200] GSSHP, 166250, JQ15/12. GSSHP, 161792, JQ21/6i/17.

[201] An example of a similar nature from the fall of 1803 (JQ8/8) can be seen in a document of internal lateral communication (*yihui*) from the Ministry of Revenue regarding delegating an officials' various duties to others when he was deputed away, where the affairs of the Yuyaofang Taiyiyuan was given to E'qinbu 額勤布. GSSHP, 228851, JQ8/8. An *yihui* document from December 31, 1810 (JQ15/12/6) from the Ministry of Personnel stated the various people to whom the duties of Tuojin's 托津 would be delegated while he was away on official business. Yuyaofang Taiyiyuan duties were to be managed by the official Yinghe 英和 (1771-1839, see ECCP, 931-33). GSSHP, 166250, JQ15/12. In another *yihui* document from the Ministry of Finance from August 10, 1816 (JQ21/6i/17) we see that when Suleng'e 蘇楞額 was deputed elsewhere, Changfu 常福 was ordered to take care of the affairs of the Yuyaofang and Taiyiyuan. GSSHP, 161792, JQ21/6i/17. According to the *Taiyiyuan zhi*, in the late Qing, Zhao Wenkui was the commissioner (highest level position) of the Imperial Medical Bureau and at the same time managed the affairs of the Imperial Pharmacy and Storehouse of Medicines (*Taiyiyuan jian guan Yuyaofang Yuyaoku shiwu Taiyiyuan yuanshi* 太醫院 兼管御藥房御藥庫事務太醫院院使) and Ren Xigeng, the author of the *Taiyiyuan zhi*, held the post of imperial physician. Above Zhao Wenkui's position was another post called *Guanli Taiyiyuan shiwu*. Yun, *Qinggong yiyao yu yishi yanjiu*, 150-151. Ren, *Taiyiyuan zhi*, *Taiyiyuan tongyinlu*, 1a.

Conclusion

The picture that is revealed by examining the *arc of normative change* in the *Huidian* reflects aspects of the redefinition of power that was taking place in eighteenth century imperial medicine. The reforms carried out in imperial medicine continued to be inclusive of the earlier structure (Taiyiyuan), while introducing a new player (such as Yuyaofang), and shifting the balance of power. Through such an understanding, it was possible to create space for the Yuyaofang vis-à-vis the Taiyiyuan, and successfully redefine the hierarchy between them, while eventually bringing the Taiyiyuan under the management of the Neiwufu. Reconfiguring the medical system by maintaining the structure of the Taiyiyuan and some of its authority over its internal affairs, and also providing representation to new actors such as bannermen in the Imperial Pharmacy created room for transformation and continuity within an expanding realm.

With the plurality of imperial medical institutions that could be seen as the Yuyaofang became a part of the Imperial Household Department, there was also an establishment of banner posts in imperial medicine. Militarization of imperial medicine would serve to increase the authority of the rulership. Having medicine under the control of bannermen also represented a move toward increasing security, and establishing greater control of medicines, finances related to drugs, as well as valuable objects of the pharmacy. As we shall see in the following chapter, the organization of medicine within the Imperial Household Department still had a pluralistic character.

This chapter shows that the changes in management of the Yuyaofang (from the Taiyiyuan to the Neiwufu) came with many underlying shifts in organization. A clear difference in the management of the pharmacy took place in 1691 with the abolishment of the leadership by chief eunuchs, and the establishment of Neiwufu overseers. Setting up the post of the secretary in

1740 was another significant phase in reorganization that brought the Yuyaofang further in control of the Neiwufu. Bannermen from various cultural backgrounds also created a multilingual environment, which must have been reflected in the day-to-day communication of medical affairs, in addition to what we can now see in Manchu archival documents and texts.

As one particular action can have more than one intended outcome, therefore, Neiwufu supervision also made the pharmacy into an institution that could be used by officials in the Imperial Household to consolidate their own power, while carrying out pharmacy-related reforms or filing complaints. While conflicting affiliations of personal and institutional nature always exist, the crucial question is how matters that rest at the juncture of intersecting interests happen to be resolved at various points, and how these align with the larger interests of the institutional structures. Yunlu and Hongyan's memorials show their work to raise suspicions regarding the Taiyiyuan leadership, thereby taking up bureaucratic time and space, and constituting a destabilizing force to imperial medical organizations. The Qianlong Emperor' younger brother Hongzhou, who was very close to the Qianlong Emperor, had also made reforms while establishing a new power structure in the Imperial Pharmacy. Hongzhou's memorials and the work he accomplished are reflective of the more constructive nature of his endeavors, including the organization of the pharmacy materials and accounts, as well as the classification of drugs, etc. Moreover, the reorganization of the power structure in the pharmacy also resulted in Neiwufu officials creating an opportunity for lower-level officials, such as scribes, to rise in the pharmacy. The various capacities in which Neiwufu officials were involved in running the pharmacy further solidified the larger institutional shift bringing the center of medical to the Imperial Household Department.

While the Taiyiyuan and Yuyaofang could not be completely separated, coexistence did not mean equality. It meant sharing the space allotted to medicine in the imperial realm, within a hierarchical structure. The name Taiyiyuan continued to exist, as did a space and building for it. The Taiyiyuan became increasingly independent of the Ministry of Rites, and after the mid-eighteenth century the Imperial Household Department began administering punishments to Taiyiyuan officials. There were managers of the Taiyiyuan, before an Imperial Household Department official was superimposed on the Taiyiyuan in 1793, thereby clearly tying it to its own structure. The following chapter will show the expanding functions of the Yuyaofang in the Imperial Household.

Chapter 3. The Yuyaofang and the broadening base of imperial medicine

After the Yuyaofang became a part of the Imperial Household Department in the late-seventeenth century, it became responsible for managing a wider range of medical activities. This chapter is a description of the broadening base of the Imperial Pharmacy, showing how it functioned beyond clearly marked boundaries.

The roles of the Qing Imperial Pharmacy expanded in a number of ways. Physically, there was a plurality of pharmacy spaces, and medicines were obtained from a variety of departments. The pharmacy staff not only produced medicine, but also studied western techniques of distillation, provided material for religious activities and seasonal festivities, distributed medicines around the palace(s) to combat the summer heat, set up commercial ties with outside pharmacies, and coordinated the production of specialty medicines at the Palace Workshops (Zaobanchu 造辦處).[202] In addition to these, the pharmacy ventured into areas of medicine more closely associated with the Imperial Medical Bureau, such as collecting and writing medical texts, and having a space for medical rituals.

One of the main characteristics of imperial medicine in the Qing dynasty was its plurality, and this aspect was also seen in the organization of the pharmacy as well as drugs. The Qing had multiple imperial pharmacies, and medicines of different kinds were obtained from a number of institutions. Moreover, drugs were produced in more than one place, and pharmaceutical compounds with the same name could have very different constituents. In addition to curing those who were sick, imperially manufactured specialty medicines could serve as jewelry, decorations, as well as imperial gifts presented to officials. Moreover, these specialty compound

[202] QZNZL, *Yuyaofang*, 1441-1466. See Guan, *Qingdai gongting yixue yu yixue wenwu*, 182.

medicines that were distributed across the realm existed within a context that valued local nature of drugs and bodies.

The first part of this chapter discusses the broadening functions of the Imperial Pharmacy which included distillation at a laboratory, work done on a temple for deceased doctors, production of specialty imperial medicines, distribution of drugs, collections of texts, etc. This chapter also includes examples of the overlapping and complementary realms between imperial medicine and the social history of medicine as seen in the names of drugs, as well as differing geographical conceptions.

Moreover, the highly pluralistic order points to the fact that mobility was an integral aspect of the organization and functioning of day-to-day medical affairs. It was not just medicines that were sent to various locations throughout the realm, but physicians also had to be mobile. A doctor could be on shift at one of the imperial palaces, if he was not already deputed away to care for a patient, or accompanying the emperor on a trip.

Multiplicities of Imperial Pharmacy spaces

There were a number of different Yaofang in the Qing,[203] some of which were spaces such as buildings, while others could have been niches. The location of what was most probably the main Yuyaofang is described as near Qianqing Palace (Qianqing gong 乾清宮), which is on the northern part of the central axis of the Forbidden City. At the Yuyaofang, there were horizontal plaques (*bian'e* 匾額) that had been written by the Kangxi Emperor. One with the

[203] While the existence of a number of Yaofang and their relation to each other have been raised as questions these have yet to be answered in the field. See, Huang, *Qingdai Taiyiyuan zhidu tanjiu*.

characters Yaofang and another with *shoushi* (壽世) meaning benefiting the world through the enjoyment of longevity.[204]

An early Qing account describing the Yuyaofang within the context of the Taiyiyuan mentions one Western Pharmacy (Xiyaofang 西藥房) and an Eastern Pharmacy (Dongyaofang 東藥房), through which officials at the pharmacy rotated. While the Taiyiyuan commissioner, administrative assistants, imperial physicians, and medical secretaries were part of the Western Pharmacy, imperial physicians, medical secretaries, and master physicians were associated with the Eastern Pharmacy. The Western Pharmacy had higher status than the Eastern Pharmacy, as reflected by the relative rank of the officials.[205] The discussions of Eastern Pharmacy and Western Pharmacy in sections on the Taiyiyuan within early *Qing Huidian* suggest that they were physical designations of the Yaofang. A reference to the office [of Taiyiyuan doctors] at the Eastern Pharmacy (Dongyaofang *zhifang* 東藥房值房) stated that it was located just inside the Donghua Gate (Donghuamen 東華門) of the Forbidden City,[206] and probably referred to the Dongyaofang.

There was also the concurrent use of the term Inner Pharmacy (Neiyaofang 內藥房), and sometimes mention of an Outer Pharmacy (Waiyaofang 外藥房). The multiplicity of Yaofang is further complicated by the fact that terms in an earlier Qing source could be retrospectively renamed in a later edition. For example, while the institution of the Imperial Pharmacy set up in

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[204] More specifically, the main Yaofang was located south of the Qianqing Palace, on the east was Rijing Gate (Rijing men 日精門). South of the gate was Yuyaofang. The Imperial Pharmacy, like the Imperial Buttery (Yushanfang 御膳房 or Yuchashanfang 御茶膳房) was close to Qianqing gong. Yu Minzhong 于敏中 et al. eds., *Guochao gongshi* 國朝宮史 (Qing court history), in *Qingdai biji xiaoshuo* 清代筆記小說 (Qing dynasty anecdote literature), vol. 8 [1769] reprint ed. (Shijiazhuang: Hebei Jiaoyu Chubanshe, 1996), 12.7ab. QNZDZ, 4.472. Also see Guan, *Qingdai gongting yixue yu yixue wenwu,* 11. For location of Qianqing Palace, see Hou, *Beijing lishi ditu ji*, Qing Imperial City 1750 (QL15).
[205] KHD, 161.14b.
[206] ZXNHA, 399-153, QL51/10/2.

1653 (SZ10) was referred to as Yaofang in the Kangxi period, it was renamed the Inner Pharmacy (Neiyaofang 內藥房) in the Qianlong edition outlining the same events.[207] The Neiyaofang, therefore, seems to designate the main Yaofang, or Yuyaofang. Other Yaofang included Shouyaofang 壽藥房, Changchungong yaofang 長春宮藥房, Yonghegong yaofang 雍和宮藥房.[208]

Plurality was not just reflected in the existence of more than one pharmacy,[209] but the materials needed for compounding medicines were also obtained from various offices. What was defined as medicine in one case, could be considered food in another, and such overlapping conceptual and practical spheres related to the materials may have resulted in diverse spaces where "medicines" were kept. The *Jiaqing Huidian* lists the places from which different ingredients would be obtained: for example, red jujube (*hongzao* 紅棗) from the Office of Palace Ceremonial (Zhangyisi 掌儀司), rabbit (*tu* 兔) or small birds such as sparrows (*que* 雀) from the Office of the Imperial Hunt (Duyusi 都虞司), lotus leaf (*heye* 荷葉), joints of lotus root (*oujie* 藕節) etc., from the Imperial Parks Administration (Fengchenyuan 奉宸苑), milkfat (*ruyou* 乳油) from the Food Section (Fanfang 飯房), clove oil (*dingxiang you* 丁香油) from the Hall of Military Glory (Wuyingdian 武英殿), aquilaria wood (*chenxiang* 沉香) as well as tea leaves (*chaye* 茶葉) etc., from the Department of the Privy Purse, and cows' milk (*niuru* 牛乳) from the Office of Imperial Pasturages (Qinfengsi 慶豐司). Moreover, human milk (*renru* 人乳), honey (*fengmi* 蜂蜜), sesame oil (*xiangyou* 香油), and medicines that were processed (*paozhi* 炮製) with rice wine such as *huangjiu* 黃酒 (a pasteurized and aged beverage with around 20% alcohol

[207] See KHD 153.2a and QHDZL 163.35a.
[208] Guan, *Qingdai gongting yixue yu yixue wenwu*, 11-35.
[209] There was also a Storehouse for Medicines (*yaoku* 藥庫) at Yuanming Yuan. See QZNZL, *Yuyaofang*, 1457. (Latest date in this Yuyaofang chapter is DG25.)

content) or *baijiu* 白酒 (a strong distilled spirit with about 50% alcohol content), or even vinegar (*cu* 醋) etc. could be found at the Overseers Office (Neiguanling shiwu chu 內管領事務處).[210] Moreover, some of the finest ginseng saved to be used as gifts for officials was stored in the Tea Storehouse of the Privy Purse.[211]

Another item stored at the Tea Storehouse was aquilaria wood (*chenxiang* 沉香), and a table of how much aquilaria wood was used, dating June 8, 1772 (QL37/5/8), lists the amount of the drug (from the Tea Storehouse) that had been used to manufacture different compound medicines in the past year.[212] For example, 3 *jin* of *chenxiang* had been used to make one batch of *ping'an dan* 平安丹, etc. Moreover the *chenxiang* used by doctors at Qianqing Palace, Yuanming Yuan, and Jingshan Nanfu[213] to make compound medicines or decoct medicine was 2 *jin* 2 *liang* 3 *qian*. The remaining amount was put into a storehouse. Mentioning the medicine used by doctors in these three locations together suggests that there were not separate medical systems for each palace, but that just as medical personnel rotated through various imperial spaces and went on excursions (more on this below), medicines were also used across different locations.

Distributing medicines

While the distribution of medicines was one of the activities of the Taiyiyuan from mid to late seventeenth century, Yuyaofang took over this capacity in the eighteenth century. Regarding the dispatch of medicines by imperial decree, doctors were chosen from among the Taiyiyuan officials to offer "kindness and aid" to the Manchu and Han military and civil populations. In

[210] JHD, 90.6a. QZNZL, *Yuyaofang*, 1460.
[211] Torbert, *The Ch'ing Imperial Household Department*, 89-91.
[212] ZANHA, 5- 298-4, QL37/5/8.
[213] Nanfu Jingshan (sometimes also referred to as Jingshan Nanfu) had the Court Theatrical Bureau (Shengping shu 昇平署), as well as schools for the children of upper three banners and for theater. BH 79B, 87B, 87C.

1654 (SZ11) three pharmacies were built outside the east gate of Jingshan in Beijing, probably serving bannermen. Between 1683 and 1689, during the time of the compilation of the *Kangxi Huidian*, medical officials presumably still provided medicines. In 1681 (KX20) fifteen workshops were established at the Five Buroughs (*wucheng*) of Beijing, and in 1682 (KX21), medical officials were deputed there,[214] probably to serve those in the outer city. Furthermore, four workshops were set up in the east, west, north, and south, where medical officials were sent to distribute drugs, and continued to be carried out annually,[215] until this practice came to an end in 1701 (KX 40).[216]

When the Yaofang began distributing medicines, it was not just for offering kindness and aid, as the Taiyiyuan had earlier done, but for a different purpose: the medicine that the pharmacy gave out, *xiangru* decoction (*xiangru tang* 香薷湯), was used to evade the summer heat.[217] *Xiangru* decoction was provided each year from about the first week of July to around the third week of August. While the amount used was to be memorialized once a year, after the fall of 1739 (QL4/10) it was reported every three months. In the summer of 1769 (QL34/6) Yuyaofang memorialized that each year, from early July to late August, the Qianqing Palace would provide *xiangru* decoction twice a day, morning and noon. It was distributed inside the palace grounds, serving a different group of people than the medicines that had been handed out by the Taiyiyuan. In addition to the Qianqing Palace, another location was for giving out *xiangru* decoction was the Yuanming Yuan, where it was also provided twice a day. The number of times

[214] KHD, 161.16b. The term *wucheng* 五城 may be a reference to *wucheng bingmasi*. Susan Naquin refers to the *wucheng* as Five Buroughs in the Qing. Naquin, *Peking*, 173, 360.
[215] KHD, 161.16b.
[216] YHD, 248.3b-4a.
[217] QHD, 90.8b. QHZL, 163.35b-36a.

that it was provided per day decreased in later Qing.[218] In the Qianlong reign, the expenses for *xiangru* decoction, atractylodes rhizome (*cangzhu* 蒼朮) for the New Year,[219] and medicines that had been used were to be accounted for every three months.[220] (As mentioned in Chapter 2, the management of ginseng was a different story, as accounts for the drug had been handled by the Imperial Household Department.) [221]

Distillation

Another aspect of medical affairs can be seen through distillation work that took place within the palace grounds. The Kangxi Emperor had been very interested in the remedies of the Jesuits and had wished to conduct some experiments.[222] Joachim Bouvet, one of the French Jesuits with close ties to the Qing court, stated that they had used the "Dispensatory of the Sieur Charas, Director of the Royal Laboratory" as their guide, and that the Kangxi Emperor had given them a large room in the palace where they had set up a laboratory. There, they had a few furnaces, as well as silver instruments and utensils for chemical experiments. At the laboratory, they prepared some conserves, lymphs, and essences. According to Bouvet, the Kangxi Emperor would sometimes visit the laboratory and ask for the preparations to be saved for his own use. The emperor also had many silver and gold utensils to be made in which he could carry the medicines during his tours. Bouvet stated that the Kangxi Emperor would also sometimes give these medicines to his children or to others at court.[223] In fact, from the Qing dynasty jottings or notes, we learn that the laboratory from the summer of 1694 (*jiaxu* 甲戌), was called the

[218] QZNZL, *Yuyaofang*, 1446-1447. The text states that from now on (the latest date in the *Yuyaofang zhuan* section is 1845 (DG25)) during the summer *xiangru* decoction would be provided once a day, in the morning, at the Forbidden City and Yuanming Yuan.
[219] QHZL, 163.35b-36a. QZNZL, *Yuyaofang*, 1447.
[220] QHD, 90.8b.
[221] QHD, 90.8b.
[222] Joachim Bouvet, *The History of Cang-Hy, the Present Emperor of China* (Histoire de l'empereur de la Chine). Digital image of original, trans. Jodocus Crull. (London: Printed for F. Coggan, 1699), 65-66.
[223] Ibid., 66-67.

Throne Hall Distillery (Wuyingdian lufang 武英殿露房), and that they had Western medicines as well as flower dew (*hualu* 花露). There were many bottles including clove oil (*dingxiang you* 丁香油), cinnamon oil (*rougui you* 肉桂油), as well as oils that had been made into ointments, etc.[224] By 1769 (QL35), as the distillation work had become less frequent, the one banner *yisheng* (*qi yisheng* 旗醫生) of the pharmacy, and the three commoner *yisheng* (*min yisheng* 民醫生) of the pharmacy who worked at the Wuyingdian lufang were no longer needed, and sent back to the pharmacy with the idea that they would be called to the laboratory when the distillation work resumed. However, as they only knew distillation and not how to compound medicines, the commoner *yisheng* were let go, and the banner *yisheng* remained at the pharmacy.[225]

Pharmacy stepping into roles of the Taiyiyuan

While the ritual for earlier doctors had traditionally been held at the Taiyiyuan (Chapter 1), in 1730 (YZ8) there was construction work for ritual space at the main Yuyaofang, next to the Qianqing Palace. The Yuyaofang had just been accorded with an imperial seal in 1729 (YZ7), and the work on the space for venerating past doctors was a clear indication of the attention that was being paid to broadening the base of Yaofang affairs. The altar had likenesses of Fuxi, Shennong, Huangdi, and Yaowang. Some changes were made to the layout, and restoration work was done on the character *fu* 福 (luck) as well as the two horizontal plaques, mentioned earlier with the characters "Yaofang" and "*shoushi*" written by the Kangxi Emperor.[226] With space for ritual at the Yuyaofang, the Taiyiyuan was no longer the only place with an altar for venerating deceased doctors. And perhaps even more importantly, this ritual was not just taking place in the

[224] Guan Xueling, "Kangxi shiqi xiyang yixue zai qinggong zhong chuanbo wenti de zai kaocha" 康熙時期西洋醫學在清宮中傳播問題的再考察 (The reexamination of the issue of the spread of Western medicine at the Qing court during the time of the Kangxi Emperor), *Gugong xueshu jikan* 30.1 (2012): 135-160, esp. see 147.
[225] QZNZL, *Yuyaofang*, 1443. For *yisheng*, see Ch.1 fn.53, Ch. 2 fn.129, Ch. 4 fn.279.
[226] See Guan, *Qingdai gongting yixue yu yixue wenwu*, 12-13. Also see QNZDZ, 4. 472.

Taiyiyuan compound, outside of the gates of the Forbidden City (and within the Imperial City), but rather inside the grounds of the Forbidden City itself.

With its place in the Imperial Household Department, the pharmacy did not only construct ritual space, but also ventured into the realm of texts. While an eighteenth century list of books at the Imperial Pharmacy does not specify which pharmacy, we see that the list of titles encompass a broad range of medical texts (see Appendix A),[227] including Manchu texts as well as one in a Western language.

The texts at the pharmacy were a different set of imperial medical texts than those in the medical section of the imperially commissioned *Four Complete Treasuries* (*Siku quanshu* 四庫全書), [228] showing that there was no set definition for what was considered to be an imperially sanctioned text. This collection of texts at the pharmacy suggests the existence of a multiplicity of textual worlds in imperial medicine. In fact, while the late-Ming dynasty imperial medical figure and author of popular medical books Gong Tingxian 龔庭賢 (fl. 1577-1593) is relatively absent from the *Siku quanshu* collection, a number of his texts can be found in the list at the Yuyaofang. In addition to *Wanbing huichun* 萬病回春 (Healing myriad illnesses), there were

[227] Zhou Wenquan 周文泉, the compiler of the section on the list of books within an edited book by Chen Keji, adds that the list of texts can be divided into the following categories: those on *materia medica*, pharmaceuticals, medical classics, study of the pulse, important medical works, smallpox, external medicine, pediatrics, ophthalmology, others such as Daoist practices, etc. According to Chen Keji et al., this list is dated 1799 (JQ4), however the editors attribute a western date of 1780 to JQ4. (In the printed document, there is an appended list of books at the end of the main list with a date of JQ4.) Moreover, in Chen Keji et al.'s chapter titles the section "books held in the Taiyiyuan" with a subheading "books in the Yuyaofang." Although Zhou Wenquan refers to this as the Qing dynasty Taiyiyuan's Yuyaofang, it is most probably a comment that reflects the modern-day outlook that the Yuyaofang was a part of the Taiyiyuan, rather than its particular historical context. See Chen Keji et. Al, eds., *Qingdai gongting yihua, Xiandai zhuming laozhongyi mingzhu chongkan zongshu* no.7. (Beijing: Renmin Weisheng Chubanshe, 2012), 23-27. Therefore, in addition to the lack of clarity in dating, there seem to be a conflation of Taiyiyuan and Yuyaofang in this secondary source. According to Liu Shijue, the list dates from 1756. See Liu Shijue 刘时觉, *Song Yuan Ming Qing yiji nianbiao* 宋元明清医籍年表 (A chronological list of medical texts from the Song, Yuan, Ming, and Qing dynasties) (Beijing: Renmin Weisheng Chubanshe, 2005), 152. As the library that housed this particular document was closed during the years when I was conducting research in China, the list of titles here is from the printed version with simplified characters in Chen Keji et al.'s work.

[228] R. Kent Guy, *The Emperor's Four Treasuries: Scholars and the State in the Late Ch'ien-lung Era* (Cambridge: Harvard University Press, 1987).

also copies of *Zhongxing xianfang* 種杏仙方 (Elixirs of immortality of the apricot forest), *Gujin yijian* 古今醫鑒 (Ancient and modern mirror of medicine), and *Shoushi baoyuan* 壽世保元 (Benefiting the world through the enjoyment of longevity and protecting one's original [constitution]). The popularity of Gong's texts had continued in the Qing and within a broader East Asian context, with editions published, for example in Japan. During the Qing, there were also Manchu translations of Gong's texts, such as *Shoushi baoyuan*.[229] If we examine a copy of the Manchu language *Shoushi baoyuan*, we see that it was entitled Ma. *Šeo ši boo iuwan*, a transcription of the Chinese title. When we turn to a particular formula, such as *zhengqi tang* 正氣湯, in the text we find that the Chinese language ingredients are written in Manchu transcription of Chinese characters, such as Ma. *cing pi* (pronounced ching-pi) for Ch. *qingpi* 青皮, Ma. *fu ling* for Ch. *fuling* 茯苓, etc.[230] Therefore, the Manchu texts in the imperial medical world created a new vocabulary of medicines transcribed into Manchu. What were Manchu texts used for? Considering the fact that these texts were largely those of more practical nature, one possibility is that they were used as medical texts for those who were more fluent in Manchu.

Gong's texts did not only cross boundaries from Ming to Qing, and get printed in Japan, but also found a place for themselves within the materiality of drugs in the commercial pharmacy Tongren Tang.[231] The name of some of the medicines in the pharmacy catalog allude to either

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[229] Marta Hanson, "On Manchu Medical Manuscripts and Blockprints: An Essay and Bibliographic Survey," *Saksaha: a Review of Manchu Studies* 8 (2003b): 1–32, esp. 13-14.

[230] Ma. *Šeo ši boo iuwan* (Ch. *Shoushi baoyuan* 壽世保元), [Qing], MS. For corresponding section in *Shoushi baoyuan* 壽世保元 see *Gongtingxian yixue quanshu* 龔廷贤医学全书 (Complete medical works of Gong Tingxian) (Beijing: Zhongguo Zhongyiyao Chubanshe, 1999), *nueji, zhengqi tang,* 561. For *Šeo ši boo iuwan* in a detailed and annotated list of Manchu medical manuscripts, see Hanson, "On Manchu Medical Manuscripts and Blockprints," 13.

[231] For the history of the Tongren Tang written by the Beijing Tongren Tang Corporation and The Committee to Compile the History of the Beijing Tongren Tang, see Beijing Tongren Tang Jituan Gongsi yu Beijing Tongrentangshi Bianweihui. 北京同仁堂集团公司与北京同仁堂史编委会 (Beijing Tongren Tang Corporation and The Committee to Compile the History of the Beijing Tongren Tang), *Beijing Tongren Tang shi* 北京同仁堂史 (History of the Beijing Tongren Tang) *(*Beijing: Renmin Ribao Chubanshe, 1993). For the history of Tongren Tang

Gong's name or title of his books. One of Gong's most famous texts was *Wanbing huichun*, and in the section of the catalog on children's diseases was the *Wanbing huichun dan* 萬病回春丹 (*Dan* for healing myriad illnesses). Moreover Yunlin 雲林 was Gong's literary name, as well as part of the title of one of his texts, *Yunlin shengou* 雲林神彀 (The divine archer Yunlin). A drug in the stomach-spleen section of the Tongren Tang catalog was named the Yunlin pill for moisturizing the body (*Yunlin runshen wan* 雲林潤身丸).[232]

The Imperial Pharmacy was not only a place for storing texts, but also producing them. According to a document from June 28, 1908 (GX34/5/30), earlier that month, on June 19, 1908 (GX34/5/21) a number of doctors were to write *Benco gangmu* at the Shouyaofang 壽藥房.[233] These doctors included medical secretaries of the 9th rank, as well as those of the 8th rank. Another example from late nineteenth century, 1891 (GX17), states that the Chief Eunuch of the Shouyaofang He Laixiang 何來祥 transmitted an order received from an empress that the *Tongren tang gui mai yaowei peifang* 同仁堂櫃賣藥味配方 (Medicines and prescriptions sold in the Tongren tang cabinet) should be copied out.[234] Moreover, the text continued to state that all of the texts/documents (*shu* 書) written by the main Yaofang should also be presented together with it. Furthermore, those materials written by pharmacies such as Tongren Tang should be, as

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within a broader study on consumer culture and globalization in medicine, See Sherman Cochran, *Chinese Medicine Men: Consumer Culture in China and Southeast Asia* (Cambridge, MA: Harvard University Press, 2006), Ch. 2. For a historical study of Tongren Tang and detailed reading of the catalogue preface, in a study on the local nature of medicines within the context of the shifting roles of doctors and pharmacists, see Bian, "Assembling the Cure," esp. Ch. 6.

[232] *Tongren tang yaomu*, (Tongzhi reign text. Preface dating April 14, 1869 (TZ8/4/14), therefore 1869-1875), NLCRB.

[233] GCPMT, 170016, GX34/5/30. For *Bencao gangmu*, see Nappi, *Monkey and the Inkpot*.

[234] The *Tongren tang gui mai yaowei peifang* could be referring to a collection of prescriptions and medicinal information or a bound text.

usual, placed in the Waiyaofang.[235] This clearly points to the fact that the Waiyaofang was a place where textual material related to the pharmacy was housed.

A comparison of earlier and later editions of the Tongren Tang pharmacy catalog also provides information regarding increasing production toward later Qing. The number of medicines under the category of Wind-phlegm (*Feng-tan* 風痰) in the catalog of Tongren Tang pharmacy from 1706 (KX45) that was reprinted in 1764 (QL29), is remarkably fewer than that in an edition published sometime in the second half of the Tongzhi reign (1869-1875). For example, while the earlier edition lists fourteen drugs in the category of Wind-phlegm, the later lists thirty-two.[236] The Yuyaofang section of the printed version of the *Neiwufu xianxing zeli* (with the latest date of 1845) also did not mention Tongren Tang pharmacy, whereas a draft version of the text that included dates as late as 1909 (XT1) did mention the Tongren Tang, suggesting that the prominence of the commercial pharmacy in imperial medical affairs could have been a later phenomenon.[237] The medicines in the Tongren Tang catalog seem to reflect a desire to reach a range of audiences, including those that resonated with popular medical literature (such as medicines named after Gong Tingxian and his works), as well as medicines that seemed more "imperial" in nature, such as specialty drugs known as *ingot medicines*.[238] Now, we will turn to the story of ingot medicines manufactured inside the palace grounds.

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[235] *Neiwufu xianxing zeli*, *Yuyaofang* (late-Qing, draft MS), NLCRB.
[236] *Tongren tang yaomu*, (Qianlong reprint 1764 (QL29) of 1706 (KX45) text), NLCRB. *Tongren tang yaomu*, (Tongzhi reign text. Preface dating April 14, 1869 (TZ8/4/14), therefore 1869-1875), NLCRB.
[237] For an oral histories on the Tongren Tang and developments with in late-Qing, Ding Yizhuang 定宜庄, "Zhongyaopu de "yangpai" ersun"中药铺的"洋派"儿孙 ("Western" descendents of the Chinese medicine shop), in *Lao Beijing ren de koushi lishi* 老北京人的口述历史 (Oral history of old residents of Beijing) (Beijing: Zhongguo Shehui Kexue Chubanshe, 2009), 279-322. Ding Yizhuang, Zhang Haiyan, Xing Xinxin 定宜庄 張海燕 邢新欣, *Geren xushu zhong de Tongren Tang lishi* 个人叙述中的同仁堂历史 (Individual accounts of the history of Tongren tang) (Beijing: Beijing Chubanshe, 2014).
[238] See, for example, *Taiyizijinding* 太乙紫金錠. *Tongren tang yaomu*, (Tongzhi reign text. Preface dating April 14, 1869 (TZ8/4/14), therefore 1869-1875), NLCRB, table of contents, 6b.

Medicines for the realm: specialty imperial medicines

While drugs were generally produced at the Imperial Pharmacy, the production of *dingzi yao* 錠子藥 (*ingot medicines*) at court also took place at the Palace Workshops. *Ding* is a term that can be used to refer to an ingot of gold or silver, or to a substance (such as ink or cosmetics) which has been molded into a small form.[239] Some of these ingot medicines were rather plain looking, and others were molded into a variety of shapes including flowery, ornate designs. These drugs were usually manufactured as imperial gifts that were distributed to civil and military officials on the Dragon Boat Festival. The emperor could also order that *dingzi yao* be manufactured at other times, when it became necessary.

We are familiar with the Palace Workshops as an institution that manufactured all kinds of items related to arts and crafts, such as jade pieces, or statues for shrines. In this part of the chapter we see the role of the Palace Workshops in the production of specialty medicines. Because the workshops did not employ those who were knowledgeable in manufacturing medicines, officials from the Imperial Pharmacy were sent to the workshops to oversee the process.[240] A document dating September 22, 1819 (JQ24/8/4) on the repair work for a wall in a workshop points to the fact that there were two rooms allocated for preparing *dingzi yao* at the Palace Workshops.[241] Many people were employed in making *dingzi yao* together with the officials from the pharmacy, such as those who painted the medicines, those who put strings

[239] These medicines were made in molds, some of which were made of metal. After the medicines were prepared, they were packaged in different kinds of boxes that were manufactured for them. When more than what was needed was manufactured, and not used up, these medicines were touched up (by repainting them, etc.) when they needed to be used. See, Guan, *Qingdai gongting yixue yu yixue wenwu,* 182-192. For dingzi yao, also see Guan Xueling, "Guanyu dingzi yao de jige wenti" 关于锭子药的几个问题 (A few matters related to ingot medicines), *Gugong bowuyuan yuankan* 6 (2008b): 65-75.
[240] QNZDZ, 29.230. Guan, *Qingdai gongting yixue yu yixue wenwu,* 182.
[241] ZBNHA, 67478, JQ24/8/4. One room was one *zhang* two *chi*, the other was one *zhang* one *chi*. One *zhang* is equal to ten Chinese feet, and one *chi* is one foot or 0.3581 meters.

through them, as well as people who printed pamphlets or made the cases.[242] On March 22, 1764 (QL29/2/20) the Palace Workshops asked for eight pharmacy medical officials (Yaofang *yisheng* 藥房醫生)[243] as well as a number of other kinds of craftsmen from the Office of Palace Construction (Yingzaosi 營造司) and Department of the Privy Purse in order to make medicines. These officials from the Imperial Pharmacy, for example, were asked to work at the Palace Workshops for two months, starting from March 27, 1764 (QL29/2/25) and then return to their original posts.[244]

In the event of illness, ingot medicines could be ingested or applied topically. *Dingzi yao* could also be worn on the body to ward off unfavorable *qi*. Moreover, these medicines could be taken as a preventative drugs even if one was not ill, put inside a Qing dynasty ornamental purse (*hebao* 荷包) or perfume sachet (*xiangdai* 香袋), hung on the collar of a robe (*yijin* 衣襟), or tied to the handle of a fan.[245] Some of the most striking forms of *dingzi yao* were in the form of decorative items and jewelry.[246] If they were used for so many different purposes, were they medicines?[247] This was a time before germ theory and the subsequent definition of the boundaries of biomedicine in the twentieth century, when medicine included a much wider range of influences, including those such as evil or pernicious effects in addition to those of more tangible nature such as climatic conditions or poisonous substances. Even though the conception of drugs included a broad array of "pathogenic factors," it is important to note that *dingzi yao* were referred to as drugs by those sending and receiving them, and

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[242] Guan, *Qingdai gongting yixue yu yixue wenwu*, 182-192.
[243] As we have already seen, there were a number of different kinds of officials at the Yuyaofang with the designation *yisheng*. This document does not make clear which specific kind of *yisheng* these were, or if a number of different kinds of *yisheng* could be sent for making these medicines.
[244] QNZDZ, 29.230. Also see Guan, *Qingdai gongting yixue yu yixue wenwu*, 182, 186.
[245] Guan, *Qingdai gongting yixue yu yixue wenwu*, 178-201.
[246] *Dingzi yao* 錠子藥 [ingot medicines], photos of ornamental pieces, [Qing], Palace Museum, Beijing.
[247] I would like to thank Mark C. Elliott for asking whether ingot medicines could be considered to be drugs.

made with pharmaceutical ingredients[248] (even if some of these may not be used so widely today). For example, the ingredients of the *Imperial golden ingot* (*Zijin ding* 紫金錠) were clams (*wenge* 文蛤) 2 *jin* (斤),[249] Peking spurge root (euphorbia) (*da ji* 大戟) 2 *jin*, bulb of Chinese tulip (Tulipa) or cremastra (*shan cigu* 山茨菇) 1 *jin* 6 *liang* 兩, seeds of caper euphorbia (*qian jinzi* 千金子) without oil 10 *liang*, cinnabar (*zhusha* 朱砂) 7 *liang*, realgar (*xionghuang* 雄黃) 5 *liang* 5 *qian* 錢, naval gland secretions of the musk deer (*shexiang* 麝香) 3 *liang*. These ingredients were all ground to a fine powder, steamed, and made into a paste with 1 *jin* 8 *liang* of glutinous rice flour. The paste was then mixed with a spoon. Finally, the mixture was beaten with a hammer until it was moist enough, and made into cakes of medicine.[250]

These medicines were used to treat a number of conditions such as poisonings, carbuncles on the back, skin ailments, mouth and eyes being out of alignment, jaw being tightly clasped, pain the stomach, summer heat, damp-fire in the body resulting in heat stroke, etc. Ingot medicines also had specific names, such as *imperial golden ingot*, *salt water ingot* (*yanshui ding* 鹽水錠), and the *ingot that heals myriad diseases* (*wanying ding* 萬應錠).[251]

One example of the importance of *dingzi yao* can be seen in 1725 (YZ3) when the Governor of Zhejiang Fahai 法海 wrote a memorial to thank the emperor for sending a small box (*xia zi* 匣子) of *dingzi yao*. He added that the province was very humid, and that he would wear

[248] Most medicines for production of these drugs could be purchased from outside pharmacies, and some special medicine such as cinnabar (*zhusha* 硃砂), naval gland secretions of the musk deer (*shexiang* 麝香), realgar (*xionghuang* 雄黃), and ink (*mo* 墨) were from various places within the Forbidden City where "medical" ingredients could be obtained. There are instances where the "inner court" provided more *xionghuang* than was needed, and the remaining amount was stored in the Palace Workshops for later use. See QNZDZ, 36.19. Also see Guan, *Qingdai gongting yixue yu yixue wenwu*, 188.
[249] Guan, *Qingdai gongting yixue yu yixue wenwu*, 181. Cinnabar is mercury (II) sulfide HgS. Realgar is arsenic sulphide As_4S_4.
[250] Guan, *Qingdai gongting yixue yu yixue wenwu,* 181.
[251] Guan, *Qingdai gongting yixue yu yixue wenwu,* 181.

this valuable official medicine at his waist (*pei* 佩) to avoid evil influences (*bixie* 辟邪).[252] The emperor then responded saying that one hundred *ping'an wan* 平安丸 (pacifying pills) should be sent as well, explaining that the medicine was mild (*pinghe* 平和) in flavor, therefore those who were not ill could also take it. He added that one could carry this medicine along and provide it to accompanying people when it became necessary.[253]

These drugs were distributed across the realm to various civil and military officials. For example, big boxes of *dingzi yao* were sent to the governor-generals of Liangguang, and Zhili, and middle-sized boxes to those such as the governor-general of Chuanshaan, to the Provincial military commander of Guangdong, generals of Xingzhou, Qingzhou, Jiangning, Fengtian, and Guangdong, and provincial governors of Hunan, Anhui, Zhejiang, Gansu, Shanxi, Suzhou, Henan, Guangdong, Jiangxi, and Guangxi.[254]

Dingzi yao in this context did not only function as medicine, but also as an imperial favor, unifying the realm through shared objects of appreciation. Moreover, these benevolent acts were also a reflection of the emperor bestowing his grace in caring for the health of his officials. Gifts of medicine were not always in the form of *dingzi yao*. Discussions of *dingzi yao* were sometimes paired with other compound medicines such as *ping'an wan*. In the spring of 1736 (QL1/3) there was an order that more *ping'an wan* and *dingzi yao* manufactured at court should be prepared and sent quickly from the relay station to the military front.[255] Moreover in

[252] *Xie* or *xieqi* are outside influences that can cause harm. These can be both environmental (such as weather conditions) or like a negative or evil influence that is less tangible in nature.
[253] PMPMT, 402019175-6, YZ3.
[254] QNZDZ 11.126-127. Guan, *Qingdai gongting yixue yu yixue wenwu*, 196.
[255] GZSL, 14. 24b.

the summer of 1784 (QL49/6) two thousand pills of *ping'an wan* were obtained from the Imperial Pharmacy for officials and military officers to use in treating diseases.[256]

In addition to *ping'an wan*, mentioned above, there was another compound medicine named pacifying *dan* (*ping'an dan* 平安丹). While these medicines had similar names, with one being *dan* and the other pills (*wan*), the formulas showed differences in composition. A pamphlet, or information sheet, for an imperially produced *ping'an dan*, lists the ingredients for making the medicine.[257] Such a document most probably included a formula to provide a way for the compound drug to be manufactured in remote locations.

The following is an examination of other recipes of imperial *ping'an dan*. We find formulas of *ping'an dan* in Chen Keji's recent edition (2013) that includes ingredients from archival documents and Taiyiyuan manuscripts. While the material presents some challenges, such as some inconsistency in naming, as well as unclear boundaries between historical documents and editorial commentary, the examples show that a prescription with one particular name could be manufactured with a different formula, and that there was great flexibility in the definition of the constituents of a particular compound drug.[258] *Ping'an dan* was not the only

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[256] GZSL, 1209.30a. For doctors in the military bringing their own medicine with them, see PMPMT, 402000046, YZ7/4/10.

[257] The list included drugs such as naval gland secretions of the musk deer (*shexiang* 麝香) 4 *liang*, rhododendronmolle (*naoyang hua* 鬧羊花) 8 *liang*, finely ground borneol (*bingpian* 冰片) 4 *liang*, western cattle bezoar (*xi niuhuang* 西牛黃) 2 *liang* 4 *qian*, realgar (*ming xionghuang* 明雄黃) (another name for realgar, *xionghuang* 雄黃 / 明雄) 4 *liang*, cinnabar (*zhusha* 硃砂) 4 *liang*, betel nut (*da fuzi* 大腹子) 10 *liang*, 'fried' atractylodes rhizome (*chao cangzhu* 炒蒼術) 10 *liang*, poria (*fuling* 茯苓) 16 *liang*, aged tangerine peel (*chenpi* 陳皮) 8 *liang*, eleutherococcus root bark (*wujia pi* 五加皮) 8 *liang*, patchouli (*huoxiang* 藿香) 12 *liang*, all ground up into a fine powder. (*Ping'an dan* 平安丹 pamphlet, [Qing], Palace Museum, Beijing).

[258] The first formula of *ping'an dan* is from archival documents and has a long list of ingredients including clove (*dingxiang* 丁香), corydalis rhizome (*yuanhu* 元胡), aged tangerine peel (*chenpi* 陳皮), unripe tangerine peel (*qingpi* 青皮), tsaoko fruit (*caoguo* 草果), unripe bitter orange (*zhishi* 枳實), atractylodes rhizome (*baizhu* 白術), medicated leaven (*shenqu* 神曲), aquilaria wood (*chenxiang* 沈香), amomum fruit (*sharen* 砂仁), poria (*fuling* 茯苓), betel nut (*binglang* 賓郎), barley sprouts/malt (*maiya* 麥芽), hawthorn fruit (*shanzha* 山楂), and auklandia (*muxiang* 木香). The second formula of *Ping'an dan* is from *Taiyiyuan micang gaodan wansan fangji* 太醫院秘藏膏丹丸散方劑 (Taiyiyuan's secret prescriptions on ointments, *dan*, pills, and powder) chapter 1, and

formula that was composed using different sets of ingredients. Variances can also be seen in formulas for *ping'an wan*.[259]

Bodies and medicines: local and universal conceptions

The specialty imperial compound medicines were being dispatched around the realm, within a larger context where there was great value put on local nature of bodies as well as medicines.[260] One manifestation of such an understanding within the bureaucratic context was that an official could ask for change in the location of his posting, stating that the particular geographical surroundings were not suitable for his health. For example around mid-January to mid-February of 1730 (YZ7/12) the Governor-General of Fujian[261] Shi Taizhi 史胎直 memorialized the emperor asking if he could be transferred back to Beijing, as the climatic conditions of the geographical surroundings were not suitable for his bodily constitution (*shuitu bufu*).[262] While there may have been a range of (political and personal) reasons for asking to change his position, the fact that it was voiced through problems of *shuitu* is of interest for medical history.

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was composed of atractylodes rhizome (*cangzhu* 蒼術) 2 *jin*, *ruta graveolens* (*yunxiang* 芸香) 2 *jin*, sandalwood (*tanxiang* 檀香) 8 *liang*, aquilaria wood (*chenxiang* 沈香) 1 *liang*. These were ground up into fine powder, with 2 *jin* of jujube/Chinese date (*hongzao* 紅棗), and made into pills as big as gorgon fruit (*qianshi* 芡實), which is about the size of a chickpea. Chen Keji 陳可冀, *Qinggong peifang jicheng* 清宮配方集成 (A collection of prescriptions from the Qing court) (Beijing: Beijing Daxue Yixue Chubanshe, 2013), 497. The differences between *ping'an dan* and *ping'an san* is not only with respect to the form of the drug (*dan* or *san*). See for example, the description of *ping'an san* in the second chapter of 太醫院秘藏膏丹丸散方劑 *Taiyiyuan micang gaodan wansan fangji* were naval gland secretions of the musk deer (*shexiang* 麝香) 5 *fen*, borneol (*bingpian* 冰片) 5 *fen*, cinnabar (*zhusha* 硃砂) 3 *qian*, realgar (*ming xionghuang* 明雄黃) 3 *qian*, sodaniter (*huoxiao* 火硝) 7 *qian*. These ingredients were all ground up into a fine powder. This formula was used to treat the early stages of external cold damage diseases, such as aching head and body, fever with aversion to cold, swollen eyes, agitation with an absence of sweat, heatstroke with acute gastroenteritis (*huoluan* 霍亂), aches in naval and abdomen. Chen, *Qinggong peifang jicheng*, 77-78.

[259] Chen, *Qinggong peifang jicheng*, 497-498.

[260] For the geographic imagination with respect to medicine and public health, see Hanson, *Speaking of Epidemics in Chinese Medicine*. For importance of local drugs, see Bian, "Assembling the Cure."

[261] Fujian had a governor-general from 1728 to 1734 (YZ6-YZ12).

[262] PMPMT, 402007270, YZ7/12/24.

Shi Taizhi stated that his constitution was thin and weak, that he had been having heart palpitations, and every time he encountered something that was painstaking, he had insomnia. He explained that he had grown up in Beijing, and that he was not able to acclimate to the southern climate. Since coming to Fujian, his spleen *qi* had been weak, and his digestion had not been good. At first he was hopeful that he would get accustomed to the *shuitu*. However, his spleen *qi* had continued to be weak, he could not digest properly, had heart palpitations, and was feeling low in energy. Shi explained that as a governor-general deals with cultural and military affairs, he has to have abundant energy, be knowledgeable, plan forward and attend to minute details in order to manage the affairs without making mistakes. He concluded that he had received a lot of grace from the emperor. However, as his body was weak, and being unaccustomed to the *shuitu*, he was low in energy, and sincerely concerned that he would make a mistake. According to Shi, Beijing *shuitu* would be beneficial, and there he would be able to regain his energy.[263]

How should we evaluate the existence of imperially produced specialty drugs sent all over the realm, within a context that regarded bodies as being geographically defined and which valued local medicines? Could these imperially produced medicines also be considered a kind of local medicine (that of the court) that was sent to various areas and appreciated for its place of origin? Or was there an understanding that accorded imperial medicines with universal properties making them beneficial across the realm? In order to answer this question we would need to consider issues such as how these medicines were obtained, whether the ingot medicines were composed of local drugs, and if the *dingzi yao* were distributed to officials based on their particular physical constitutions. The exact composition of the drugs, with the lists of components available thus far do not seem to point to specifically using local drug constituents.

[263] PMPMT, 402007270, YZ7/12/24.

While these medicines were manufactured at the Palace Workshops and sent as imperial gifts, the commercial pharmacy Tongren Tang also had drugs with the name ingot in their catalogue. Whether the Tongren Tang *dingzi yao* and the imperially produced *dingzi yao* were the same is a matter that needs to be further investigated.

While individual drugs could be chosen to make up a prescription that would fit a patient's bodily constitution, there is not much indication that particular kinds of ingot medicines were sent with the ideas of an individuals' bodily constitution in mind. The information available in the sources equates a bigger box of the medicine with those who held higher rank, rather than specifying one kind of medicine for a specific official. Therefore, these ingot medicines seem to have been sent to people with differing bodily constitutions in a variety of places across the Qing lands. The main element that comes to the forefront is that they were gifts with medicinal components being distributed from the imperial center, with an understanding that they would be beneficial to those who received them (as well as to the sender). One important aspect of this benefit was health.

In that sense, these specialty compound drugs were accorded some form of universal properties, within a larger medical context that valued local ingredients, and the uniqueness of geographically oriented bodily constitutions. Therefore, notions of plurality seen within the realm of institutions, languages, texts, and medicines, may have also extended to medical conceptions (such as the local or universal nature of bodies and drugs).

These seemingly contradictory aspects of locality and universality in medicine (as reflected in bodily constitutions and drugs) actually represented different strands within the fabric of Qing medicine, allowing for the coexistence of elements that were not bound by the

need to fit neatly within a single epistemological structure.[264] This practice suggests that the authority recognized that it could benefit from harnessing a variety of conceptions in the medical realm.

Realities of medical organization in practice: mobility

The multiplicity of spaces in which doctors and pharmacists served required distances of different kinds to be regularly traversed in managing daily affairs within and across institutional boundaries. The particular examples show that Taiyiyuan doctors rotated through posts at the Forbidden City, Yuanming Yuan, etc. Doctors could also be called by imperial decree and deputed for a specific purpose. Providing medical care for someone in Beijing meant traveling across expansive space within the Forbidden City or Imperial City. The imperial medical system of doctors and pharmacists served people who were as close as Qianqing Palace within the grounds of the Forbidden City, Jingshan Nanfu, or as far as the Yuanming Yuan about 15 km northwest of the palace located in the Forbidden City. The speed of travel by foot from the Forbidden City to the Yuanming Yuan could take three hours. Doctors could be deputed even further to Rehe or Mulan.[265] Moreover, physicians also accompanied the emperor while visiting the Eastern and Western Mausoleums, and going on tours.[266]

Movement was important for another reason: mobility was intimately connected with the notions of space and responsibility, as being deputed away (being physically absent with permission) absolved a person of accountability for a misdeed that may have taken place during that time. Archival documents do not always specify the exact location to which officials were

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[264] Sare Aricanli, "Considering Local Aspects of Medicine in the Qing: Pluralities in the World of Bodily Constitutions and Medicines," conference paper presented at *14th International Conference on the History of Science in East Asia*, Paris, France, July, 2015.

[265] They went into the city (*jincheng* 进城), which depending on their point of departure could be referring to entering the Imperial City, Forbidden City, etc.

[266] For a comprehensive and enlightening study on the imperial tours and the court on the move, see Chang, *A Court on Horseback,* esp. Chs. 1-4.

deputed, or their exact task at hand. (Sometimes the place name was left blank to fill in later, and simply forgotten.)

The changes that took place in medical organization through the eighteenth century were reflected onto the realm of movement. The institutions that were primarily responsible for arrangements of travel shifted from the ministries to the Imperial Household Department. For example, those traveling in early Qing were provided with a servant, horses, and carts as well as drugs, tents, and other necessary supplies. All was reported to the Ministry of Rites, which informed the related departments to provide the respective materials. If one was on duty accompanying the emperor on a trip to visit to the tombs, then rice, meat, charcoal, etc. could be picked up at the Court of Imperial Entertainment.[267]

The examples below will show how movement was coordinated in later Qing through Imperial Household agencies. Mobility was a multi-institutional enterprise, organized with various offices in the Imperial Household Department. A list of items that were taken on a trip during the time of the Kangxi Emperor's reign provided detailed information about the kinds of materials the Yuyaofang packed when going on the move. While the document does not have a date, as it is titled a list of items that the Neiwufu took on carriages carts, it may be after 1691 (or 1686), when the Yuyaofang was part of the Neiwufu (see Chapter 2). Included in the list, are drugs that had already been prepared (511 *jin* 3 liang 5 *qian*), pills (125 *jin* 15 *liang* 4 *qian*), powdered medicine (15 *jin* 7 *liang*), many kinds of *ointments* and ingot medicines (24 *jin* 11 *liang*), fresh ginger (90 *jin*), and powdered ginger (90 *jin*). The list included items such as a teapot, pot, jar for ointments, small flask, spoon, pestle, ceramic jar, rope, quilt, a pouch for carrying medicine, felt, burner/stove, and a chest, totaling 419 *jin* 7 *liang*. The grand total was

[267] KHD, 161.15a.

1276 *jin* 11 *liang*, and required three carriages. In addition to these the Yuyaofang also used supplies for lighting (candle, lamp), for sitting, as well as an implement such as a basin.[268]

When the Inner Pharmacy and senior eunuchs (*shouling taijian*) etc. travelled, they needed tents, horses, etc. Moreover, supplies such as saddles etc. would be obtained from the Imperial Armory (Wubeiyuan 武備院). Horses were prepared by the Shangsiyuan. Toward the end of 1763 (QL28/11) Imperial Household Department memorialized that each time there was an imperial excursion one tent each would be used for the chest of medicines kept at the Inner Pharmacy of the Qianqing Palace and for the chest of medicines at the Inner Pharmacy of the Shoukang Palace (Shoukang gong 壽康宮). There would also be one tent for the chest of medicines from this (*ben* 本) Yaofang. Therefore, a total of three tents were used for these three chests.[269]

Mobility of medical figures across long distances also required travel expenses, as well as horses and carriages for the accompanying people. The Office of Accounts (Huijisi 會計司) provided traveling expenses of the corporals (*lingcui*) and drug-compounding medical figures (*heyao yisheng*). The office for officials managing carriages (Banli cheliang guanyuan chu 辦理車輛官員處) provided carriages for the medicines.[270]

Movement was such an integral part of imperial affairs that the *zhehao*, the concept of classifying medicines at the Yuyaofang according to loss in weight per *jin* during preparation (see Chapter 2), was also extended to the context of travel. In 1743 (QL8), *zhehao*, was used as a category to consider which medicines should be taken on trips. The text stated that except for the 31 kinds of drugs which did not have a loss in weight, it is important to consider *zhehao*

[268] KXMWZZQ, 1701-1706, esp. see 1705. Also See Guan, *Qingdai gongting yixue yu yixue wenwu*, 16-17.
[269] QZNZL, *Yuyaofang*, 1462.
[270] QZNZL, *Yuyaofang*, 1463.

when deciding which medicines to have on trips as the drugs loaded onto carts would be exposed to conditions of heat and humidity, and could spoil or break to pieces. The text continued that medicines in storage included many which could easily show a loss in weight, and therefore *zhehao* should be considered.[271] Here, we see that a category related to loss in weight in preparation of drugs that aided fiscal planning and organization of pharmacy affairs was used within the context of deciding which medicines to take on the move. While the amount lost per *jin* in preparing medicine may not always be the same as how easily a particular drug could spoil on trips with differing weather and road conditions and lengths of journeys, it seems that *zhehao* was considered to be a useful organizational metric to account for the fragility of drugs while on the move.

Traveling did not always need to be on imperial tours, as there were trips to nearby places such as imperial tombs. These would be much shorter trips, which were still long enough to stop and rest somewhere along the way.[272] These tombs were where previous Qing emperors were buried. As there was a ritual for each ancestor at the anniversary of their death, the number of rituals increased through the years.[273] The main issue with respect to arranging Taiyiyuan officers to visits the tombs seems to have been the number of high-level medical officials who would be accompanying the entourage. For example, for a visit to the Eastern Mausoleums on April 1,

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[271] QHZL, 163.37a.

[272] On the way to the mausoleums, the entourage would stop and rest. For example, 80 kilometers to the northeast was a mountain where the Kangxi Emperor stopped en route, probably on the way to the Eastern Mausoleums. The suburban estates of the emperors could also be places to stop on the way; the Southern Park for example was a place where emperors could rest while heading to the imperial tombs. Naquin, *Peking*, 311, 314.

[273] While there were secondary rites at the Jin and Ming emperors' tombs, Grand Sacrifices were offered to the Qing rulers. The Shunzhi Emperor was the first emperor who died inside of the Pass, and there were two sites of imperial mausoleums where the Qing emperors were buried. The Shunzhi, Kangxi, Qianlong, Xianfeng, and Tongzhi Emperors (and empresses and concubines) were buried at the Eastern Mausoleums (Dongling 東陵) which opened in 1661, about one hundred kilometers east of Beijing. The Western Mausoleums (Xiling 西陵) started with the Yongzheng Emperor in 1730 at a similar distance, but in the opposite direction of the city. The Jiaqing, Daoguang, and Guangxu Emperors were buried there.
Naquin, *Peking*, 325-326.

1873 (TZ12/3/5), the senior officials in the entourage were the senior administrative assistant and junior administrative assistant.[274]

The organization of medicine within the context of mobility provides an opportunity to see how various parts of the pluralistic structure came together. We can see the institutional actors of imperial medicine in a list of officials in a retinue that states how many horses would be allocated for each position. The medical figures include those such as a Taiyiyuan imperial physician, Taiyiyuan medical secretary, Taiyiyuan drug compounding *yisheng*, Yuyaofang banner *yisheng*, Yuyaofang *baitang'a*, Yuyaofang *kuzhang*, as well as a number of posts in the Shangsiyuan that will be introduced in the following chapter such as chief of stables, chief of herds, and *coban* bonesetters, thereby showing the role of military organization and mobility as a binding force in pluralistic organization of imperial medicine.[275]

Conclusion

There was not only institutional plurality with more than one organization, but also multiplicities within the structural formations themselves. Having pharmacies in different places accorded some halls with a pharmacy of their own, elevating the status of that location, while winning the favor of those who frequented it, thereby serving to increase loyalty to authority.

Pluralistic organization resulted in a great deal of movement of medicine. Drugs such as *dingzi yao* or *ping'an wan* were dispatched to the warfront or to officials around the realm. The importance of mobility for doctors is clear through the distances between different palaces,

[274] For the April 1, 1886 (GX12/2/27) visit to the Eastern Mausoleums, the senior and junior administrative assistants were selected. For the March 31, 1887 (GX13/3/7) visit to Western Mausoleums the Senior Administrative Assistant named Zhuang 莊 (the details of name were left blank to be filled in later) was chosen. On March 29, 1887 (GX13/3/5) an imperial decree stated that the Junior Administrative Assistant Li Dechang 李德昌 would also be traveling with them. For a later visit of the Empress Dowager Cixi to Dongling, Commissioner Zhou respectfully asked who should be deputed. Moreover, a list of imperial physicians, medical secretaries, master physicians, etc. who would be joining the group was submitted. ZANHA, 5-972-23, GX16/2.
[275] GHDSL, 645.95-98.

gardens, and villas the emperor and imperial family inhabited. Most obviously, movement can be seen in the excursions, visits, and tours of the peripatetic Qing emperors.

Obtaining medicinal ingredients from a number of institutions resulted in the need to traverse the distance between them. Mobility and the necessity for coordination were also factors in the integration of imperial medical organizations with other institutions. While this plurality may have served a practical purpose in organization, it also revealed the overlapping notions such as food and medicine. Medical formulas were not only similar to recipes that could exhibit variation, but the concept of drugs overlapped with jewelry, good luck charms, and decorative objects within a larger context that allowed for understandings of both local and universal nature, reflecting the variegated strands that together constituted Qing medicine, as well as the flexibility of the authority in allowing for pluralities that would also provide practical advantages.

The broadening range of activities certainly made the Yaofang a much more central player, and some of these roles clearly overlapped with those of the Taiyiyuan, in areas such as distribution of medicines, collecting and writing texts, and having rituals. These various changes were taking place within a context that was also multilingual in character (more on this in the following chapter).

Multiplicities could also be seen within the realm of texts, as there were a number of imperial medical textual worlds including the medical sections of imperially commissioned texts, collections of texts of the Imperial Pharmacy, as well as collections of Manchu medical manuscripts.

The world of imperial medicine intersected with the social history of medicine, texts, and material culture in ways that defied clearly marked boundaries. The popular texts by a famous late-Ming imperial medical figure such as Gong Tingxian were not only found in the Yuyaofang

text collection, but also in the names of medicines of the commercial pharmacy Tongren Tang (which had commercial relations with the Yuyaofang). Moreover, some of the texts were translated into Manchu.

Toward the late-Qing, certain distinctions that had been established in the eighteenth century became more blurred (or inclusive, depending on one's perspective). The less-defined boundaries in collections of imperial medical texts such as the *Xuxiu siku quanshu* (Supplement to the Four Complete Treasuries), when compared to that of the *Siku quanshu,*[276] parallels the broadening definition of the kinds of medical figures that were included in the service of Taiyiyuan officials as six duties (*liuzhi*) and palace duty (*gongzhi*) (see Chapter 1).[277]

The move of the Imperial Pharmacy to the Imperial Household Department was not just the beginning of a multiplicity of pharmacies and the expansion in the breadth of its activities. It can also be seen as a more pluralistic way of organizing medicine within the imperial realm, which provided space for the practice and existence of a wider range of actors, as well as an increasing number of intersecting realms. Chapter 4 continues with the theme of organizational pluralities and introduces another example, the *coban* bonesetters at the Shangsiyuan.

[276] *Siku quanshu* 四庫全書 (Four Complete Treasuries), [1782], Beijing: Beijing Chubanshe, 2005. *Xuxiu Sikuquanshu* 續修四庫全書 (Supplement to the Four Complete Treasuries), [late-Qing]. Shanghai: Shanghai Guji Chubanshe, 1995-2002.
[277] For more on *liuzhi* and *gongzhi*, see Ch.1 fn. 56.

Chapter 4. Institutional multiplicity and the overlapping realms of human and equine medicine

By the end of the eighteenth century, the diversity of peoples within the Qing administrative realm had increased greatly. Even more importantly people of different backgrounds were represented within one of the most important institutions of the Qing: the military banner system, which was also a social, and political organization. Moreover, at court, there were those such as Jesuits, without particular institutional affiliations but who could still carry great influence. As the Qing territories expanded and the rulers consolidated their power, the dynamics between those in the realm exhibited further realignment. For example, peoples such as the Mongols who had once been allies, later became subordinates.[278] Providing new subjects a position at the center was one way that the Qing state could recognize and reify them.

The new balances of power between various groups in the Qing were reflected onto imperial medicine at the center. The Yuyaofang gained relative autonomy from the Taiyiyuan, and became an organization that was managed by the Imperial Household Department, with bannerman-bondservants under their command. The plurality of institutions was not just seen with the Taiyiyuan and Yuyaofang, other medical figures coming from a variety of ethnic backgrounds, and with differing medical expertise were also found in imperial medicine. This chapter focuses on a special class of bonesetters called *coban* who worked in the Shangsiyuan. Of particular interest will be their medical practices as well as the overlapping realms of human and equine medical care.

Horses got sick. So did people. Sometimes it was the horse doctors who could best treat humans. At a time when horses occupied important places in ceremonial and military affairs,

[278] See Di Cosmo, "From Alliance to Tutelage." Nicola Di Cosmo and Dalizhabu Bao, *Manchu-Mongol Relations on the Eve of the Qing Conquest: a Documentary History* (Leiden: Brill, 2003).

equine medicine was an integral aspect of the imperial medical world. Horses were not only a significant part of the imperial apparatus, but these animals could also pose potential risks for their riders. While a horse, with a stature that could carry a human, could exude an aura of stability and strength, reality could be quite different. Horses easily trip, and sprain their ankles. They are prone to getting startled by the most trivial things. A sudden noise, or a little animal jumping onto the path could be enough to leave the rider with serious wounds on the head or body. The *coban* bonesetters were highly adept at solving such problems. Therefore, the *coban* who were skillful in managing the care of human and equine patients must have been a great asset.

The *coban* were defined as doctors of horses. However, they also treated humans. Who would have imagined the crucial role that practitioners of equine care played in Qing imperial medicine? The human and equine medical worlds actually overlapped in many ways during this time: with respect to medical figures, institutions, as well as medicines.

The main actors of this chapter, the specialty bonesetters at the Shangsiyuan were referred to by a number of names. Manchu language documents called them *coban*. Chinese sources used terms such as Mongolian chief physician (*yizhang Menggu* 醫長蒙古), and Mongolian doctor (*yishi Menggu* 醫師蒙古, *Menggu yishi* 蒙古醫士, *Menggu yisheng* 蒙古醫生).[279] Moreover, there was another term for this post, *chuoban* 綽班, a Chinese character transliteration of the Manchu term *coban*.[280]

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[279] For *Menggu yisheng*, see YHD, 233.39b. For *yizhang Menggu* and *yishi Menggu* see QHD, 92.8b. For *Menggu yishi*, see QSG, 502.13880-13881. In addition to the *yisheng* at the Taiyiyuan and Yuyaofang, there were also *yisheng* in the Shangsiyuan, referred to as *Menggu yisheng* 蒙古醫生 (generally translated as Mongolian doctor). The fact that official sources also referred to those in the same position in a number of different way (such as *Menggu yishi* 蒙古醫士) that meant physician suggests that *Menggu yisheng* were practitioners of medicine, rather than students (although they were learning in some capacity from the chief Mongolian doctor). (See Chapter 4 for more on *Menggu yisheng* and the various terms with which they were referred.) See Ch.1 fn. 53 and Ch. 2 fn.129.

[280] References to *chuoban* 綽班 include examples from the Qing dynasty referring to the Liao and Yuan dynasties. In a Qing dynasty history, *chuoban* refers to a name during the Yuan. See late eighteenth-century *Xu Tongzhi* 續通

This chapter begins by examining the changing institutional context in which the *coban* rose to power at the Shangsiyuan through the eighteenth century. While the overlapping realms between human and equine medicine were reflected onto the post of the *coban* during this time, we will see that an institutional tie was forged between the Taiyiyuan and the Shangsiyuan later in the Qing. This section is followed by accounts of the *coban*'s treatment methods. The concluding part of this chapter presents examples of individual medicines as well as compound drugs such as human-equine pacifying powder that were used in the medical care of people and horses.

Institutional context of equine care

The institutional context for the medical care of the emperor's horses was the Shangsiyuan, an institution that oversaw a range of matters related to horses and other animals in herds and at stables.[281] At this institution, there were also posts for treating horses. Horses occupied a very special place at the Shangsiyuan, and more generally within the organization of the Qing state. Qing emperors had great interest in the management of animals, especially horses. High regard for equine care was due to a number of factors such as the value that Manchu emperors gave to horsemanship, as well as the military and imperial use of animals in the Qing. The animal and livestock organization of the Qing palace was very broad in scope, and included

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志 (Supplement to the comprehensive history), compiled by Ji Huang 嵇璜 and Liu Yong 刘墉 et. al. according to imperial orders and revised by Ji Yun 紀昀 et. al. See *Xu Tongzhi* 續通志 (Supplement to the comprehensive history), [1785] (Shanghai: Shangwu Yinshuguan, 1936), 487.6080. Moreover, a Qing dynasty expanded version of the Liao history has an example where *chuoban* refers to a name, but this time that of a tribe (*bu* 部). See the Qing dynasty, *Liaoshi shiyi* 遼史拾遺 (Supplement to the history of the Liao Dynasty), [Qing], Siku quanshu edition, no. 289 (Taipei: Shangwu Yinshuguan, 1984), 17.18b.

[281] For history of the Qing Shangsiyuan, see Zhang Li 張莉, "Qingdai *Shangsiyuan* jianlun" 清代上驷院简论 (Brief discussion of the Qing dynasty Ministry of Imperial Stables, Herds, and Carriages), *Qingshi yanjiu* 1(1991): 33-36.

the care of horses at stables inside and outside the palace grounds, as well as those at distant pastures.[282]

The term Shangsiyuan refers to an office for a team of four horses tied to the front of an imperial carriage.[283] In very broad terms, Shangsiyuan may reflect an understanding of horses, primarily as part of carriages or the ceremonial sphere. This term focuses on one particular aspect of the organization of imperial horses, and underestimates the wide range of equine (and non-equine) related matters that the Qing institution attended to such as choosing and raising horses, managing herds, treating animals medically, allocating feed for horses and camels, etc.[284]

The name of the institution in Manchu, *Dergi adun i jurgan* is literally translated as "Ministry of Imperial Herds." However, this term simply emphasizes the aspect of herds without mentioning the organization's responsibilities with respect to stables and carriages. Moreover, the conventional English translation, Palace Stud, reflects neither the significant place that the institution occupied within the administrative hierarchy, nor its divergent meanings in Chinese and Manchu.[285] Therefore, while an English rendering of this term such as Ministry of Imperial Stables, Herds, and Carriages is indicative of the functions of the institution, however, within the context of the Qing, there was no overarching term that included all the conceptions that were

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[282] For the important place of horses in the Qing, especially during imperial tours, see Chang, *A Court on Horseback*. For animal medicine and more specifically equine medicine see following works by Dagmar Schäfer and Paul Buell: Dagmar Schäfer, "Veterinary Medicine: Song dynastic governance of livestock epidemics" (*conference paper*). Paul D. Buell, "Chinese Horse Medicine: Texts and Illustrations," with Timothy May and Dave Ramey, in Vivienne Lo, ed., *Imagining Chinese Medicine*, *A Visual History* (Leiden: Brill, *forthcoming*). Paul D. Buell, Timothy May, and David Ramey, "Greek and Chinese Horse Medicine: Déjà vu All Over Again," *Sudhoffs Archiv* 94, 2 (2010): 31-56. Paul D. Buell, "Equine Medicine in sixth Century China: *Qimin yaoshu*," with David Ramey, in *Guardians of the Horse* II, edited by Peter Rossdale and Rachel Green (Suffolk: Romney Publications, 2001), 154-161. For a detailed description of the organization of horses as well as other animals, including different stables and pastures, in and near the 'palace' and in local settings, see Li Qun李群, "Qingdai xumu guanli jigou kao" 清代畜牧管理機構考 (Examination of the administrative organization of animal husbandry in the Qing), *Zhongguo nongshi* 17, 3 (1998): 88-93. The conceptual categories of equine care often overlap with other animals, such as cows, mules, and camels. See, for example, *Xinkan zuantu yuanheng liao ma ji, niuma jing* 新刊纂圖元亨療馬集 , 牛馬經 (New edition of the collection of equine medical treatment, equine-bovine text), [Ming text, re-printed 1736-1795].

[283] While *shangsi* is a term that is found much earlier in Chinese history, Shangsiyuan is particular to the Qing.

[284] QZNZL, *Shangsiyuan*, 873-975.

[285] See BH 88.

understood within the different linguistic and cultural contexts. Therefore, the institution will be referred here as Shangsiyuan, with an understanding that this is one of its names, and that the institution also dealt with imperial stables and herds (of horses as well as other animals).

One of the actors that emerged in the Shangsiyuan during the late-seventeenth early-eighteenth centuries was a post referred to as Ch. *Menggu yisheng* 蒙古醫生 (Mongolian doctor),[286] Ma. *coban*. Looking at the insertion of *Menggu* in the Chinese term for *coban*, one could ask what being Mongolian had to do with this medical post.[287]

The term *coban*, which means lever/bar/club/stick in Manchu, is Altaic (branch or forked branch, staff).[288] (A broader range of meanings for the term can be found within a wider geographical context.[289]) In Manchu the verb *cobalambi* means to pry up or lift with a lever thereby pointing to

[286] The post of Ch. *Menggu yisheng* 蒙古醫生 at the Shangsiyuan was probably established between 1687 and 1727. YHD, 233.29b.

[287] For the complexities associated with the defining Mongolian in the Qing state, see Morris Rossabi, *China and Inner Asia: from 1368 to the Present Day* (London: Thames and Hudson, 1975), esp. Ch. 6. Also see Pamela K. Crossley, "Making Mongols," in Pamela K. Crossley, Helen F. Siu and Donald S. Sutton, eds., *Empire at the Margins: Culture, Ethnicity, and Frontier in Early Modern China* (Berkeley: University of California Press, 2006), 58-82.

[288] Starostin et al. state that *coban* is an Altaic term (Tungusic, Mongolian, Turkic). S.A. Starostin, A.V. Dybo, and O.A. Mudrak, *An Etymological Dictionary of Altaic Languages* (Leiden: Brill, 2003), 419-420. For the Mongolian meaning, while a definition of the term is not found in Kowalewski (v.3, between 2200 and 2201), Henry Serruys shows that Ma. *coban* as a stick (in this case one used within the context of hunting) corresponds to Mongolian *siidam, sigidam*. See Kowalewski, J. É. *Dictionnaire Mongol-Russe-Français* (Mongolian, Russian, French dictionary) Kazan, 1844-1849. 3 vols.), and see Henry Serruys, "Qalqa/Qalqabci, Shield, Screen," *Etudes Mongoles et Sibériennes* 16 (1985): 41-49, note 4. (*Sigidam* in Lessing is *siidam*, and *siidam* is defined as a club (a weapon of wood or metal). Ferdinand Lessing, *Mongolian-English Dictionary* (Bloomington: The Mongolia Society, 1973), 702, 704. Therefore, the definition of *coban* as club/stick/lever seems to be the meaning found in the Manchu language.

[289] In a geographically wider spectrum those dealing with languages in western parts of Asia have seen a connection with Persian, and the meaning there is shepherd and headman (Clauson). Gerard Clauson's dictionary, includes meanings of *coban* such as leader (minor official, village headman) and shepherd, which he regards as two different words. However, he states that it was found in Russian, Chagatai, etc. thereby showing the extent of geographical in which the word existed in earlier times. See Gerard Clauson, *An Etymological Dictionary of Pre-Thirteenth-Century Turkish* (London: Oxford University Press, 1972), 397-398. Steingass's comprehensive dictionary of the Persian language provides an explanation of chub/chob (vowel could be both o or u as it was written with the letter 'vaw' و) as a log, wood, tree, staff, rod, stick. *Coban* as shepherd or horsekeeper. Francis Joseph Steingass, *A Comprehensive Persian-English Dictionary* (London: Printed by W.H. Allen and Co. Ltd., 1892), 401. *Coban* also appears in a dictionary of Mongolian words in new Persian. Gerhard Doerfer, *Türkische und Mongolische Elemente im Neupersischen* (Turkish and Mongolian Elements in New Persian), 4 vols. (Wiesbaden: Franz Steiner: 1963-75), vol. 3, no. 1130. According to Doerfer, the word *coban* comes from Persian, and originally meant herder. He provides two examples where the term *coban* may have been a Turkic word in Mongolian.

these doctors' practices of dislodging bones that had moved out of position. The treatment methods of the *coban* at the Qing Shangsiyuan involved lifting and shifting bones that were stuck, to get them back in the right position. A stick or staff, a tool carried by shepherds and horsekeepers could be used for such a purpose. (On the other hand, Manchu terms for herder such as *aduci*, *kuteci*, and *kutule* also suggest connections between herding, caring for horses in stables, and bannermen.[290]) Some present-day secondary sources on the history of Qing medicine regard the Chinese term Mongolian doctor to be an adjective-noun pair, however it was a title of a position in the Shangsiyuan since the late seventeenth, early eighteenth centuries.[291] The eighteenth century Chinese term *Menggu yisheng* literally translated as "Mongolian doctor" does not point to the range of meanings above, or to the practices. The word *coban* is used to refer to the position here, as it is looser and more flexible than the Chinese term, and more reflective of a post that crossed many boundaries between the military, bureaucratic, equine, and human worlds.

The Mongols were certainly discriminating in their care for horses, and the Qing did, at some points, turn to the Mongols with respect to matters related to equine care.[292] For example,

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[290] The words for herder in Manchu point to the value of further exploring connections between bannermen and caring for horses in herds and at stables. The Manchu word for herder was *aduci*, coming from *adun* (herd). The word *kuteci*, meant both horse herder and a stable boy, groom. Furthermore, the word *kutule* means both a banner slave and a horse herder, groom. (*Kutulembi* in Manchu meant to lead, and is used for animals.) These examples suggest that in Manchu there may have been a larger conceptual overlap between the positions of those who herded horses in the field, and those who were responsible for their care in the stables.

[291] YHD, 233.29b.

[292] In addition to the word for herd (*adun* in Manchu and *adughun* in Mongolian), there are other similarities between Manchu and Mongol vocabulary related to horses in the eighteenth century. For example, according to the Qianlong period imperially commissioned five-language dictionary horse (馬 *ma*) is *mori* in Mongolian and *morin* in Manchu, breeding horses (馬交 *ma jiao*) is *ajirgalamui* in Mongolian and *ajirgalambi* in Manchu, gelding (騸 *shan*) is *akta* in both languages, red horse (紅馬 *hong ma*) is *jerde* in both languages, and a backward kick (劣蹶 *lie jue*) is *doksin* in both languages. *Wuti Qingwen jian* 五體清文鑒 (Five-language mirror of Manchu) (photo reprint of Qianlong period edition, housed at the Palace Museum) (Beijing: Minzu Chubanshe, 1957), 4315, 4317, 4328, 4334, 4342. In illustrating these examples, I have used the transcription in the following Manchu-Mongolian-Chinese dictionary of phonetic comparisons, rather than the Cleaves transcription. See Jiang Qiao 江橋, *Qingdai Man-Meng-Hanwen ciyu yinyi duizhao shouce* 清代滿蒙漢文詞語音義對照手冊 (Handbook for the comparison of the pronunciation and meaning of Manchu, Mongolian, and Chinese Terms) (Beijing: Zhonghua Shuju, 2009). For equine medicine in the *Wuti Qingwen jian*, also see Ruth Meserve, "Some Remarks on the Illnesses of Horses

the Yongzheng Emperor's decree and instructions in 1727 stated that because "soldiers as a class no longer knew how to put their horses and camels into proper condition […] it was the Mongol way, not Manchu methods, that were presented along with the decree, instructing officers to teach the soldiers how to care for their animals in the various seasons of the year."[293]

According to the *Huidian*, the *coban* were from the banners (*baqi* 八旗).[294] The biography of the most famous *coban* Jueluo Yisang'a 覺羅伊桑阿 in the *Qingshi gao* described the *coban* by stating that, it was said that the soldiers who understood bonesetting methods were chosen from the top three banners, ten from each banner, and that they were under the Shangsiyuan, and referred to as Mongolian doctors (*Menggu yishi* 蒙古醫士).[295] However, if we look at the total number of *coban* from the *Huidian* examples (see further below), they only amount to twenty *coban* (either 20 *coban*, 2 chief *coban* and 18 *coban*, or later 3 chief *coban* 2 assistant chief *coban* and 15 *coban*), and are therefore not in agreement with the number given in the *Qingshi gao*. Moreover, the positions described below suggest that the various doctors for equine care were organized according to banner designations. Therefore, the description of the *coban* presented with Jueluo Yisang'a's biography may be the conflation of his position, with a description of the post in general.[296] The biography of Jueluo Yisang'a in the *Qingshi gao*

According to the Ch'ien-lung Pentaglot," in Bernard Hugn-Kay Luk et al. eds. *Contacts Between Cultures- Eastern Asia: Literature and Humanities vol. 3 (*Lewiston: Edwin Mellen Press, 1992), 339-342.

[293] Ruth Meserve, "An Historical Perspective of Mongol Horse Training, Care, and Management: Selected Texts" (Ph.D. Dissertation, Indiana University, 1987), 141.

[294] QHD, 92.9b. For the history of the banner system, see Elliott, *The Manchu Way*.

[295] QHD, 92.9b. *Menggu yishi* 蒙古醫士 (Mongolian doctor). See QSG, 502.13880-13881. For Jueluo's Yisang'a, also see Hanson, *Speaking of Epidemics in Chinese Medicine*, 156.

[296] For an account of Jueluo Yisang'a that is very similar to the *Qingshi gao* version in terms of the elements it contains, while the order of the sentences has been changed, see a book of jottings and short stories Zhao Lian 昭槤, *Xiaoting zalu* 嘯停雜錄 (Miscellaneous writings from the whistling pavillion), [composed in late 18th-early 19th c.] Reprint edition (Taibei: Wenhai Chubanshe, 1967),1. 33b-34a. For another example from a later date that is even further from the account that it takes as its main source, but which contains similar information with some variances in characters, and an order that shows similarity to the *Xiaoting zalu,* see a book of late-Qing text of jottings and

included both an account of the treatment of Qi Shaonan's injury, as well as a description of the institutional structure. Even though the rendition of the institutional organization in Jueluo Yisang'a biography seems to be less reliable, both aspects of Jueluo's Yisang'a's biography became part of many popular renditions.

Changing structure of medical care at the Shangsiyuan

The reorganization of equine medical care can be clearly seen through the Kangxi, Yongzheng, Qianlong, Jiaqing, and Guangxu emperors' editions of the *Huidian*, and this chapter shows that the normative framework of equine medicine was greatly redefined from early to high Qing. The *arc of normative change* is observed by considering the time-frames in which the materials for each of the editions were collected, thereby showing the changes in the structure of equine care at the Shangsiyuan.[297] In the early Qing (1636 -1686) *Huidian*, there were twenty-five "animal doctors" (*shouyi* 獸醫) who worked at the Shangsiyuan.[298] Then (1687-1727) *coban* (Ch. *Menggu yisheng* 蒙古醫生) entered the picture, with twenty-two "animal doctors" and twenty *coban*.[299] By the middle of the eighteenth century (1728-1758) *coban* were at the top of the hierarchy of the medical practitioners who cared for animals at the Shangsiyuan. The highest positions were two chief *coban* (Ch. *yizhang Menggu* 醫長蒙古二人), followed by eighteen *coban* (Ch. *yishi Menggu shi you ba ren* 醫師蒙古十有八人), six doctors of skin diseases (*laiyi* 癩醫), and sixteen "animal doctors" for providing medical treatment to horses and

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short stories Xu Ke 徐珂, *Qing bailei chao xuan* 清稗類鈔選 (Selections from an anthology of petty issues in the Qing) [late 19th-early 20th c.] (Beijing: Shumu Wenxian Chubanshe, 1984), 273-274.

[297] Sare Aricanli, "Equine Medicine in the Qing Imperial Medical World," conference paper presented at *Animals in Asian History, Society, Thought*, Manchester University, Manchester, UK, January, 2013.

[298] KHD,154.13b. The present-day translation of *shouyi* is veterinarian; however, in this paper the term animal doctor is used to refer to this position as it is a more descriptive term that does not carry the connotations associated with the modern-day profession.

[299] YHD, 233.29b.

camels.[300] In 1745 (QL11), it was memorialized that two *coban* who were skilled at medicine should be chosen as chief *coban*, and provide instruction to the *coban*.[301]

The "animal doctors" who had represented the status quo in the early Qing, later became a minority within the organization of equine medical care. Not only did their numbers decrease, but they were also at the lower end of a hierarchy where *coban* held a prominent place. While animal doctors were earlier just referred to as *shouyi*, increased representation by *coban* and other banner practitioners by the middle of the eighteenth century may have led to their being labeled as animal doctors who were [occupying a] Han [position] (*shouyi han shiyouliuren* 獸醫漢十有六人), therefore meaning that they were not from the banners.

The changes in the organization of equine medicine suggest that the normative framework of horse medicine in the imperial realm was restructured during this time, with a broadening of categories, and an increasing representation of doctors who came from different ethnic backgrounds and places within the bureaucratic structure.[302] The chief *coban* and regular *coban* were from the banners, the doctors of skin disorders (*lai*) from the grooms (*jiuding* 廄丁), and herders (*muding* 牧丁) and animal doctors were those who went through posts at the

[300] QHD, 92.8b. From the mid-eighteenth to the early nineteenth century (1758-1818) there were three chief *coban* (*yishizhang, Menggu san ren* 醫師長蒙古三人), two assistant chief *coban* (*fu yishizhang, Menggu er ren* 副醫師長蒙古二人) in charge of medically caring for horses and camels. Moreover there were also fifteen *coban*, six doctors of skin diseases, and sixteen animal doctors JHD, 78.8b. The three chief *coban* were also sometimes referred to as *Menggu yisheng toumu san ren* 蒙古醫生頭目三人. See GHDS, 1171. 3a. The same numbers of medical figures continued from the early to late nineteenth century (1813-1896). GHD, 96.8b.

[301] These chief *coban* would have a salary of rank 8. GHDSL, 1171.2a.

[302] In addition to the *coban*, doctors of skin disorders, and animal doctors, there were also caretakers at the pastures and stables. These caretakers worked within the animals' natural setting. Medicines given to horses at the pastures and stables, included those for treating skin disorders (*lei*/*lai*) in horses. The various meanings associated with the word *coban* across Asia, as well as the overlapping meanings of herding and those tending to stables in Manchu, suggest the value of considering what we can learn about equine medicine from the caretakers at stables and pastures. Pasturelands, for herds primarily composed of horses, existed across institutions for palace horses as well as those for the larger Qing realm, thereby showing the importance of recognizing spatial elements in addition to institutions within the organization of animals.

Ministry of Rites and Five Boroughs.[303] As those tending to stables and herds were bannermen, they were paid by the banners, and those considered to be working under the Neiwufu would collect their payment from Imperial Household. The animal doctors were on the payroll of the Ministry of Finance.[304]

Equine care was a much broader category, which included equine medicine, as well as other aspects that we may not necessarily associate with care of horses today. However, it is important to understand that equine care in the eighteenth century Qing included breeding and feeding the horses, as well as how to deal with them as they aged. Another aspect of caring for imperial horses involved shamanic rituals held on their behalf, such as the sacrifice to the spirit of the Horse God (*ji ma shen* 祭馬神) that was held twice a year. This ritual would take place in the spring and autumn, for two days, and the sacrificial food was a pig. On the first day there was a sacrificial ceremony for imperial horses, and on the second day, a sacrifice for the growth of imperial herds. The chief of imperial herds had five pairs of horses stand outside a hall while offerings were made. A shaman would then enter and chant prayers to music played by assistants, after which various colored stripes were first blessed and then attached onto the manes and tails of horses.[305]

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[303] QHD, 92.9b. *Qianlong Huidian zeli* gives a similar account, except that it states that the doctors of skin diseases were only from *jiuding* (as opposed to being selected from *jiuding* and *muding* as stated in the *Qianlong Huidian*). See QHDZL, 166.32a. However the *Jiaqing Huidian* also stated that the doctors of skin diseases were from *muding* and *jiuding*. See JHD, 78.9a. *Jiaqing Huidian shili* however, again stated that the doctors of skin diseases were chosen from *jiuding*. See JHDSL, 888.1b. GHD also stated that they are from both *muding* and *jiuding*. See GHD, 96.9a. These accounts suggest that the issue of whether the doctors of skin disorders should come from the stables, or from those tending to stables as well as those pastures seems to have been a matter of debate.

[304] See QZNZL, *Shangsiyuan,* 932-935.

[305] YHD, 233.29a. See Nicola Di Cosmo, "Manchu Shamanic Ceremonies at the Qing Court" in Joseph P. McDermott, ed., *State and Court Ritual in China* (New York: Cambridge University Press, 1999), 352-398.

Practice of the specialty bonesetters (*coban*)

Having seen that the *coban* occupied an important place in equine care during the eighteenth century, what do we know about their practices? The *coban's* techniques were reputed by Zhao Lian (1776-1833), the author of *Xiaoting zalu*, a late-eighteenth early-nineteenth century personal account that included bureaucratic matters, to be different from those of Huangdi 黃帝 and Qibo 歧伯, referring to the medicine of the Yellow Emperor and one of his most famous interlocutors outlined in the canonical classic of Chinese medicine, *Huangdi neijing*.[306]

Examples of equine medical care are rare. The following are, therefore, accounts of *coban* treating humans. In his memoirs, the Italian missionary Matteo Ripa (Ma Guoxian 馬國賢) (1682-1746), wrote of his thirteen years at the Chinese court (1711-1723), and described his encounter with a *coban*. While the exact year is not explicitly stated in the source, Ripa explained that in order to escape the heat, the Kangxi Emperor (r. 1661-1722) went to Rehe from the beginning of the 5th month to the end of the 9th month, and that there were more than 30,000 people who accompanied him. On the way there, and before they had departed from the city, Ripa's horse slipped, and the missionary severely hurt his head as well as many parts of his body. Those accompanying Ripa did not dare to stop and left him in a semi-conscious state, with two others looking after him. When he woke up, he found himself in a room, and everything looked blurry. When he was revived, he said that it felt as if he had fallen off a horse two months ago. Ripa continued that the Kangxi Emperor deputed a Tatar surgeon (It. *cerusico*

[306] While the late eighteenth-early nineteenth century *Xiaoting zalu* seems to gain credibility through its author Zhao Lian's connection to the throne and bureaucratic matters, the text is not an official account. Zhao Lian, *Xiaoting zalu*, 1.33b-34a. Also see Guan, *Qingdai gongting yixue yu yixue wenwu,* 69. Qibo was one of the interlocutors of *Huangdi*, in the famous classical Chinese treatise *Huangdi neijing* 黃帝內經 (Yellow Emperor's inner classic of medicine).

Tataro) who was better than those in Europe to treat him.[307] He said that although some of this doctor's treatment methods were rough, and others useless, he recovered in a very short time from his serious injuries.

According to the account, first the *coban* stripped the top half of Ripa's body, and then poured ice-cold water onto his neck. The doctor explained that this would stop the bleeding and help him recover full consciousness. Ripa noted that his sense of sight became clearer, and that he regained his memory. Then, two people wrapped a bandage tightly around his head, and pulled at both ends. The doctor took a piece of wood, and beat the middle portion of the bandage furiously, giving Ripa unbearable pain. Ripa stated that if he remembered correctly, the doctor said that this helped one's brain return to the correct position. After two such treatments, Ripa could move his head more freely. Two people supported him, and helped him walk outdoors. While he was taking a stroll with the aid of others, all of a sudden, the doctor threw ice-water at his bare chest, making Ripa take a sudden breath. The doctor explained that if the ribs had moved out of position or became dislocated, this sudden strong breath would make them return to their natural position.

Ripa explained that the painful and violent nature of the therapy did not decrease with the next treatment. The doctor made Ripa sit down, and with the help of two others, used a piece of cloth to cover Ripa's nose and mouth so that he couldn't breathe and almost suffocated. According to Ripa, the Chinese Asclepius (God of medicine and healing as characterized in the

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[307] The English version is an abridged translation of the 1832 Italian version published in Napoli, in which the Italian form of the term En. Tatar surgeon is It. *cerusico Tataro*. See Matteo Ripa, *Storia della fondazione della Congregazione e del Collegio de' Cinesi, sotto il titolo della Sagra Famiglia di G.C. / scritta dallo stesso fondatore Matteo Ripa, e de' viaggi da lui fatti,* [Ripa's residence at court, 1711-23], edited volume. (Napoli: Tipografia Manfredi, 1832), 414. Matteo Ripa, *Memoirs of Father Ripa During Thirteen Years' Residence at the Court of Peking in the Service of the Emperor of China*, [Ripa's residence at court, 1711-23], reprint 1846 ed. Selected and trans. by Fortunato Prandi. (New York: AMS Press, 1979), Ch. 12, 77-80. Also see Guan, *Qingdai gongting yixue yu yixue,* 70.

Greek tradition) said that this treatment aimed to make the chest move in such a way, that if any ribs had twisted in or out when he fell down, they would go back to their original position. Finally, the doctor put a piece of burned cotton on the sore on his head, told him that he had to keep on walking with the help of two others, and that he should not sit for long periods. Moreover, Ripa was instructed not to sleep before 10 pm, and to just eat rice porridge until he was completely well. Ripa fainted a few times when he was taking a walk. The doctor had expected this, and told him that he should not be afraid of such occurrences. The *coban* explained that it is important to walk outside with an empty stomach, as this would prevent blood from accumulating, settling, and festering in the chest. Ripa said that even though these treatment methods caused a lot of pain, within seven days, he was completely well, and continued on his journey. Ripa's diary entry is not only an account of medical practices provided by the *coban* from a completely different perspective than in the Chinese historical sources, but included details about the range of medical procedures from the patient's point of view.

During the Kangxi Emperor's reign, we also see an example of the treatment of the emperor's headache by *coban*. In this case, the *coban* explained the differences in *qi* and Blood circulation in young and old patients, and said that older people have headache and dizziness that are mostly due to the outer *yang* meridians contacting Wind-cold.[308] After giving this prognosis that utilized the language, acupuncture points, and theoretical knowledge of textual medicine, the *coban* prescribed some treatment methods requiring the external application of medicine. One treatment was to grind fennel (*xiao huixiang* 小茴香)

[308] Wind-cold here refers to a particular pathogen, cause of disease, resulting in symptoms such as a headache, slight fever, aversion to cold, pain all over the body, runny rose, as well as a thin white coating on the tongue, and a tense pulse.

into powder form, and put it into small sachets. It was important to make sure the sachets were not too hot before applying them on the two *fengchi* 風池 acupuncture points. (This point is on the *foot lesser-yang gallbladder meridian*, *zu shaoyang dan jing* 足少陽膽經). According to the doctor, if it felt comfortable then it was fulfilling its purpose. If there was not much of an effect, then it should be repeated two or three more times. Another option the doctor provided was to apply toasted salt or wheat flour to the spot. Salt, he said, would have a faster effect than wheat flour, which is milder.[309]

In another example of a *coban*'s treatment using external application of fennel seeds, from February 15, 1812 (JQ17/1/3), the patient had hit and injured his head. A memorial by a certain Gui Fang 桂芳 details the treatment provided by a *coban* called Guo Yu'a 郭與阿: four *liang* of fennel and 1 *jin* of salt were to be heated with alcohol, and applied on the wound externally.[310]

The most famous episode of a *coban*'s treatment is probably that of a famous official from the Ministry of Rites. In 1749 (QL 14) a *coban* doctor treated a very famous official, the Vice-minister of the Ministry of Rites (*Libu shilang* 禮部侍郎) Qi Shaonan 齊召南 (1703-1768).[311] The biography of Jueluo Yisang'a in the *Qingshi gao* provides an account of Qi Shaonan's treatment. Qi had severely hurt his head when he fell from his horse, and a *coban* was sent to treat him. The injury is described as one to the *nao* 腦 (brain, most probably referring to cranial fluid), which in this case was leaking out. (Hurting the *nao*, could

[309] See KXMWZZQ, 1686. Also see Guan, *Qingdai gongting yixue yu yixue wenwu,* 71. The modern notation for this acupuncture point is GB20 (Gallbladder meridian, number 20). It is now used for treating symptoms such as dizziness, headache, tired red eyes, and stiff neck.
[310] ZANHA, 5-559-3-5 and ZANHA,5-559-5, JQ17/1/3.
[311] Qi Shaonan's courtesy name (*zi* 字) was Cifeng 次風 and he was from Tiantai 天台 in Zhejiang QSG 305.10516-10517. Qi Shaonan was part of the compilation of a number of texts such as *Lidai diwang nianbiao* 歷代帝王年表 (Chronological list of rulers in history).

therefore result in problems of one's mental activity.) The doctor had taken the bladder of a cow or ox, and covered the head.[312] According to one popular account, the doctor slaughtered a cow/ox, took its stomach (rather than bladder), and tied it onto the patient's sore with string (instead of covering the head). Qi was revived in the middle of the night. The *coban* then gave him secret medicine. Although he began to recover in six to seven months, he had problems with his memory.[313]A second variant is further from the description provided in Jueluo Yisang'a's biography, and does not supply much new interpretive lens on how these treatments were understood at that time.[314] The third version is even further from the account presented in the official biography, with some additional embellishments. However, it is useful for another reason altogether. It includes interpretive detail for how the *coban*'s method was understood with respect to Chinese medicine. Therefore, the strength of the account is not in how close it is to its main source, but in how it depicts the ways in which the *coban*'s therapies were rationalized in terms of Chinese medical concepts. Starting in a similar fashion, it explains that Qi Shaonan had seriously injured his *nao*, and consequently lost consciousness. The *coban* then filled (*shizhi* 實之) Qi's *nao* with a part of a cow/ox. The passage then states that he used cow/ox skin to wrap the head, in order to bring the *zhenqi* 真氣 (primordial/true *qi*) together so that it would not leak out.[315] Moreover, the *coban* pounded on all the vertebra, to make the twelve meridians (*jingmai* 經脈) return to their original state.

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312 QSG, 502.13880-13881

313 See Wang Chang 王昶, *Puheshan fang shihua* 蒲褐山房詩話 (Talk of poetry from puheshan hall), [1850], reprint ed. (Taibei: Guangwen Shuju, 1973), 38. The use of the word 'secret' here, reifies the treatment. Pharmaceutical compendia were often titled as secret formulas, as there was an assumption that valuable knowledge was kept in the hands of a limited number of people.

314 See Tao Yuanzao 陶元藻, ed., *Quanzhe shihua* 全浙詩話 (Talk of poetry from all of Zhejiang), [1796], reprint ed., 5 vols. (Taipei: Guangwen Shuju, 1976), 47.28a-29a.

315 *Zhen qi*, or as it is sometimes called primordial *qi* (*yuan qi* 原氣／元氣), is the *qi* that is necessary for life force and promotes vital activities in the body.

The text then continues to explain that Qi Shaonan's 365 joints (骨節 *gujie*) returned to their position, that in three days he was aware of pain, and that in five days he was able to feel hunger.[316] These three accounts (one late eighteenth-century, and two mid-nineteenth century) in the popular literature, do not necessarily add new information about the *coban*'s techniques that were described in the passage on Jueluo Yisang'a in the *Qingshi gao*, but rather show how the account found a place in popular understanding and convey the ways in which people made sense of these medical procedures.

Explaining this medical technique which may have been unfamiliar to the audience, using classical Chinese medical concepts such as *qi* and meridians was a way of "translating" the episode into a more easily recognizable language. Using one of the basic concepts of the Chinese medical body, such as *zhenqi*, to rationalize wrapping cow skin/parts on a head would represent a step towards the process of understanding, and accepting the *coban*'s medical treatment. Moreover, pounding on all vertebra was explained as a way to bring the twelve meridians to functional order.[317]

Another patient during Emperor Qianlong's reign was Lawang Duo'erji 拉旺多尔濟, a Khalkha Mongol who was the Qianlong Emperor's son-in law, and son of Tsengünjav (Chenggunzhabu 成袞扎布).[318] On July 27, 1786 (QL51/7/3), a *coban* doctor was deputed to

[316]A nineteenth-century text of anecdotes, Xu Xilin 徐錫麟, *Xichao xinyu* 熙朝新語 (New words on the early Qing), [1824], reprint ed. (Shijiazhuang: Hebei Jiaoyu Chubanshe, 1996), 10.13a-13b. It should be noted that the various examples of Qi Shaonan's treatment have some divergence with respect to what part of the cow/ox was used (bladder, stomach, skin). Moreover, some accounts state that the part of the cow/ox was wrapped on the head, while others explain that the part from the cow/ox was used to fill it.

[317] For examples of how Europeans had translated Chinese medical terms like *qi* into pneuma, spirit, etc., see Harold J. Cook, *Matters of Exchange*, 376.

[318] For Lawang Duo'erji being the son of Chenggunzhabu 成袞扎布, see *Qingchao wenxian tongkao* 清朝文獻通考 (Complete examination of Qing dynasty documents), 255.7141. For Chenggunzhabu, see Perdue, *China Marches West*, 278.

treat a problem with Lawang Duo'erji's foot.[319] On August 9, 1786 (QL51/7/16) Lawang Duo'erji was treated by a *coban* doctor again, as he had fallen from a horse and hurt his foot once more. The emperor responded later that month showing his concern for Lawang Duo'erji's ability to walk.[320] The *coban* was one of the many kinds of doctors the emperor could depute (such as lama doctors, or Taiyiyuan physicians) while extending his grace through medical care.

The acclaim that Jueluo Yisang'a received, and the brief sketch of Qi Shaonan's treatment in Jueluo Yisang'a's biography that appeared in jottings and literary collections suggest that these figures may have become one way to describe and define the *coban*.[321] If we turn to Qi Shaonan's biography, we learn that after he got off of work, he fell off of a horse, hit his head against a large stone, and his head almost split. The emperor sent a *coban* (here referred to as *Menggu yi* 蒙古醫) to see him, and bestowed medicines. Moreover, the passage continues to state that the emperor instructed his brother Hongyan to ask often about his (Hongyan's) teacher Qi Shaonan's illness.[322] Therefore, the familiar figure Hongyan (Chapter 2) was the student of Qi Shaonan, who was successfully treated by a *coban*.

The overlapping realms between human and equine care was not just limited to the *coban* practitioners who treated horses as well as people, but could also be seen within the structure of institutions. In the early nineteenth century, an institutional connection was forged between the Taiyiyuan and Shangsiyuan. The bonesetting department (*zhenggu ke* 正骨科) at the Imperial Medical Bureau was put under the management of the chief *coban* at the Shangsiyuan so that he

[319] JMNHA, 3-191-3122-034 (Manchu), QL51/07/03.
[320] JMNHA, 3-191-3120-004 (Manchu), QL51/07/16.
[321] Jueluo Yisang'a, QSG, 502.13880-13881. Zhao Lian, *Xiaoting zalu*, 1.33b-34a. Xu Ke, *Qing bailei chao xuan*, 273-274. See Chen Keji and Li Chunsheng, eds., *Zhongguo gongting yixue*, 621. Wang, *Zhongguo gudai yixue jiaoyu yu kaoshi zhidu yanjiu*, 403.
[322] QSG, 305.10516-10517.

concurrently held both positions. According to an account by a late-Qing imperial physician, this institutional connection took place in 1801 (JQ6). However, according to an oral history and an article of a descendent of *coban*, it took place in 1822 (DG2).[323] Whether the date recounted by a Taiyiyuan imperial physician, or the descendent of a *coban* is closer to the actual date, will be clear with new evidence. What we do know is that in the early nineteenth century, the structure of medical care within the Shangsiyuan had been reorganized to include managing the bonesetting at the Taiyiyuan, and the Taiyiyuan had lost some of its managerial functions in bonesetting to an organization that managed horses.

An excerpt from an oral history about a late-Qing *coban* suggests the continuation of the *coban*'s practices into later times. A disciple of one of the last *coban* at the Shangsiyuan, Wu Dinghuan 吳定寰, said that these medical figures worked in the Forbidden City, went to the princely palaces, and treated commoners as well. Wu explained that his teacher, Xia Lao 夏老,

[323] See Ren, *Taiyiyuan zhi*, 1a. While the *Taiyiyuan zhi* is a personal account, it is important for showing the existence of an institutional connection between the Taiyiyuan and the Shangsiyuan. According to the oral history of Wu Dinghuan, as well as Lan Ruo's article on Wu Dinghuan's teacher Xialao, this change took place in 1822 (DG2). See Lan Ruo 兰若, "'Gongting zhenggu' suyuan" "宫廷正骨"溯源 (Investigating the origins of palace bonesetting), *Keji chao* 4 (1998). According to the *Taiyiyuan zhi*, that is the last year that the Taiyiyuan had an acupuncture department. See Ren, *Taiyiyuan zhi*, 1ab. The Chinese character variant of *coban* is used in modern day articles to refer to the Chuobanchu 綽班處 as a place where the *coban* worked. Doctors today who are disciples of late Qing bonesetters trace their origins back to the Chuobanchu 綽班處 (The *coban* office). The methods employed by the Shangsiyuan chuobanchu doctors are still used in bonesetting departments of Chinese medical hospitals, such as the teaching hospital of Beijing University of Chinese medicine, Huguosi yiyuan 戶國寺醫院 (Huoguosi Hospital). Moreover, articles on medical treatment of bonesetting are also published on topics such as treating protrusion of the third lumbar vertebra (commonly known as slipped disk), and *adhesive capsulitis* (commonly known as frozen shoulder). See Xu Bin 徐斌, Wu Bing 吳冰, and Wu Dinghuan 吳定寰, "Shangsiyuan Chuobanchu zhenggu shoufa zhi zhiliao sixiang ji tedian," 上駟院綽班處正骨手法之治療思想及特點 (The characteristic traits and the thought process behind the hand techniques for bonesetting treatments of the Shangsiyuan chuobanchu) *Zhongguo gushang* 22, 1 (2009): 63-64. Xu Bin 徐斌, "Shangsiyuan chuobanchu zhenggu shoufa zhiliao disan yaozhui hengtu zonghezheng"上駟院綽班處正骨手法之治療弟三腰椎橫突綜合征 (A comprehensive study of Shangsiyuan chuobanchu's hand techniques for bonesetting treatment for protrusion of the third lumbar vertebra), *Sichuan zhongyi* 26, 8 (2008a): 103-104. Xu Bin 徐斌, "Shangsiyuan chuobanchu zhenggu shoufa zhiliao jianzhouyan linchuang guancha"上駟院綽班處正骨手法之治療肩周炎臨床觀察 (Clinical observation of the hand techniques of the Shangsiyuan chuobanchu for treatment of *Periarthritis humeroscapularis* [frozen shoulder]), *Zhongguo gushang* 21, 11 (2008b): 871.

had risen to the level of assistant chief *coban* (here mentioned in Chinese as *fu Menggu yisheng zhang* 副蒙古醫生長) at the Shangsiyuan. After the Qing came to an end, he had set up shop outside the palace and continued to see (human) patients. According to Wu, a summary of all manual techniques for bonesetting, medicines, and instruments could be found in the imperially commissioned *Yizong jinjian*.[324] The art of bonesetting, he explained, was about the hand techniques, which were passed down orally from master to disciple, and rarely documented with the exception of the *Yizong jinjian*. Wu said, "the hand moves with the heart, and the method comes from the hand." These words are in fact not just words he spoke in describing the medical practice, but actually a quote from the preface to the section on bonesetting in the *Yizong jinjian*.[325] Moreover, he added that while treating patients in the palace, one had to have a very light touch, and could not let them feel pain. Manual techniques, he explained, are divided into two kinds, those based on manipulating the bones, and another set which is similar to *qi gong* 氣功 (physical and mental exercise through controlled breathing techniques).[326] Wu Dinghuan's description of the medical activities at the Shangsiyuan suggests that *coban* continued to treat humans into the late Qing, and that the medical care of the emperor (and perhaps those in the imperial family) was not necessarily the same as the therapies provided to other patients. Moreover, Wu Dinghuan's account shows that although there had been two bonesetting departments (one in the Taiyiyuan and the other in Shangsiyuan) until an institutional connection was forged in the early nineteenth century, some Shangsiyuan bonesetters

[324] For the history of the *Yizong jinjian*, see Hanson, "The 'Golden Mirror' in the Imperial Court of the Qianlong Emperor, 1739–1742," 111–147.
[325] Wu's quote is also part of the introduction of the *Yizong jinjian*. See *Yuzuan yizong jinjian* 御纂醫宗金鑒 (The imperially commissioned golden mirror from the orthodox lineage of medicine), [completed 1742, printed 1742-1795], introduction.
[326] Wu Dinghuan (2003), oral history, by Ding Yizhuang, Zhang Li, and Yang Haiying.

considered the bonesetting section of the *Yizong jinjian* to be representative of the kind of medicine they practiced.

Medicines and institutions in the overlapping realms between human and equine care

The overlapping realms of human and equine medicine were not limited to the post of the *coban* in the Shangsiyuan, and but included medicines as well. Moreover, some of these pointed to links with other bureaucratic and medical institutions.[327] Pepper (Ch. *hujiao* 胡椒, Ma. *halhūri*), sulphur (Ch. *liuhuang* 硫磺, Ma. *hurku*/*hurhu*), and alum (Ch. *baifan* 白礬, Ma. *fekšun*)[328] were individual drugs that were used for treating horses on an annual basis. For example, 160 *jin* 10 *liang* of each of these ingredients were included in the treatment of the skin disease Ch. *lai,* Ma. *hasan* in horses.[329] In 1767 (QL32) it was memorialized that perilla oil (*suyou* 蘇油) should be used to treat this kind of equine skin ailment.[330]

The overlapping realms of human and equine medicine also had an institutional connection with the Yuyaofang. Drugs for horses obtained from the Yuyaofang included reed rhizome (Ch. *lugen* 蘆根) a drug with sweet and cold properties that quells Fire.[331] The Manchu term for reed rhizome is Ma. *ulhū i da*, meaning the root of reed, or reed root. Another drug for equine care that was obtained from the pharmacy was simply called *li* 藜 in Chinese. The term in Manchu, Ma. *ninggiya bula*, is more specific and shows that it was in fact caltrop fruit or *tribulus terrestris* (Ch. *bai ji li* 白蒺藜), an acrid bitter and warm drug that extinguishes (interior)

[327] Sare Aricanli, "Horses as Multiplicities: Examining Aspects of Equine Care in the 18th Century Imperial World," conference paper presented at *AAS Annual Meeting*, Chicago, March, 2015.
[328] QHDZL (Chinese), 92.31a. DGUKKHB (Manchu), 92.50b.
[329] QHDZL (Chinese), 92.31a. DGUKKHB (Manchu), 92.51a.
[330] See QZNZL, 944. Also see QHDZL, 166.31ab. The term *lai*/*lei* 癩 in humans is referred to as leprosy today, and what kinds of similarities and differences between what was called *lai*/*lei* for humans and horses is a matter that needs to be further examined. For an in depth study of *lai*/*lei* and its changing meanings, see Leung, *Leprosy in China,* 17-59. The similarities or differences between Ch. *lai*/ Ma. *hasan* for horses and humans needs to be investigated.
[331] Fire, here, refers to symptoms such as fever, irritability, thirst, delirium, etc.

pathogenic Wind and stops tremors. *Ninggiya*, here, referred either to a fruit or the shape (anchor or horn), and *bula* (thorn) referred to its quality of being thorny. Therefore, the Manchu terms for medicines could both resemble the Chinese in meaning or have completely different names.[332]

The organization of equine medicine, much like human medicine had a pluralistic structure. For example pepper, alum, and sulphur, mentioned above, were obtained from Guangchusi, while a sieve for medicines was found at Yingzaosi. If one needed a large basket tray, a mat made of straw or rush, broom or sieve, ladle, bucket made of willow tree, or a donkey for grinding medicines one would head to the Overseer's Office. (The *Huidian* passage clearly states that the donkey should be returned after it has been used.)[333] Medicines for the treatment of *lai* in stables and herds (presumably referring to those of the palace), for the herds under the Court of the Imperial Stud (*Taipusi* 太僕寺), as well as vegetable oil for compounding drugs, were provided after submitting a notice of communication.[334]

There were also compound drugs that pointed to the overlapping realms of human and equine medicine, such as the human-equine pacifying powder (*renma ping'an san* 人馬平安散). The Qianlong dynasty reprint of the catalogue of the Tongren Tang pharmacy stated that this medicine could be used by both humans and horses, and that it treated diseases which came as a sudden onset. The catalog further explained that the usage should be adjusted to the *zheng*, and added that each bottle cost 100 silver 2 *qian*,[335] which was very expensive. As mentioned in the previous chapter, by the middle of the nineteenth century, the Tongren Tang catalog had expanded in terms of the number of drugs it listed, and the descriptions of individual drugs had

[332] QHDZL (Chinese), 92.31a. DGUKKHB (Manchu), 166.51a.
[333] QHDZL (Chinese), 92.31ab. DGUKKHB (Manchu), 166.51ab.
[334] QHDZL (Chinese), 92.31ab. DGUKKHB (Manchu), 166.51ab.
[335] *Tongren tang yaomu*, (Qianlong reprint 1764 (QL29) of 1706 (KX45) text), NLCRB, *shushi men, renma ping'an san*.

become more detailed as well. The later edition states that in addition to treating sudden onset diseases like *zhongfeng*, the human-equine pacifying powder could also be used for *shuitu bufu* (see Chapters 1 and 2). The expanding realm of the eighteenth century Qing must have made *shuitu bufu* ever more relevant for the many people who received posts in geographically distant locations.

Another illness for which this medicine could be used was *guyan* 骨眼 (bone-eye) and related illnesses in mules and horses (*luoma* 騾馬),[336] etc. It was still described as a medicine that could be used by both horses and humans alike. This later edition stated that there were pills in two different colors: red and white.[337] According to the calculation of *zhehao* of medicines by the Yuyaofang, this compound drug decreased one *liang* per *jin*.[338]

The *Qinggong mifang daquan* 清宮秘方大全 (Complete collection of secret formulas from the Qing palace) describes the human-equine pacifying powder as a drug used to treat symptoms such as losing consciousness, cold hands and feet, headache and stomachache, sore throat, vomiting, and toothache.[339] Its ingredients, according to this text, were cattle bezoar (*niuhuang* 牛黃) 0.1 *liang*, musk (*shexiang* 麝香) 0.1 *liang*, realgar (*xionghuang* 雄黃) 1.2 *liang*,

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[336] *Tongren tang yaomu*, (Tongzhi reign text. Preface dating April 14, 1869 (TZ8/4/14), therefore 1869-1875), NLCRB. *Guyan* was due to Wind-heat in the liver meridian, which resulted due to external Wind-cold hurting the *ying-wei qi* 營衛氣, which affected the five organs and especially the liver and therefore was exhibited in the eye. Moreover, it is important to distinguish between the illness of getting up and lying down (*qi-wo* 起臥), and the *qi-wo* related to *guyan*. YHLMJ, 4.10b-12a. ZDMJ, 18.5a-6b. For theory of *guyan*, see YHLMJ, 5.14a. ZDMJ, 20.28a-31a. A section on the theory of *guyan* begins by explaining that just as the sun and the moon become dark due to thunder, rain, or clouds, the eyes of horses connect to (*tong*) the organs, and concludes with a map showing the treatment by needling the eye. YHLMJ, 4.14a-17a.

[337] *Tongren tang yaomu*, (Tongzhi reign text. Preface dating April 14, 1869 (TZ8/4/14), therefore 1869-1875), NLCRB.

[338] QZNZL, *Yuyaofang*, 1451.

[339] *Qinggong mifang daquan* 清宮秘方大全 (Complete collection of secret formulas from the Qing palace) (Taibei: Ziyou Chubanshe, 1961), 130-131. This text compiled in 1900 (printed in mid-twentieth century) using sources from the late-nineteenth to early-twentieth centuries, provides a list of its ingredients. *Fengre* refers to a Wind-heat pathogen, resulting in symptoms such as a fever, chills, thirst, cough, red tongue with thin yellow coating, dry mouth, sore throat, and a fast and floating pulse.

nitratine (*huoxiao* 火硝) 1.2 *liang*, borax (*pengsha* 硼砂) 1.2 *liang*, cinnabar (*zhusha* 硃砂) 4 *liang*, and borneol (*bingpian* 冰片) 3 *liang* ground up into a fine powder.[340] These are ingredients that are found in lists of medicinal components in the Qing. (However, some of these mineral drugs such as realgar, cinnabar, and borax are now considered obsolete substances.) [341] As we shall see in the following chapter, the human-equine pacifying powder was also in a text printed across the sea in Japan during the nineteenth century.

Another compound drug used for the treatment of horses was *sihuang san* 四黃散 (decoction of four *huang*), and the Manchu term for the drug was Ma. *sy hūwang san*, a transcription of the Chinese name. In the first year of the Qianlong Emperor's reign, 1736, *sihuang san* for the treatment of horses was to be obtained from the Ministry of Rites, showing that matters related to medicine for horses, as with humans, involved the Ministry of Rites as well as the Yuyaofang. The fact that the passage refers to the medicine as the *sihuang san* for treating horses (Ch. *zhi ma sihuang san* 治馬四黃散, Ma. *morin dasara sy hūwang san*) raises the question of whether there was a particular formula of *sihuang san* used especially for the equine care.[342]

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[340] According to Chen Keji, these are also the ingredients for *Renma ping'ansan* in *Wanyao peifang dang* 丸藥配方檔 (Official records of prescriptions of pills) and *Qing Taiyiyuan peifang* (Prescriptions of the Qing Imperial Medical Bureau) 清太醫院配方. See Chen, *Qinggong peifang jicheng*, 99. Another formula for *human-equine pacifying powder* is in the section on *waike sunshang* 外科損傷 (injuries of external medicine) in the *Qing Taiyiyuan milu yifang peiben* 清太醫院秘錄醫方配本 (Supplementary volume of the Qing Imperial Medical Bureau's secret record of medical formulas). The ingredients in this source are cinnabar (*zhusha* 硃砂) 4 *liang*, *mingxiong* 明雄 (another name for realgar, *xionghuang* 雄黃) 1 *liang* 2 *qian*, borneol (*bingpian* 冰片) 2 *liang*, musk (*shexiang* 麝香) 2 *qian*, borax (*pengsha* 硼砂) 3 *qian*, cattle bezoar (*niuhuang* 牛黃) 2 *qian*, gold leaf (*feijin* 飛金) 30 sheets, all ground up into a fine powder. This formula was used to treat external cold and heat symptoms, such as pain in the heart and stomach, numbness in the hands and feet, a muddled sense of consciousness, as well as dark nails and lips. In all of these cases, the medicine was to be placed on the internal corner of the eye. Left eye for males, and right eye for females. Chen, *Qinggong peifang jicheng*, 99.

[341] For history of mineral drugs, see the volume of *Asian Medicine: Tradition and Modernity* 8.1 (2013). Also see Daniel Trambaiolo, "Writing, Authority, and Practice in Tokugawa Medicine" (Ph.D. Dissertation, Princeton, 2014), 209-214.

[342] QHDZL (Chinese), 92.31ab. DGUKKHB (Manchu), 166.51ab.

Using the same practitioners and medicines across human and equine medical realms suggests an understanding that the bodies of people and horses (or animals in general) functioned in similar ways, however it would be expected that there would be differences in formulas especially with respect to dosage. Although there were illnesses that existed across the human-animal divide such as prolapse of rectum (*tuogang* 脫肛), there were others which were most probably particular to the equine world such as throwing up grass (due to external Wind-cold resulting in an internal ailment), or not being able to eat grass due to Cold in the stomach.[343] Moreover, terms such as Ma. *banilji*, defined as a wart on a horse's leg, seem to be illnesses specific to horses.

Medicine was mapped onto the human and equine bodies in differing ways. While the three points for taking the pulse of a human patient was on the inside of the two wrists, the horse's pulse was taken on three points (top to bottom) on the right and left sides of the chest.[344] It was not only points for taking the pulse that were in different places on human and equine patients, the placement of acupuncture points showed relative divergence. The acupuncture point *fengmen* 風門 (wind gate) is on the back of humans, while *fengmen* for horses is on the head.[345] As the bodies of humans and horses are not shaped the same way, the *sanyin sanyang* meridians also show differences.[346] Organs could have varying referents as well. Whereas Ma. *muwa duha* is large intestine for humans, that of horses, donkeys, and mules, was Ma. *maca duha* (and the one for wild pigs Ma. *molho*). Moreover, the actual practice of dealing with the treatment of a

[343] For diseases particular to horses like throwing up grass, YHLMJ, 3.1-4a. For horses not being able to eat due to having Cold in the stomach, YHLMJ, 4.8a-9a. ZDMJ, 18.1a-2b. For illnesses shared by humans and animals, prolapse of rectum (*tuogang* 脫肛), see YHLMJ, 3.10a-11a. ZDMJ, 15.14a-15b.
[344] YHLMJ, 2.28a-28b. For a frontal view of a horse showing the three points on the left and right side of the chest, ZDMJ, 8.26b. For the positioning of the medical figure with the horse, ZDMJ, 8.23b.
[345] YHLMJ, 2.32b.
[346] YHLMJ, 2, 40a. See *sanyin sanyang tu* ZDMJ, 22.8b. For *sanyin sanyang*, see Ch. 5 fn. 416.

horse included managing the physicality of the animal and restraining it as necessary during a medical procedure.[347]

Having examined terms having to do with medical institutions, posts, and medicines in Chinese and Manchu and considered the ways in which the meanings can show divergence, let us briefly turn to the famous paintings of the four Afghan horses by Giuseppe Castiglione to see if the differing meanings across languages were only valid for history of medicine or if they could be found within a wider cultural context. Looking at the picture of the white horse, there is a caption on the top of the painting in four languages. The one we are most familiar with is the Chinese Yuekulai 月[出骨] 騋.[348] *Yueku* was used in classical Chinese texts to refer to the resting place of the moon or moonlight. *Lai* refers to a horse which is seven *chi* 尺 in height.[349] However, there are also Manchu, Uighur, and Mongolian captions on the picture. The Manchu is *argatu sirga* (pronounced *shirga*) where *argatu* means male roe or roebuck. *Sirga* is defined as *argatu*. This rather circular explanation, which at first glance seems to be pointing to deer is most probably referring to the light color of the roedeer. Other examples of *sirga* include *hasrun sirga* meaning white horse with red spots about nose and eyes, and *jahaltu sirga* which is a horse with silver stripes on its neck. *Sirga* therefore seems to suggest a horse which is light in color. The following examples in the other two languages helps elucidate what may seem like arbitrarily different names for the horse in Chinese and Manchu. The Uighur name is *ay hilali shirgha*, *ay hilali* means crescent moon, and *shirga* is defined as a horse which is white-creamish in color,

[347] YHLMJ, 5.13b.
[348] *Ku* is one character with *chu* 出 on the left and *gu* 骨 on the right. 月[出骨] is also written as 月窟.
[349] Seven *chi* is more than 8 feet tall, or more than 2.5 meters, where one *chi* is equivalent to about 14 inches, or about 0.358 meters.

and is *yinhe* horse (*yinhe ma* 銀合馬).[350] The Mongolian term is *saratu sirgha* (pronounced *shirga*), where *sara* is moon and *saratu* means like the moon, and *sirgha* is defined as light-bay.[351] Therefore the reference to the moon comes up in the Chinese, Uighur, and Mongolian, and color comes up in Manchu, Uighur, and Mongolian, and Chinese if you take the moon as also being reference to the color. Therefore, what can seem like two arbitrarily different meanings in Chinese and Manchu can be understood within a spectrum of explanations around a light color and the crescent-moon when examining the names in these four languages. Moreover, different languages may have culturally specific contexts for the references, even when describing a similar color. It is certainly important to consider whether there was one original term from which the other "translations" were made, or if an understanding within one particular linguistic setting was used to find ways to express a similar idea within other cultural contexts. These questions, however, do not decrease the value of understanding the meanings across a variety of languages.

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[350] *Yinhe ma* is found in a famous Ming dynasty tale of folklore and mythology, *Fengshen yanyi* 封神演義 (Canonization of the Gods).

[351] *Sirgha*, is light bay in Lessing, *Mongolian-English Dictionary*, 716. If we look at another example of a horse from the same set of paintings, Ch. Chaoerchong 超洱驄 means the manager who strides or leaps over the *er*, which is either a body of water (river or lake) in Yunnan or a river in Henan. The Manchu name is *colgogan fulan*, where *fulan* means light-colored horse with a light mane and tail. In Manchu, *kara fulan* means iron-grey horse, *boro fulan* grey horse, *fulgiyan fulan*, where *fulgiyan* is red or purple, means a dark-brown horse with dark mane and tail, *kuku fulan* where *kuku* is blue-grey or grey is a blue-grey horse, and *colgogan fulan* is described as a breed of black horses raised by the Ainugan tribe. (Given the descriptions of the other *fulan*, black in the definition of *colgogan fulan* may also refer to the darkness of the color *fulan*, which seems to be close to grey.) The Uighur is *tulpar karaboz*, *kara* means black and *boz* is a kind of grey, and *tulpar* refers to a winged horse within a wider Eurasian context. For one example, see Seyfi Agirel, "Color symbolism in Turkish and Azeri folk literature," *Folklore* 120.1 (2009): 92-101. For *kara* see Clauson, 643b, for *boz* Clauson, 388b. The Mongolian term is *tasurhai boro*, where *tasurhai* means exceptional. *Meng-Han Cidian* 蒙汉词典 (Mongolian Chinese dictionary) (Huhehaote: Neimenggu Renmin Chubanshe: 1976), 1003. Clauson defines *boz* as grey, and states that in Mongolian it is called *boro*. See Clauson, *An Etymological Dictionary of Pre-Thirteenth-Century Turkish*, 388b. Moreover, *boro* is grey, brown, dark according to Lessing (for *boro* see *boru* in *Lessing, Mongolian-English Dictionary*, 121) and grey according to Doerfer (for *boro* see Doerfer, *Türkische und Mongolische Elemente im Neupersischen*, 335 no. 785).

The various examples of meanings of Manchu and Chinese terms show that there is no set formula for when the meaning in another language provides more or differing information. The question of whether the same word in two languages are literal translations (irrespective of directionality), if one is a transcription of the other, if the terms existed within a spectrum of understandings, or if the two terms have diverging definitions and sets of meanings within their respective cultural contexts only becomes clear upon examination. Moreover, the fact that certain Manchu terms such as the one for ginger have both transcriptions (Ma. *giyang*, Ch. *jiang* 姜) as well as Manchu language words (Ma. *furgisu*) means that one has to examine each particular example, and context of usage, and that there is not a single way to that the relationship between Chinese and Manchu terms can be characterized across the board.

Conclusion

The position of *coban*, which gained an increasingly important place in the hierarchy of medical figures in the Shangsiyuan during the eighteenth century presents an example of institutional multiplicity in imperial medicine that gained prominence during this time. Providing a post for those in Mongol banners such as *coban* was one way the Qing state could reify the Mongols who had become subordinates. The organization of medical care in the Shangsiyuan, with the Mongols at the top and Chinese at the bottom, seems to be reminiscent of the hierarchical and ethnically structured order of the Yuan dynasty, but is actually a different form of organization as it required being part of the banners, thereby providing a new group of people with hereditary posts in imperial medicine.

The *coban*'s medical practices utilized water, rope, salt, and animal parts, which are materials that would be available to them in the field. Their connection with herders and caretakers, and their use of animal parts in curing wounds and reviving patients resonate with

medical practices found in historical accounts[352] and legends[353] from the steppe, suggesting that the *coban* represented the intersection of a diverse set of medical and cultural spheres, probing us to consider the links that were forged between imperial medicine and social history of medicine as well as imperial medicine and medicine that existed in a non-urban context.

The obvious differences in the status of the *coban*'s medicine, from the point of view of Taiyiyuan doctors, did not only stem from the bonesetters practicing manual techniques. As the *coban* came from the banners they clearly had a different background than the doctors who worked at the Imperial Medical Bureau who were not bannermen. Moreover, the *coban* from the Mongol banners may have been versed in Mongolian and Manchu in addition to proficiency they had in Chinese. The therapies of the *coban* were manual techniques that were considered to be crude in comparison to the refined medical treatises described in prestigious pharmaceutical texts.

While doctors of the Medical Bureau continued to be an important part of imperial medical care throughout the eighteenth century, they were also relegated to being one of the many kinds of practitioners and producers of medicines that existed within the imperial realm. That being said, the Imperial Medical Bureau had around one hundred to one hundred and fifty people, whereas there were only twenty *coban*. Such a small number of *coban* could neither take

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[352] These methods of treatment were not necessarily unique to the Qing but could be seen in earlier times, such as using parts of cow in the medical treatment among thirteenth century Mongols. See Francis Woodman Cleaves, 'A Medical Practice of the Mongols in the Thirteenth Century,' *Harvard Journal of Asiatic Studies* 17, 3/4 (1954): 428-444. In these examples are practices such as putting the wounded into the belly (of an ox or water buffalo, for example), and letting them soak in hot blood in order to revive and heal, and placing the skin of a newly butchered animal on the wounded.

[353] The line between medical treatment and a form of punishment can, at times, be rather thin. A modern novel describes a legend in which the motif of wrapping parts of animals on people's heads is used within the process of making them into a *mankurt* or slave, and a process through which the slave would lose his memory. According to the legend, in order to make people into slaves, the Ruan Ruan 蠕蠕 (transcribed as Zhuan Zhuan in the novel), an ancient tribe of Central Asia before the sixth-century, wrapped the heads of the people with the skin (udder) of a newly butchered female camel. See Chinghiz Aitmatov, *The Day Lasts Longer* (Indiana: Bloomington University Press, 1988), 125.

over the duties of the bureau, nor resolve the medical problems across the ever-expanding Qing realm. The *coban* at the Shangsiyuan could rather be regarded as an elite corps of bonesetters. The example of equine medical reorganization in the Qing and the rise of the *coban* doctors shows the importance of identifying and examining the diverse sets of actors in Qing imperial medicine.[354]

Foreign dignitaries were another group of people that were treated by imperial medical doctors. We know from the early Qing that the Imperial Medical Bureau not only cared for the emperor and his family, but also treated these guests from afar. If we look at a document regarding travel fees from October 9, 1772 (QL37/9/13), we see that it mentions a meeting between certain Mongolian dignitaries (*taiji* 台吉) and *coban* doctors.[355] If they were meeting the *coban* for medical care, could this suggest that by the late-eighteenth century there was competition for the outside services of the Taiyiyuan physicians?

The exchange of ideas and practices between the world of Chinese medicine as understood through classical Chinese medical learning, and the *coban* are demonstrated by the rhetorical techniques of both groups. The *coban* seemingly deferred to those practicing classical Chinese medical techniques, sometimes openly stating that they were less knowledgeable, and utilizing Chinese medical concepts (such as acupuncture points), while practicing their own treatment methods. Chinese language texts described the techniques of the *coban* in treating the vice-minister of rites using concepts such as meridians and *qi* that were part of classical Chinese medical history.

[354] To Chinese speakers today, the present-day term *Menggu daifu* 蒙古大夫 (literally, Mongolian doctor) may sound familiar as a way to put doctors down, which suggests that it is an example of a rhetorical technique used in a context of competitive multiplicity.
[355] GCPMT, 018116, QL37/9/13.

People tend to explain things in a way that makes sense to them. Qing scholars who appreciated the efficacy of the treatment method could describe the *coban*'s medical techniques (to an audience who understood the classical Chinese medicine) using their own conceptual categories for medicine. Such a practice can be likened to how we would try to describe any unfamiliar alternative medical phenomena using the tools of mathematics and physics. Recounting others' techniques, as well as using their conceptual categories all reflect various forms of the exchange of knowledge that were taking place in more than one direction. These examples therefore show the existence of both hierarchy and exchange in the pluralistic imperial medical realm.

While the examples we have been examining thus far have included texts, such as the *Huidian*, the textual material at the Yuyaofang, as well as catalogues of a commercial pharmacy Tongren Tang, the larger structure of the chapters has been an examination of the pluralities in organizational structures. Having glimpsed at the pluralistic world of texts through the story of institutions, the following chapter provides an opportunity to turn our focus more directly to the realm of texts, and to explore what kinds of multiplicities we can find between their covers.

Chapter 5. Pluralities in textual worlds

The institutional approach in earlier chapters has revealed a wealth of multiplicities in the imperial medical world. This chapter considers what we can see in texts when we examine them through such a lens. While the study of institutions thus far has had some discussions of institutional and medical texts and their inherent pluralities (such as the multiple editions of the *Huidian*, and the existence of a number of imperial textual worlds), here, we will take the textual material as the main object of our investigations.

The pluralistic strands in three kinds of textual sources that will be examined in this chapter complement the approaches taken above, by showing the existence of a multiplicity of ideas within texts. The first part shows that an imperially commissioned multi-lingual dictionary did not only bring the languages of the Qing world together between its covers, but also included differing notions of bodily understanding that existed within various linguistic contexts.

The second part of the chapter examines a Manchu medical treatise on the anatomical body, which is reputed to be a translation of a French text on blood circulation, and anatomy. This chapter will show the existence of two competing notions of circulation in the French original, and then discuss the "translation" of these forms of circulation (giving primacy to the heart and the brain) into the larger context of the Manchu text, which was the theoretical understanding of Chinese medicine. As we will see, the Manchu language text presented the knowledge about Western anatomy and circulation within the structure of the theory of *qi* circulation in Chinese medicine.

The final part of this chapter will show that an imperially commissioned text, *Yizong jinjian*, which included a structural understanding of the body, had terms that resonated with both

the notion of a physical body, as well as one described by the circulation of *qi*.[356] This text represented a form of connectivity in itself as it was reinterpreted and found a place within the social history of medicine in Japan.

Medicine as reflected in a lexicon*: The Five-language Mirror of Manchu*

Multiplicity in the Qing imperial medical world was not just seen in the representation of various ethnicities or posts in medical institutions, but could also be found within the ideas in imperially commissioned texts. The Qing emperors were rulers who valued continuity with earlier dynasties, while also aiming to solidify their enterprise of being rulers of Asia. One of the strategies they used to reach their larger goal was the use of textual channels, and an aspect of this linguistic project were the *Qingwen jian* 清文鑒, a series of dictionaries called the *Mirror of Manchu* that began to be prepared at the time of the Kangxi Emperor and continued during the Qianlong Emperor's reign. The *Wuti Qingwen jian* 五體清文鑒 (The five-language mirror of Manchu) could be considered the epitome of this series of dictionaries produced throughout the Qing.[357] The five-language dictionary listed words in Manchu that were arranged topically, while

[356] For a comparative study of *qi* related understanding of the body with respect to that of an anatomical nature, see Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*.

[357] These include the Manchu and Chinese *Qingwen jian* 清文鑒 (Mirror of Manchu) which started to be prepared during the time of the Kangxi Emperor in 1673 and ended in 1708, the Manchu and Mongol *Manmeng wenjian* 滿蒙文鑒 (Mirror of Manchu and Mongolian) which began to be prepared after the *Qingwen jian* in 1710 and ended in 1717. There was also the *Yuzhi zengding Qingwen jian* 御製增訂清文鑒 (Expanded edition of the imperially commissioned mirror of Manchu), also referred to as the *Liangti Qingwen jian* 兩體清文鑒 (Two language mirror of Manchu), which was an expansion of the earlier *Qingwen jian* and completed in 1771 and printed in 1773. In 1779, eight years after the completion of the *Yuzhi zengding Qingwen jian*, began work on the Manchu, Mongolian, and Chinese *Santi Qingwen jian* 三體清文鑒 (Three language mirror of Manchu), and was completed in 1792. The Manchu, Tibetan, Mongolian, and Chinese four-language *Siti Qingwen jian* 四體清文鑒 (Four language mirror of Manchu) which probably began being prepared after 1779, and preparation ended in 1806 but printing was much later toward mid-nineteenth century. The final dictionary in this series of imperially commissioned multilingual, Manchu based dictionaries in the Qing, was the *Wuti Qingwen jian* which was not published at the time but was in manuscript form. See *Wuti Qingwen jian* 五體清文鑒 (Five-language mirror of Manchu), appendix on historical information. For a historical study of Manchu language and dictionaries in the Qing, see Mårten Söderblom Saarela, "Manchu and the Study of Language in China (1607-1911)" (Ph.D. Dissertation, Princeton University, 2015).

providing the translations of the terms in the four "other" languages: Tibetan, Uighur, Mongolian, and Chinese.

How was the physical body represented in the *Wuti Qingwen jian*? If we turn to the first part on words having to do with the body (*renshen* 人身), we see head, forehead, hair, and so on; in the second part are entries such as face, eyes, eyebrows, ears, nose, etc., and the third section moves onto the mouth, lips, tongue, throat, teeth, etc.[358] The fourth begins with shoulder, hand, elbow, fingers, nail, etc., and the fifth has the back, lower back, leg, heel. In the sixth part there is bone and joint, before the bones found in various parts of the body starting with the head, and moving on to the chest, shoulders, tailbone, hips, legs, ankles, etc. The seventh has skin, hair, three kinds of fat, *sube* (translated here as tendon, nerve, muscle), brain, spinal fluid, marrow, *sugi* (fluid or clear discharge), before listing the organs. The organs include heart, lung, liver, gallbladder, spleen, stomach, large intestine, general terms referring to the Chinese organs of *yin* and *yang* nature (*zang* 臟 and *fu* 腑), triple burner (*san jiao* 三焦), kidney, as well as anatomical parts having to do with urination and defecation. Section eight has blood, *sudala* (meaning vein, artery, or blood vessel, Chinese *mai* 脉), essence, *ergen* (meaning breath, Ch. *huxiqi* 呼吸氣), *sukdun* (Ch. *qi* 氣), *fayangga* (the *yang* soul, Ch. *hun* 魂), *oron* (the physical or earthly soul, Ch. *po* 魄), and other bodily liquids such as sweat, phlegm, tears, nasal mucus, and urine.

The following examples of the meanings of bone and marrow in the dictionary suggest the existence of ideas such as continuity within the context of a generative function that are very different from an anatomical understanding of bones, or bones as structural elements next to conduits of *qi*. The word bone in the five-language dictionary is Chinese *gu* 骨, Manchu *giranggi*, Mongolian *yasu(n)*, and Uighur *ustukhan*. Moreover, marrow is Chinese *gusui* 骨髓, Manchu

[358] For sections on the parts of the body, see *Wuti Qingwen jian*, 1260-1329.

umgan, Mongolian *chimüge*, and Uighur *ilik*. Manchu *umgan* is marrow or egg.[359] *Umgan šugi* is defined as the innermost marrow, or quintessence. Moreover, *umgan giranggi* (lit. marrow bone) is thigh-bone or femur. This overlap or conflation between bone and a mucus-like substance, here marrow, is not unique.[360] The word *giranggi* in Manchu is bone and blood relative. *Giranggi yali*, literally bone-flesh, is relatives or relations. The word for bone in Mongolian, *yasun*, also incorporates notions related to family. *Yasun* in Mongolian primarily refers to bone, but secondary meanings are race, family, clan, and descent relation.[361] The word for marrow in Manchu, *umgan*, is also egg, and *ulu umgan* (empty egg) is an unfertilized egg. Existence of these various definitions suggests that there is overlap between notions of bone and marrow, as well as continuity through generations, where bone is the vessel for a more valuable essence, marrow.

While these ideas of bones/marrow as continuity/generation were found within the five-language dictionary, the same text also has a list of bones in different parts of the body that speaks of a more structural understanding.[362] These different ideas, expressed as entries, within the section on the body, were not limited to a bodily conception of one kind. Turning to the other topics among the entries concerning the human body, the five-language dictionary has many words having to do with the *qi*-body, such as the non-anatomical organ *sanjiao*, and concepts such as *hun*, *po*, and *qi*. These examples show that the *Wuti Qingwen jian* not only brought together the languages, but also a number of bodily conceptions of peoples under the realm,

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[359] *Ulu umgan*, where *ulu* means empty is an unfertilized egg. For the meaning, egg, *umhan* is also used.
[360] As an example from Turkic languages, such as Ottoman, the first meaning of *sumuk* is mucus, especially mucus of the nose, the secondary meaning is bone. See Sir James W. Redhouse, *A Turkish and English Lexicon* (1890) (Beirut: Librairie du Liban, 1974), 1095. Also see *sumuk*, where the primary meaning is mucus of the nose, and one of the secondary meanings in Azeri is bone. See Hüseyin Kazım Kadri, *Türk Lûgati* (Dictionary of the Turk[ish] Language), 4 vols., (İstanbul: Maarif Matbaası, 1943), 156.
[361] Lessing, *Mongolian-English Dictionary*, 430.
[362] See the sixth part of the section on the human body, for a list of bones in the body.

thereby providing a window into the concurrent existence of many understandings of the body during this time.

The *Manchu Anatomy*: a translation of a Western anatomical text?

Were the ideas about bones found in *Wuti Qingwen jian* the only descriptions of bones or the structural body within the Qing imperial medical treatises? There was a great deal of interest in Western medicine before the compilation of the imperially commissioned Manchu medical manuscript on anatomy (see below), generally referred to as the *Manchu Anatomy* (GTCLB) (Ma. *Dergici toktobuha geti ciowan lu bithe*).[363]

An understanding of the Chinese canon, and their frameworks constituted an important part of the transfer of Western ideas to China.[364] Changing the larger structure to make knowledge more acceptable to the Chinese was not unique to the *Manchu Anatomy* (GTCLB), or to the Qing, for that matter.[365] This was a strategy that the Jesuits employed in a variety of contexts to ease communication in the field.

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[363] For work on Jesuits in China, especially as related to medicine, see Catherine Jami, "From Louis XIV's Court to Kangxi's Court," in Hashimoto K., Jami C. and Skar L, eds., *Papers from the 7th International Conference on the History of Science in East Asia* (Osaka: Kansai Daigaku Shuppankai, 1995), 493-499.
Catherine Jami, "Imperial Control and Western Learning: The Kangxi Emperor's Performance," *Late Imperial China* 23, 1 (2002): 28-29. Daniel Asen, "'Manchu Anatomy': Anatomical Knowledge and the Jesuits in Seventeenth and Eighteenth-Century China," *Social History of Medicine* 22, 1 (2009): 23-44. Watanabe Junsei 渡辺純成, "Manshugo igakusho Kakutai zenroku ni tsuite" 満州語医学書格体全録について (On the Manchu medical work *Geti ciowan lu bithe*), *Manzokushi kenkyu* 5 (2005): 22-113. Chu Ping-yi, "Shenti, linghun yu Tianzhu: Mingmo Qingchu xixue zhong de renti shengli zhishi" 身體, 靈魂與天主: 明末清初西學中的人體生理知識 (The flesh, the soul and the Lord: Jesuit discourse of the body in seventeenth-century China) *Xinshixue* 7, 2 (1996): 47-98. J.B. de C.M. Saunders and Francis R. Lee, *The Manchu Anatomy and its Historical Origins: with Annotations and Translations* (Taipei: Li Ming Cultural Enterprise, 1981). Abraham Clod-Hansen (Published under the auspices of Abraham Clod-Hansen by Victor Madsen), *Anatomie Mandchoue. Facsimilé du Manuscrit No. II du Fonds Oriental de la Bibliothéque Royale de Copenhague* (Copenhagen: Bibliothéque Royale, 1928). For history of anatomy through Chinese history, see for example, Hsieh "A Review of Ancient Chinese Anatomy."

[364] For example, within the context of discussions on the Rites Controversy with Pope Clement XI's envoy Patriach Mezzabarba, the Kangxi Emperor had said to Mezzabarba that if he wished to speak to the emperor on Chinese matters, Mezzabarba must first read all the Chinese classics and know the Chinese literature. Only then, the Kangxi Emperor, explained, could he be convincing. See Dun J. Li, ed., *China in Transition: 1517-1911* (New York: Van Nostrand Reinhold Company, 1969), 20-22. See Benjamin A. Elman, *On Their Own Terms: Science in China 1550-1900* (Cambridge: Harvard University Press, 2005), esp. Part II, 61-281.

[365] In a letter written in 1631, by Joannes B. Rodrigues to a Chinese translator serving the imperial government regarding the spherical nature of the earth, he stated that the world atlas puts China in the center of the world so that

Medicine and scientific learning in early Qing

The early Qing was a time when Jesuits at court engaged the Kangxi Emperor on a number of subjects including medicine. While the Jesuits' main concern may have been converting the emperor and the Chinese to Christianity, the Kangxi Emperor, on the other hand, wished to attain from them Western medical and scientific knowledge. The issue of showing accommodation is particularly important when considering the scientific exchanges during this period.[366] The French Jesuit missionaries were in close proximity to the Kangxi Emperor, living in the palace while instructing him. Moreover, the Kangxi Emperor had appointed two officials well-versed in Chinese and Manchu, as well as scribes to give them assistance. Almost every day, the Jesuits would spend hours together with the emperor, with no one else present but a few eunuchs while they taught the emperor about topics in the sciences.[367] Medicine was one of the Jesuits' tools, within their larger project of conversion.[368]

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it would be easier for the Chinese to read. Moreover, he added that since the world is spherical, any country can claim to be at the center, and continued to say that after someone sees this they may appreciate how vast the world is and how many countries there are. In the same letter Rodrigues explained that he has learned about the works of Fuxi, Yao, Shun, King Wen, Duke of Zhou, Confucius, etc., thereby showing that learning the Chinese ideas, texts, and frameworks had been an important part of the process of transfer of knowledge to China. Rodrigues also stated that he was presenting the translator with some of the Western books that he had translated into Chinese. See letter from Joannes B. Rodrigues to a translator in the service of the Chinese government in Dun J. Li, ed., *China in Transition: 1517-1911*, 17-19.

[366] See Elman, *On Their Own Terms*, esp. Ch.3-4.

[367] Bouvet, *The History of Cang-Hy,* 52-53, 69.

[368] The Jesuits were also concerned with issues such as the reconciliation of Chinese historical time with Biblical time, the *Yijing* 易經 (*Classic of Changes*), the "correlation" between Leibniz' binary system and the sixty-four hexagrams from the *Yijing*, and the idea of Western learning originating in China. In addition to medicine, the Jesuits taught the Kangxi Emperor about topics such as mathematics, geometry, astronomy, as well as music. Instructions in these topics were sometimes conducted in Chinese and other times in Manchu. According to French Jesuit Joachim Bouvet, Manchu was not as difficult as Chinese, and the emperor was happy to learn about scientific principles in Manchu, which Bouvet refers to as the Tatarian language. See, Bouvet, *The History of Cang-Hy*, 52. The Jesuits did not only bring their Western medicines to the Chinese court, but were interested in the medical practices in China as well, as can be seen from the discussions about variolation for smallpox and descriptions of ginseng. See for example, letters written on April 12, 1711 from Father Jartoux to Father Procureur, General of the Missions of India and China and letter dated May 11, 1726, from Father d'Entrecolles to Revered Father Du Halde in *Lettres édifiantes et curieuses, écrites des missions étrangères* [1702-76] (nouvelle edition) (Paris: Chez J. G. Merigot, 1780-1783), vol. 18, 127-143 and vol. 21, 5-41.

The general understanding has been that the Qing anatomical treatise referred to as the *Manchu Anatomy* (GTCLB) was prepared not just because the Kangxi Emperor had an interest in medicine, but because he had been pleased with the treatment that Jesuits had provided for a fever (most probably malaria) that he had contracted in the late seventeenth century.[369] The Kangxi Emperor's interest in medicine did not begin with this episode. Joachim Bouvet's *The History of Cang-hi the Perfect Emperour of China: and the Eastern-Tartary* shows that in addition to studies in other fields such as mathematics, astronomy, and philosophy, the Kangxi Emperor had already been interested in learning about medicine. Bouvet explained that the emperor was "attack'd by a most dangerous Distemper,[370] it was the Advice of his whole Court, and especially of his Physicians upon his Recovery, to desist for some time from his Studies, as being prejudicial to the re-establishment of his Health."[371] However he explained that the emperor wished to learn about the structure of the human body, and stated that although the Chinese had some of the best doctors, however they "have at present but a very confused Knowledge in Anatomy."[372] Therefore, Bouvet recounted discussing all the parts of the body more generally, before examining each one in particular, and adding that they "did not neglect to insert in this Treatise all the most Curious and useful Discoveries of our Modern Anatomists, especially those of Mr. Du Verney, and of some other Learned Members of the Royal Academy."[373] After they showed the emperor a dozen or more of the propositions with

[369] Saunders and Lee note the year as 1692. See, for example, Saunders and Lee, *The Manchu Anatomy and its Historical Origins*, introduction. Also see fn. 377 for letter from Father de Fontaney about quinine.
[370] According to the *Oxford English Dictionary*, distemper referred to "a derangement or disturbance of the 'humour' or 'temper' (according to medieaval physiology regarded as due to disturbance in the bodily 'humours'); a being out of humour' ill humour; ill temper; uneasiness; disaffection."
[371] *Bouvet, The History of Cang-Hy,* 62-63.
[372] Ibid., 63.
[373] For instruction of the Kangxi Emperor in Western medicine through works of anatomists such as Joseph-Guichard Du Verney, see Bouvet, *The History of Cang-Hy,* 63-64. Other examples that point to the Kangxi Emperor's interest in medicine were manuscripts and treatises on Western medicine that had been prepared before the *Manchu Anatomy* (GTCLB). See, for example Dong Shaoxin 董少新, *Xingshen zhijian: zaoqi xiyang yixue*

illustrations and explanations, the emperor was so pleased that he asked his chief painter to concentrate on these and produce works with great exactness.[374] However, with the emperor's health, it was not possible to undertake so much work, and the emperor was more interested in the causes of his "distempers."[375] Nonetheless, within a matter of two or three months, they wrote eighteen to twenty small treatises about treating distempers, and according to Bouvet, the emperor was so pleased and that he granted the free exercise of their religion.[376]

We know that the Jesuits provided medical treatment to the emperor through the famous episode of the Kangxi Emperor's treatment for malaria, when Father De Fontenay and Visdelou arrived with *quinine*.[377] Father d'Entrecolles stated that the emperor's distemper had made him very weak, and that Chinese physicians had done all that they could before consulting European doctors. Moreover, when the Kangxi Emperor had a violent palpitation of the heart, he was advised to take medicine that the Jesuits received yearly from Manila.[378]

The Jesuits did not just treat the emperor, they also treated others, including those in the emperor's household. For example, sometime between 1715 and 1726, Jesuit doctor Italian

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ruhua shigao 形神之间:早期西洋医学入华史稿 (Between form and sprit: a draft history of the arrival of Western anatomy in premodern times) (Shanghai: Shanghai Guji Chubanshe, 2008), 435-460. Saunders and Lee, *The Manchu Anatomy and its Historical Origins*, introduction. Bouvet, *The History of Cang-Hy,* 63-64**.** Guan Xueling shows the Kangxi Emperor's earlier interest in studying medicine by quoting an entry dating January 13, 1690 from Gerbillon's diary. We learn that the Jesuits had already written materials related to digestion, nutrition, and blood circulation, and kept these texts together with their books. For Gerbillion's role in teaching Western medicine to the Kangxi Emperor, see Guan, *Qingdai gongting yixue*, 220. Daniel Asen also provides examples from Jesuit Father Joachim Bouvet's diary, showing how the Kangxi Emperor had been studying medicine long before his treatment for malaria. For Bouvet's role in the instruction of anatomy to the Kangxi Emperor, see Asen, "Manchu Anatomy," esp. 26-29.

[374] Bouvet, *The History of Cang-Hy,* 64.

[375] Ibid., 64.

[376] Ibid., 65.

[377] For quinine (Fr. *quinquina*) see letter dating February 15, 1703 from Father de Fontaney to Revered Father de la Chaise in *Lettres édifiantes et curieuses,* vol. 17, 207-333, esp. 308-310. Bouvet, *The History of Cang-Hy,* 67.

[378] See the letter, written on July 17, 1709 from Father d'Entrecolles Missioner of the Society of Jesus to the Father Procurator, General of the Missions of India and China in *The Travels of Several Learned Missioners of the Society of Jesus into Divers Pars of the Archipelago, India, China, and America*, English translation of the 1713 Paris edition (London: R. Gosling, 1714), 164-173, see especially, 166-169. (*Eighteenth Century Collections Online, ECCO*).

Jesuit Giovanni Giuseppe Da Costa treated the ulcers on the foot of one of Kangxi Emperor's sons.[379] While the emperors could turn to the Jesuits if they did not find the Chinese remedies useful,[380] at times, the Taiyiyuan doctors and Jesuits had to work together in treating patients. For example in the early fall of 1705 (KX44/8), Sumalagu 蘇嘛喇姑, a palace attendant with close ties to the imperial family became very ill, where he had blood in his stool, and no appetite. The Kangxi Emperor was away from Beijing, his sons Yinzhi 胤祉 and Yinsi 胤禩 called a doctor of Western medicine, Bernard Bodes, as well as a lama doctor, and three Taiyiyuan doctors including Liu Shengfang 劉聲芳 to examine him all together. The doctors decided that the patient's inner Fire had increased.[381]

After Father Bouvet returned to Europe and relayed the Kangxi Emperor's request for more missionaries, Father Dominique Parennin was among those who left for China in 1698. We learn a great deal about the Jesuits' endeavors in China through Father Parennin's letters.[382] One of the most important episodes and results of their exchange is the compilation of the Manchu language anatomical text.

Manchu anatomical treatise

The *Manchu Anatomy* (GTCLB) has been considered to be a translation of Pierre Dionis' *L'anatomie de l'homme, suivant la circulation du sang, & les dernieres découvertes, démontrée au Jardin Royal* (The anatomy of humane bodies improv'd, according to the circulation of the

[379] See Di Cosmo, "A Manchu Fragment on the Medical Treatment Given by the Italian Jesuit Giovanni Giuseppe Da Costa to Yin-ssŭ, eighth son of K'ang-hsi," 100-108.
[380] Bouvet, *The History of Cang-Hy,* 66-67.
[381] KXMWZZQ, 744. See Guan, "Kangxi shiqi xiyang yixue zai qinggong zhong chuanbo wenti de zai kaocha," see esp. 152-155.
[382] The letters of the Jesuits include a wide range of topics, even within science and medicine, while providing information about the kinds of scientific collaboration that was taking place between the Academy of Science in Paris and the Jesuit mission in Beijing. The contact between the Jesuits and the French Academy of Sciences was reflected onto an imperial institution, the Academy of Mathematics that followed the model of the Academy of Sciences in Paris. Elman, *On Their Own Terms*, 179.

blood, and all the modern discoveries. Publickly demonstrated at the theatre in the Royal Garden at Paris), with illustrations from Thomas Bartholin's *Bartholinus anatomy: made from the precepts of his father, and from the observations of all modern anatomists, together with his own* because Parennin had referred to the two texts in his letter to the Academy of Science in Paris.[383] Although there have been studies showing that the illustrations came from a number of different sources, Parennin's letter has largely been taken at face value, and the *Manchu Anatomy* (GTCLB) has been regarded as a translation of Dionis' text.[384]

A more critical study of the Jesuits' letters, considering the Jesuits' specific contexts, as well as the examination of the Manchu medical treatise below shows that the text is not a translation after all. If we consider the context in which Parennin had to operate, he not only had to report on the missionary work in China to the Academy of Science in Paris, but also had to please the Chinese emperor. Moreover, in his letters to Paris, we see that Parennin was considering the activities of other missionaries or officials from Holland, Portugal, and the Russian Empire with whom he was competing with on the field. Examining the structure of the *Manchu Anatomy* (GTCLB) clearly shows that it was not a translation, but a reformulation that was presented within the framework of Chinese medicine.

This part of the chapter will show that the Manchu anatomical text and that of Dionis showed marked differences. First, the ideas are not presented in the same order, even within a particular section. Moreover, the Manchu text is a much condensed version, summarizing the most essential points, and eliminating general wordiness or extra commentary. Therefore, the *Manchu Anatomy* (GTCLB) "translation" created a more succinct rearrangement of Pierre Dionis'

[383] Letter from Parennin to the Academy of Sciences, May 1st 1723 in *Lettres édifiantes et curieuses,* vol. 19, 257-299, see esp. 285. For Pierre Dionis, see Anita Guerrini, *The Courtiers' Anatomists: Animals and Humans in Louis XIV's Paris* (Chicago: University of Chicago Press, 2015), esp. Ch. 6.
[384] See Saunders and Lee, *The Manchu Anatomy and its Historical Origins*, introduction.

text. Translation here does not refer to direct rendering of meaning, but adapting the text into the cultural context, while creating new vocabulary.

In order to discuss the way in which the French texts was "translated" to Manchu, this chapter will examine parts of the *Manchu Anatomy* (GTCLB) pertaining to one organ (the kidney), one bone system (the spine), while discussing the matter of circulation, before moving onto the larger framework in which the information was organized within the Manchu text. The section on the kidney was chosen as it would clearly show if the Manchu text incorporated elements of the Chinese medical kidney (the functions of which are very distinct from the anatomical one) or if it was a description of the Western anatomical kidney. Similarly, the section on the spine would reflect whether or not the text delineated the Western anatomical spine.

Dionis' text has been understood to be an anatomical treatise on the circulation of blood. However, it included not just blood circulation, but two competing theories, namely that which gave primacy to the heart (circulation of blood), and that which accorded primacy to the brain (circulation of an ether called *animal juice*, Fr. *suc animal*).[385] The "animal" in the animal juice was a physiological term "designating the functions of the brain and nerves, esp. sensation and movement."[386]

According to Dionis' text, while the blood circulates from the heart and through the veins, the animal juice emanates from the brain and travels all over the body through the nerves.[387] The *Manchu Anatomy* (GTCLB) also refers to animal juice as Ma. *halhūn sukdun* (lit.

[385] LHCSD, preface.
[386] "Animal" (adj.), *Oxford English Dictionary*. Also see "animal spirit" defined as "The (supposed) agent responsible for sensation and movement, originating in the brain and passing to and from the periphery of the body through the nerves; nervous action or force."
[387] LHCSD, 3, 36.

hot *qi*), and therefore "translates" a text which incorporates the circulation of animal juice and blood into a Manchu treatise discussing circulation of *qi* together with blood circulation.

The *Manchu Anatomy* (GTCLB) explains the origin and course of *qi* (Ma. *sukdun)* by stating that the *qi* of the brain filtrated at the mamillaries, circulating downward from the nerves (…),[388] that the *qi* of the brain is hot,[389] and that the hot *qi* of the brain is able to be sent, as usual, from the marrow (of the spine) to the whole body.[390] (The nerves come out from between the vertebra.[391])

In addition to describing the circulation of *qi*, there is also effort made to reconcile ideas of breathing outside air with the *qi* of the brain, as well as those that try to draw relations between circulatory theories emanating from heart and brain. After a discussion of outside air and breathing, the section on the relationship between the outside *qi* and the brain *qi* states that for breathing all of this has been depending on the *qi* coming from the brain.[392] Moreover, in another part of the passage that aims to make sense of the existence of the two types of circulation, the text states that the brain is like the heart in that it contracts and expands.[393]

As the nerves are the pathways for the flow of animal juice, the conflation of these two theories into the body in the Manchu text may also shed light on the overlapping notions of *qi* circulation and nerves in late Qing medicine, as well as such ideas within the European

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[388] " *fehi i cilcin de hargebuha sukdun, sube deri fusihūn selgiyabume genere de, sube de dosiname jaka cibure oci, fusihūn geneme muterakū…*" GTCLB, 4, blood and *sukdun* (ten segments), *sukdun* in the human body, 54-55.
[389] "*fehi i sukdun halhūn ofi*" GTCLB, 4, blood and *sukdun* (ten segments), *sukdun* in the human body, 61.
[390] "*fehi i halhūn sukdun ikūrsun deri an i beye gubci de isibume mutembi*" GTCLB, 3, the back (four segments), the backbone, 15-17.
[391] "*juwe seire i siden deri sube tucimbi*" GTCLB, 3, the back (four segments), the backbone, 33-34.
[392] "*gemu ere fehi ci jihe sukdun de akdahabi*" GTCLB 4, blood and *sukdun* (ten segments), *sukdun* in the human body, 28-29.
[393] "*fehi inu niyaman i adali ikūmbi saniyambi…*" GTCLB 4, blood and *sukdun* (ten segments), *sukdun* in the human body,15-16.

context.[394] The question of interest below is how the translation group took the knowledge in Dionis' text and adapted it to Chinese context.

If we turn to the passages on the kidney, we see that it is the description of a Western anatomical kidney although texts showed some divergence from the French original. For example, the *Manchu Anatomy* (GTCLB) and Dionis differ in the ways they describe the shape of the kidney. While Dionis likens its shape to a croissant, the indented leaf of a certain plant, or a bean,[395] in Manchu its shape is described as longish and round like a lima bean.[396] There is also a set of Manchu language terminology for the anatomical parts. For example, pelvis or basin (Fr. bassinet) is Ma. *sike i omo* (lit. pond of urine).[397] Bladder (Fr. vessie) is Ma. *sike fulhū* (lit. urine bag/sack).[398] The mamillary (Fr. *mammillaires*) is Ma. *cilcin* (lit. swelling, boil, bump or high tide).[399] The units of measurement that describe size are also converted. The French text describes the kidneys as being four or five fingers in length, three fingers wide, and two fingers thick.[400] In the Manchu text, the length of a kidney is four *cun* width is two *cun* five *fen*, and thickness is two *cun*.[401] Moreover, while the numbers of specific elements, such as mammillary bodies are specified as eight or ten in the French,[402] in Manchu there is no such numerical description.

The section on the spine is again a description of the anatomical spine, but the text provides new clues with respect to how the translations were made (more on this below). While Dionis' text talks about how the structure of the spine displays the wisdom of God, as God made

[394] For the notion of acupuncture points as being related to location of nerves, see, for example, Cook, *Matters of Exchange*, 372.
[395] LHCSD, 213.
[396] "*arbun biyadu i adali golmishūn muheliyen*" GTCLB, 4, kidney, 2-3.
[397] LHCSD, 215. GTCLB, 4, kidney, 13.
[398] LHCSD, 212. GTCLB, 4, kidney, 11.
[399] LHCSD, 215. GTCLB, 4, kidney, 15.
[400] LHCSD, 214.
[401] "*golmin duin tsun, oco juwe tsun sunja fun, jiramin juwe tsun i šurdeme*" GTCLB, 4, kidney, 3-4.
[402] LHCSD, 215.

it[403] the *Manchu Anatomy* (GTCLB) does not mention God. It simply states that the general shape of such a bone is formed to [be able to] bend; it has been made so that it bends.[404] The commentary with respect to God in the French text seems to have been "translated away" in this instance.

The *Manchu Anatomy* (GTCLB) explains that having the spine in many pieces helps bending, and that all the pieces fit together. However the Manchu text does not go into the detailed descriptions of each vertebra, some of which even have specific names in the French text. Moreover, the text shows that in Manchu vertebra is *seire*, and *seire giranggi* (lit. vertebra bone) is spine. This is not unique to Manchu, as the Mongolian word for vertebra and spine are also closely related.[405]

The section on the spine is especially valuable because of a short passage before the "translation" that sheds some light on the process of composing the text. Most of the note was presumably written by those on the translation team who referred to themselves as Ma. *aha* (lit. slave), meaning your humble servant. The passage concerns some problems they encountered with "translating the terminology." The short note states that in (a) Western book(s) there are terms called *žui giyo* and *dun giyo*.[406] It continues that as they were not able to find the suitable words (*acanare gisun*) for translating these terms, they begged for guidance and instruction from the emperor (*dergici jorime tacibureo*) for rendering these terms in Manchu.[407] Next to the note is a brush stroke which seems to be lighter in color than the black, and quite similar in tone to the vermillion enumerations on the illustrations, which writes *mufuyen hošo*, and *šolonggo hošo*.

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[403] LHCSD, 73.
[404] "*Ere giranggi uheri muru, mudalime banjihabi; mudalime banjibuhangge* (...)" GTCLB, 3, the back (four segments), backbone, 4-5.
[405] Definition of vertebra is nuruu (spine), *Oxford Monsudar English-Mongolian Dictionary* (Oxford: Oxford University Press, 2006), 814a.
[406] See fn. 409.
[407] "*Si yang ni bithede, žui giyo dun giyo sehebi. Ede acanare gisun be, aha be umai baharakū ofi, hergen be dahame araha, dergici jorime tacibureo*." GTCLB, 3, the back (four segments), frontmatter.

Moreover, these two terms within their corresponding places within the body of the text are written in unusually small font, suggesting that a blank space may have been left for the words to be filled in later.[408]

How do the terms that were stated to be from a Western language text relate to the Manchu words presented in the introductory note and within the body of the text of the spine? The two terms which supposedly came from the Western text, *žui giyo* and *dun giyo* are Manchu transcriptions of Chinese characters *rui jiao* 銳角 and *dun jiao* 鈍角, meaning sharp edge and blunt/rounded edge.[409] In the note, next to *žui giyo* and *dun giyo* are two Manchu terms *šolonggo hošo* and *mufuyen hošo*, which also mean pointed edge and blunt/rounded edge. Later, the two Manchu terms appear in the part of the text that describes why it is useful to have a spine that is composed of many parts. A spine composed of one bone would not allow for bowing (bending), one composed of a few parts would not allow bending softly as there would be pointed edges, and a spine that consists of many parts would not make bending undesirable as there would be blunt edges. The marrow of the spine would not be bent/constricted under such circumstances.[410]

As the passage stated that *žui giyo* and *dun giyo* were found in the Western treatise, what terms do they correspond to in Dionis' text? Turning to the French text, there do not seem to be two parallel terms in the French edition as was stated in the Manchu text:

> Elle n'est pas d'un feul os, parce qu'elle auroit etré toûjours droite comme une quille, sans se pouvoir fléchir; & si elle n'eût etré composée que de deux, de trios, ou quatre os, il y auroit eu dans les flexions qu'elle auroit faites, des angles aigus aux endroits des articulations, qui auroient pressé la moëlle, & qui auroient empêché le cours du suc animal dans les extremitez des nerfs; Mais étant faite de plusieurs os joints & articulez ensemble par de forts ligamens, elle se ment

[408] GTCLB, 3, the back (four segments), the backbone, 11,14.
[409] I would like to thank Nicola Di Cosmo for the reading of *žui giyo* and *dun giyo*, and for the corresponding Chinese terms *rui jiao* 銳角 and *dun jiao* 鈍角.
[410] GTCLB, 3, the back (four segments), the backbone, 7-15.

> facilement de toutes parts, sans incommoder la moëlle qu'elle contient, ni les parties de la poitrine & du bas ventre qu'elle touche.[411]

The terms *žui giyo* and *dun giyo* are then actually Chinese words written in Manchu transcription, and do not correspond to words in the original French text. If a pair of such terms, meaning sharp edge and blunt edge, is not found in Dionis' text, perhaps this is an opportunity to consider what we know about the particular circumstances in which the *Manchu Anatomy* (GTCLB) was written. From Parennin's letters we know that the Kangxi Emperor assigned a team of people (including three Mandarins, two calligraphers, two painters, as well as paper and materials for the bookbinders, etc.), and every ten pages of the manuscript were submitted to the emperor for approval. The work took five years due to the travels of the emperor. Rather than following the original plan to print the work, the emperor decided that twenty scribes should make three copies of the manuscript. The first copy was to be stored at the emperor's library Wenyuange 文源閣, the second was to be kept at the Garden of Joyful Springtime (Changchun Yuan 長春園), and the third was to be kept at the Mountain Villa for Escaping the Heat (Bishu Shanzhuang 避暑山莊). Moreover, a fourth copy was sent to the Muséum National d'Histoire Naturelle, Paris in 1723.[412]

The "problem" encountered by having two terms appear in the Manchu "translation" that do not seem to correspond to parallel terms in the French text, can provide an opportunity to think about the possible mechanics of the writing process. The way in which the *Manchu Anatomy* (GTCLB) summarizes the information in Dionis' text omitting certain details, and changing the order of the text, is almost as if someone was explaining the section of the text verbally to another person who was writing it down (more on the effects of textual production on

[411] LHCSD, 74-75.
[412] Letter from Parennin to the Academy of Sciences, May 1st 1723 in *Lettres édifiantes et curieuses,* vol. 19, 257-299, esp. see 291. See Hanson, "On Manchu Medical Manuscripts and Blockprints," 24.

the translation process and generation of vocabulary, below). The translation process of the Jesuits usually did involve oral translation by the Westerner, which was then received and written down by the Chinese. Sometimes a number of foreign texts were used, and the final Chinese translation was written in a way that would be simpler, and easier for the reader to understand.[413] It seems that a similar process may have also taken place with respect to compiling the Manchu text.

If this was not a literal translation of a text, but rather an oral transmission of the meaning of the paragraph, then one who reads French and understands the text could express it verbally, and it could be then rendered into a form that would make sense to a Chinese and Manchu speaking audience who valued textual knowledge. Under such circumstances, one could have explained that the French text described two concepts: vertebrae having a sharp edge and vertebrae having a blunt edge. These two concepts were then "helped into" being referred to as terms through the translation process. Therefore, what were reputed to be Western words from a text, were actually concepts rendered into and written as Chinese terms in Manchu transcription. Moreover, a set of Manchu language terms having the same meaning were also constructed.

Having examined how the Manchu anatomical treatise showed similarities as well as divergence with Dionis' text with respect to the kidney and spine, let us turn now to the larger organization of the text. Comparing the table of contents of Dionis' text with that of the *Manchu Anatomy* (GTCLB) shows that the imperially commissioned Qing anatomical text was not a translation of Dionis' treatise, but rather a reformulation that used Chinese medical frameworks of *qi* circulation. Dionis' work begins with a discussion of bones, then the bones on the head, face, spine, breast, hands, feet, etc., after which it moves onto skin, and fat. The

[413] See Tsuen-hsuin Tsien, "Western Impact on China Through Translation," *The Far Eastern Quarterly* 13, 3 (1954): 305-27, esp. 307-308.

next section lists parts that "minister to chylification" (such as colon, rectum, etc.), and the following is on parts that purify the blood (liver, gallbladder, spleen, pancreas, kidneys, bladder, etc.). The text then has a section discussing the *vasa deferens*, prostates, urethra, etc., and another on testicles, clitoris, hymen, etc. Next, we see another part discussing the breast, then respiration, the brain, etc. The following part on the lower limbs (discussing loins, thigh, leg, foot, toes, nails) ends with a description of the auricle of the heart that was greatly dialated.[414]

The table of contents of the *Manchu Anatomy* (GTCLB),[415] however, is organized quite differently. It first begins with bones and flesh of various parts of the body (such as head, eye, ear, nose, tooth, neck, throat, shoulder, hand, arm, finger, breast, belly, skin, fat, flesh, back, marrow, thigh, etc.), then moves onto the organ systems, and ends with a section on *qi* and blood. What is most striking, is that the organs in the *Manchu Anatomy* are organized according to Chinese medical theory of *qi* circulation, which places Chinese medical organ systems in pairs and within a particular order.

lung (Ma. *ufuhu*) and large intestine (Ma. *muwa duha*)
stomach (Ma. *guwejihe*) and spleen (Ma. *delihun*)
heart (Ma. *niyaman*) and small intestine (Ma. *narhūn duha*)
kidney (Ma. *bosho*) and bladder (Ma. *sifulu*)

[414] There are also differences between 1694 and 1698 editions of Dionis' text. In Dionis' 1698 edition, the final section concerns blood circulation and has a detailed picture of the dialated heart. Such a section does not exist in the earlier 1694 edition of Dionis' work. Pierre Dionis, *L'anatomie de l'homme, suivant la circulation du sang, & les dernieres découvertes. Démontrée au Jardin Royal* (seconde édition) (Paris, Chez Laurent d'Houry, 1694). Pierre Dionis, *L'anatomie de l'homme, suivant la circulation du sang, & les dernieres découvertes. Démontrée au Jardin Royal* (troisieme édition) (Paris: Chez Laurent d'Houry, 1698).

[415] While there are a number of scholarly works on the *Manchu Anatomy* (GTCLB), one of the biggest challenges in the field has been clearly defining the text, such as the specific edition, the chapters that it consists of, and the title of the text. Scholars have used different editions of the text to make separate arguments, with an assumption that it is the same text. However, as the extant versions are not one and the same, it is very important to clearly delineate the particular edition one is consulting, as well as the specific composition of the text. See Appendix B on the *Manchu Anatomy* (GTCLB).

liver (Ma. *fahūn*) and gallbladder (Ma. *silhi*)

The final section concludes with blood (Ma. *senggi*) and *qi* (Ma. *sukdun*)

The way in which the organs in the *Manchu Anatomy* (GTCLB) are paired greatly resembles their grouping according to *sanyin sanyang* 三陰三陽 (lit. three yin-three yang) designations in Chinese medical theory.[416] There are also differences, such as the final section on *qi* and blood. (For the order of *qi* circulation, and the details in which the order in the *Manchu Anatomy* (GTCLB) overlaps and diverges with the model, see Appendix C.)

Placing the anatomical information within the order of Chinese medical organ systems according to *qi* circulation, did not only serve to conflate ideas of Western anatomical organs with Chinese medical organ systems, but also blurred the lines between organs and meridians. Pierre Dionis' text was an anatomical treatise that described the circulation of blood as well as the circulation of animal juice.[417] Therefore "translation" of this treatise into Manchu involved putting the organs in the order of *qi* circulation in Chinese medical theory, and concluding with *qi* and blood, which was an ingenious way to introduce the information related to the concept of blood circulation and anatomical structure to an audience familiar with Chinese medical theory. The conflation of the two different forms of circulation (hot *qi* through the nerves, and blood through the blood vessels), may shed light on the conflation of *qi* and nerves in China as

[416] The Chinese term *sanyin sanyang* actually includes different layers of meanings. One of these concerns a theoretical concept in Chinese medicine. The other refers to how the six-fold division of yin-yang is mapped onto various aspects of the body, such as pulse, meridians, torso, etc. (The six aspects of the six-fold division *greater yin* (*taiyin* 太陰), *lesser yin* (*shaoyin* 少陰), and *attenuated yin* (*jueyin* 厥陰)., and *greater yang* (*taiyang* 太陽), *yang brightness* (*yangming* 陽明), and *lesser yang* (*shaoyang* 少陽).) For the theoretical understanding of *sanyin sanyang*, see for example *Huangdi Neijing*, *Suwen* 黃帝內經素問 (Yellow Emperor's Classic of Internal Medicine, Plain Questions) chapter 66, *Tianyuanji dalun* 天元紀大論 (The great theory of the primary order of the heavens) in Guo Aichun 郭靄春, *Huangdi neijing suwen jiaozhu yuyi* 黃帝內經素问校注语译 (The Yellow Emperor's canon of internal medicine, Basic questions with annotations and notes) (Tianjin: Tianjin Kexue Jishu Chubanshe, 1981), vol. 2, 803-820.

[417] For discussions of circulation, *qi* and blood, see Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*, 30-60, 197-206, 229.

well as in Europe, as mentioned earlier. We also know the Japanese would later link the meridian system to the nervous system through Dutch learning.[418]

Scholars have shown that the images in the *Manchu Anatomy* (GTCLB) did not all come from Bartholin, and that there were a number of sources for the illustrations. While some images were from Bartholin, there were pictures from other anatomical texts such as Juan Valverde de Amusco, Caspar Bauhin and Nicolaus Steno, etc. A number of pictures within the Qing anatomical treatise were rearrangements of a number of elements from different pictures into a new composition, with a few examples of figures with characteristics that are less reminiscent of Han Chinese figures. Therefore, a similar kind of liberty with respect to reformulation, that is seen in the text, seems to have been taken with the illustrations, thereby further supporting the argument for the kinds of changes made in "translating" Dionis' text.[419]

The juxtaposition of images from Western anatomical sources, with text that was a reformulation of the anatomical information that was placed within Chinese medical categories, is revealing of the kinds of transformation and translations of knowledge that was taking place within the eighteenth-century imperial medical world. The transmission of information, even of medical nature, took place within cultural contexts with many contingencies. The decisions regarding what knowledge was transmitted or how information was reconfigured do not seem to have been made according to the most correct or authoritative form of knowledge, but rather

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[418] See Yamada Keiji 山田慶児 and Kuriyama Shigehisa 栗山茂久, eds., *Rekishi no naka no yamai to igaku* 歴史の中の病と医学 (Illness and medicine in history), (Kyoto: Shibunkaku Shuppan, 1997). Especially see Sakai Shizu 酒井シヅ, "Jū hachi seiki no Nihonjin no shintaikan"一八世紀の日本の人の身体観 (Understanding of the body in eighteenth century Japan), in Yamada Keiji 山田慶児 and Kuriyama Shigehisa 栗山茂久, eds., *Rekishi no naka no yamai to igaku* 歴史の中の病と医学 (Illness and medicine in history), 431-456. Elman, *On Their Own Terms*, 343. Bridie Andrews, "Tailoring Tradition: The Impact of Modern Medicine on Traditional Chinese Medicine, 1887– 1937," in Viviane Alleton and Alexeï Volkov, eds., *Notions et Perceptions du Changement en Chine* (Paris: Collège de France, Institut des Hautes Études Chinoises, 1994), 149– 166.

[419] See Saunders and Lee, *The Manchu Anatomy and its Historical Origins*. Thomas Bartholin, *Bartholinus Anatomy: Made from the Precepts of his Father, and from the Observations of all Modern Anatomists, Together with his Own* (London: Peter Cole, 1663) (*Early English Books Online, EEBO*).

what was most palatable to the audience. While bringing Western anatomy to the Chinese imperial medical world, gaining the favor of the emperor may have been of much higher value than transmitting anatomical knowledge within its own conceptual framework.

The history of Western science in seventeenth and eighteenth century China has included claims about the Chinese not making use of the Western knowledge they gained. Accordingly, the fact that the *Manchu Anatomy* (GTCLB) was not printed, and therefore not widely distributed, could be regarded as supporting the claim that an anatomical understanding of the body did not develop in the high Qing as the Chinese were not able to put the Western knowledge that was transmitted by the Jesuits to good use.[420] However, the emperors may not have necessarily wanted to showcase all the knowledge they possessed. After all, the Qing emperors hid their most prized possessions manufactured at the Palace Workshops. Within such a context, producing a few imperial copies to be stored in imperial palaces does not suggest that the text was not valued, but that these copies were reserved for imperial use. What was most highly regarded was not always what was projected as imperial orthodoxy to the outside audience, or distributed around the realm.

We do not know for certain who, in the eighteenth century, could have had access to these texts which were in the imperial medical world.[421] In addition to examples mentioned in Bouvet's diary, there are references to work in medicine by Jesuits in China.[422] Therefore, the *Manchu Anatomy* (GTCLB) could hardly be considered the first, or only source of Western medical knowledge about the body that existed in the Qing. About twenty years after the completion of the *Manchu Anatomy* (GTCLB), the famous imperially commissioned treatise on

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[420] See for example, Saunders and Lee, *The Manchu Anatomy and its Historical Origins*.
[421] For late-Qing ownership of a copy of the *Manchu Anatomy*, See Saunders and Lee, *The Manchu Anatomy and its Historical Origins*, introduction. Clod-Hansen, *Anatomie Mandchoue*, introduction.
[422] See Saunders and Lee, *The Manchu Anatomy and its Historical Origins*, introduction. Also see, for example, Dong, *Xingshen zhijian,* esp. Chs. 1, 2.

rectifying medicine *Yizong jinjian* was published, and distributed very widely. As we will see below, it even traveled across the sea to Japan.

Yizong jinjian- an imperially commissioned text in China or a text on bonesetting in Japan? A story of connectivities

The *Yizong jinjian* finding a place as a text on bonesetting within the social history of medicine in Japan suggests the life that aspects of imperial medicine continued to lead, and the connections that could be found within and between different medical worlds.[423] The *Yizong jinjian* was published in 1742 for the purpose of establishing medical orthodoxy in medicine, and is composed of ninety chapters and includes sections with annotated texts such as *Shanghan lun* and *Jingui yaolue* 金匱要略 (Essentials of the golden casket), diagnosis, formulas of famous physicians, as well as disorders in gynecology, pediatrics, ophthalmology, acupuncture, and bonesetting, etc. In her detailed historical analysis of the *Yizong jinjian*, Marta Hanson has shown that the texts represented both the dominance of the court, as well as the limitation of power of the Qianlong Emperor, as regional trends became a part of the orthodoxy that was promulgated through its publication. This text, which rested at the crossroads of imperial publishing projects and medical scholars' participation in evidential scholarship, was one of the projects of the Qianlong Emperor's brother Hongzhou (see Chapter 2). Moreover, the text was composed using textual materials found within the palace grounds (as opposed to collecting texts from the provinces, as would be done for the future *Siku quanshu* project).[424]

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[423] Sare Aricanli, "Realigning Hierarchies in the Imperial Medical Realm: as the Context for Transmission and Reception of the *Yizong jinjian* in Japan," conference paper presented at *Workshop on Early Modern Japanese Medicine*, Princeton University, Princeton, NJ, November, 2012.

[424] Hanson, "The 'Golden Mirror' in the Imperial Court of the Qianlong Emperor, 1739–1742," 111–147. Benjamin A. Elman, *From Philosophy to Philology: Intellectual and Social Aspects of Change in Late Imperial China* (Cambridge: Council on East Asian Studies, 1984). Also see Cynthia J. Brokaw, *Commerce in Culture: The Sibao Book Trade in the Qing and Republican Periods* (Cambridge: Harvard University Press, 2007). Chang, "The Therapeutic Tug of War."

While there was a greatly multiethnic, multicultural, and multilingual form of medicine within the court including medical figures in the Taiyiyuan, bannermen in the Yuyaofang and Shangsiyuan, in addition to commoner physicians, as well as Jesuits at court, the imperially commissioned text rectifying medicine described the field of medicine, not with respect to institutions, but rather as areas of medical expertise. The text also served the purpose of including a number of chapters on more practical forms of medical treatment (such as womens' medicine and bonesetting) as part of imperial medical orthodoxy, in addition to other chapters that had a theoretical and canonical nature, such as *Shanghan lun* and *Jingui yaolue*. Such a form of organization made it possible to talk about medicine as a larger field with a variety of forms of knowledge rather than focusing on the range of languages, cultures, or backgrounds of the medical figures.

Just as the word bone in the five-language dictionary had a number of different meanings attributed to it, the concept of *jin* 筋 in the *Yizong jinjian* also provides a similar example of a term that existed within two worlds: that of the *qi*-body and the physical body of classical Chinese medicine. The notion of a physical body (while less important or less emphasized) was also a part of the classical understanding of medicine, and doctors could describe a patient's health in terms of his/her body and *qi* (Chapter 1). If we look at the bonesetting section of the *Yizong jinjian*, we find that both of these aspects were evoked. In the section describing hand techniques within the bonesetting chapter the word *jin* is a connective particle, commonly translated as tendon and sometimes muscle. This part of the text mainly described the physical body, and the character *jin* was not only paired with the word for bone (*jin'gu* 筋骨), but was also placed together with the character for meridian (when mentioning the twelve *jingjin* 經

筋).[425] Therefore, *jin* was a term that represented a combination of meanings within a context that described the structural body, but was not strictly limited to either the meanings of meridians or structural material such as tendons, and alluded to both.

The *Siku quanshu* edition of the *Yizong jinjian* reveals that it had a structural understanding of the body,[426] including many hand techniques, instruments for physical manipulation, as well as passages which drew bones (not as detailed as Western anatomical drawings but with some clear delineations) with an understanding that valued their number, shape, etc. If we look at the description of the *Yizong jinjian* in the *Siku quanshu zongmu tiyao* 四庫全書總目提要 (Catalog of the Four Complete Treasuries) we see that there has been effort to forge a connection between bonesetting and the work of the Ming physician Xue Ji 薛己 (1487-1559). As the *Yizong jinjian* is a treatise that has many chapters on a wide variety of topics, it might be worth considering why the catalog focused attention on establishing the genealogy of the bonesetting chapter, especially since this should have been a relatively unimportant chapter according to hierarchies of knowledge within the classical medical tradition. The *Siku quanshu zongmu tiyao* had pointed to Xue Ji's text *Zhengti leiyao* 整體類要 (Categorized essentials for rectifying the body), which did not include such a physical description of healing, but rather provided many accounts of how to heal physical injuries with medicines.[427] While *zhengti* is sometimes equated to *zhenggu*, the *Zhengti leiyao* focuses less on hand techniques, instruments,

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[425] In the "general discussion on hand techniques" (*shoufa zonglun* 手法總論) that begins the chapter on bonesetting, for *jin'gu* see "夫手法者謂以兩手安置所傷之筋骨使仍復於舊也." For *jingjin*, see " 蓋一身之骨體既非一致, 而十二經筋之羅列序屬" 又各不同..." *Yizong jinjian*, 87.1a.

[426] For a study showing the increasing structural understanding and the importance of manual techniques in the Qing within the context of inter-dynastic continuity, see Wu, "Between the Living and the Dead," 38-73. See *Yizong jinjian* [SKQS edition].

[427] Aricanli, "Realigning Hierarchies in the Imperial Medical Realm." *Siku quanshu zongmu tiyao* 四庫全書總目提要 (Catalog of the Four Complete Treasuries) (Taipei: Shanwu Yinshuguan, 1986), *zi bu*, *yijia lei er*, 43b-45b, esp. 44b. Xue Ji, *Zhengti leiyao*, in *Xue Lizhai yixue quanshu* 薛立斋医学全書 (The complete medical works of Xue Ji) (Beijing: Zhongguo Zhongyiyao Chubanshe, 1999).

physical manipulation, and more on the movement of *qi* when someone falls, for example, and how to treat them with medicines. Furthermore, Xue Ji was not just a reputable medical figure, he was one who was highly overrepresented in the *Siku quanshu*. The medical section of the *Siku quanshu zongmu tiyao* begins by mentioning Xue Ji in the first entry of the medical section on *Basic questions* (*Suwen*), from the famous canonical treatise *Huangdi neijing*. While the *Siku quanshu zongmu tiyao* put Xue Ji forward, it almost completely ignored the existence of another contemporaneous popular Ming medical figure Gong Tingxian 龔廷賢 (fl. 1577-1593). Xue Ji, therefore, was not a choice based on scholarly distinctions alone, but a figure who was "well-represented" in the famous compilation. The existence of such direct effort to establish continuities with Xue Ji makes one wonder why contemporaneous developments within the imperial sphere such as anatomical knowledge or specialty bonesetters were not even mentioned or alluded to in passing.

Having discussed the *Siku quanshu* edition of the bonesetting chapter, above, let us turn to an eighteenth century edition of the *Yizong jinjian* which is not a *Siku quanshu* edition.[428] What we then see is absence of such a clear depiction of bones in the illustrations as was seen in the *Siku quanshu* edition. (It was not only the bonesetting section of the *Siku quanshu* edition of the *Yizong jinjian* which had detailed enumerations of bones.) While the spine looks like a stick with jagged edges in a picture in this edition of the *Yizong jinjian* (non-Siku quanshu), the *Siku quanshu* edition *Yizong jinjian* delineated the bones of the spine very clearly with little round circles. Another difference in the illustrations concerns a figure holding a stick or branch with a fork at the top in the non-*Siku quanshu* edition. This is depicted as a longer decorative stick in the *Siku quanshu* version. In another picture of a figure whose eyes were relatively large in the

[428] See *Yizong jinjian* and *Yizong jinjian* [SKQS edition].

non-*Siku quanshu* edition, had eyes that were quite small in the *Siku quanshu* version. It seems that attention was paid to detail through changes between editions. Could different editions of the bonesetting chapter show differences with respect to depiction of peoples as well as layers of physical articulation? With this example and question in mind, let us now turn to the story of the *Yizong jinjian* taking a voyage to Nagasaki.

The Ningbo-Nagasaki trade provided an opportunity for Sino-Japanese cultural exchange during the eighteenth century, and one aspect of this was in the form of medical texts.[429] The *Yizong jinjian,* published first in the mid-eighteenth century China, and then again as part of the *Siku quanshu* collection later in the eighteenth century, was transmitted to Japan in great numbers during this time.[430] The reception of the J. *Isou kinkan*/ Ch. *Yizong jinjian*[431] took place in various different ways. One example is the publication of the text with a new preface that reinterpreted the meaning of the text, and another includes the use of the bonesetting section of the *Yizong jinjian* to compose a new Japanese text on bonesetting.[432] Treatises on wound medicine, including bonesetting were historically found in Japan.[433] This particular Japanese text

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[429] Benjamin Elman, "Sinophiles and Sinophobes in Tokugawa Japan: Politics, Classicism, and Medicine During the Eighteenth Century" *East Asian Science, Technology and Society* 2, 1 (2008): 93-121.

[430] The *Sairai shomoku* 齎來書目 *Bibliography of Books Sent to and which Arrived [in Japan]* provides details about the number of copies that were shipped to Nagasaki at that time. While three ships carrying the *Yizong jinjian* with 17, 10, and 16 copies each had already reached the opposite shore in 1759 (Houreki 寶曆 9), more shipments of this text took place thereafter. In 1800 (Kansei 寬政 12) five ships, respectively, carrying 13, 19, 15, 7, and 2 copies, and in 1805 (Bunka 文化 2) four ships with 4 copies arrived in Japan. Oba Osamu 大庭脩, *Edo jidai ni okeru karafune mochiwatashisho no kenkyu* 江戸時代における唐船持ち渡り書の研究 (A study on texts in the ferries from China to Japan in the Edo Period) (Suita-shi: Kansai Daigaku, 1967), 241-263. See Liao Yuqun 廖育群, "Zhongguo gudai keji chuan ri shiliao—*Jilai shumu* suo zai xiangguan zhuzuo" 中國古代科技傳日史料－ 赍來書目 (Historical materials for the transmission of ancient Chinese science and technology to Japan- the texts listed in the *Jilai shumu*) *Zhongguo kejishiliao* 18, 4 (1997): 3-10. Liao Yuqun 廖育群, *Fusan Hanfang de chunhui qiuse: Riben chuantong yixue yu wenhua* 扶桑汉方的春暗秋色: 日本传统医学与文化 (Spring sunshine and autumn colors of Chinese medicine in Fusan: traditional Japanese medicine and culture) (Shanghai: Jiaotong Daxue Chubanshe, 2013).

[431] The Chinese readings of Japanese words are provided in order to draw attention to shared terms between Kako's text and the *Yizong jinjian*.

[432] Aricanli, "Realigning Hierarchies in the Imperial Medical Realm."

[433] See Andrew Edmund Goble, "War and Injury: the emergence of wound medicine in medieval Japan," *Monumenta Nipponica*, 60, 3 (2005): 297-338.

written by Kako Ryougen 加古良玄 in 1805, called *Sekkou youketsu* 折肱要訣 (The essential secrets of [treating] broken arms), attributed its knowledge on hand techniques to Ch. *Yizong jinjian*/J. *Isou kinkan*. The total number of hand techniques in the *Sekkou youketsu* increased by nearly three fold, thereby reflecting innovative developments within the Japanese context.

The Japanese medical world of the eighteenth century, like that in China, also had a pluralistic nature and included Western medical ideas and practices such as dissecting human cadavers. In fact, many new practices were found as a result of Japanese doctors reading Chinese as well as European texts.[434] Therefore, the bonesetting section of the *Yizong jinjian* was most probably not the only source of knowledge for writing the *Sekkou youketsu*, another aspect was an understanding of Western anatomy. The most famous person within the context of Western medicine in Japan was a physician to a provincial *daimyo*, Sugita Genpaku 杉田玄白 (1733-1817), who organized the translation of a European anatomical treatise with his colleagues, and wrote the *Kaitai Shinsho* 解体新書 (New book of anatomy) in 1774. Publication of this book with detailed anatomical drawings resulted in other treatises which benefited from the combination of visual culture with print technology.

Kako Ryougen learned anatomy and published the *Sekkou youketsu* during a time when Western ideas of anatomy abounded in Japan, and in his preface to the *Sekkou youketsu*, Kako explained that he had learned anatomy through dissection. Kako, a doctor knowledgeable in anatomy, had also published a text called *Kaitai shinyou* 解体鍼要(Anatomy for the importance

[434] For therapies (such as bloodletting, vomiting, mercurial drugs for treating syphilis) developed within a pluralistic context, see Trambaiolo, "Writing, Authority, and Practice in Tokugawa Medicine," Part Three.

of needling) from a bookstore in Kyoto in 1819. This text was based on observing the autopsy of corpses of people who had received a sentence.[435]

This chapter continues to show the existence of terms that carried both older and newer meanings. Scientific terminology also included those coming from Chinese, as well as Japanese neologisms. In the late nineteenth century terminology related to the investigation of things that was reinterpreted with the Dutch scientific work in Japan, such as the exhaustive study of the principles of things (J. *kyūri*, Ch. *qiongli*), was replaced with Japanese terms such as *kagaku* 科学, which was later exported to China.[436]

In addition to the terms in the *Yizong jinjian* mentioned above, such as J. *keikin*/ Ch. *jingjin* 經筋 and J. *sujihone*/ Ch. *jingu* 筋骨,[437] the preface to the *Sekkou youketsu* also provided examples of words that resonated across different conceptual spheres, including that of anatomical knowledge. Skeletal structure was an important part of the way that the *Sekkou youketsu* organized its information, and the physical description of the body was integral to Kako's discussion on bonesetting. The *Sekkou youketsu* begins with hand techniques, instruments, a diagram of the bones in the body and a complete skeleton.[438] Following the picture, there is a section on bones that explains that bones are cold and dry in nature. The passage then moves on to state that there were a total of 220 bones in the body (including head, chest, legs, etc.). While this section relied heavily on anatomical knowledge, Kako stated that one could not have the art of bonesetting without detailed description J. *kotsudo*/ Ch. *gudu* 骨度, thereby using

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[435] Kawashima Mahito 川嶌真人 "Kako Ryougen to seikotsu jutsu" 加古良玄と整骨術 (Kako Ryougen and the art of bonesetting) *Rinseigai* 39, 12 (2004):1546-1548.
[436] See Elman, *On Their Own Terms*, Chapter 3, 107-122, esp. Chapter 5, esp., 397-414.
[437] While 筋骨 is traditionally read as *kinkotsu*, this carries a reference to bodily muscle, therefore it has been read here as *sujihone* to draw attention to the individual components, *suji* and *hone*.
[438] Moreover, Kawashima Mahito also states that the diagram of bones seems to be influenced by the *Kaitai shinsho*. Kawashima, "Kako Ryougen to seikotsu jutsu," 1546-1547.

an ancient term of bone-measurement (which is distinct from anatomy) to refer to the anatomical understanding in his text.[439] Use of a term such as *kotsudo* from a canonical source would elevate the status of a text on bonesetting. Moreover, the ambiguity of the reference, both suggesting continuity with earlier textual traditions while also referring to his text which included new Western anatomical knowledge could serve multiple purposes. The precise definition and differentiation of terms do not seem to have been matters that were of great priority. In fact, perhaps the translation and transmission of new knowledge could potentially be more successful where a term could resonate in more than one direction, thereby creating a sense of familiarity and acceptance by audiences with different concerns. These points that seem to beg for more clarity can also be revealing of the various audiences, as well as the different conceptual understandings that were considered while writing these texts.

The *Sekkou youketsu* described bones and connective particles, which point to overlapping ideas of J. *suji*/ Ch. *jin* 筋, within a realm that clearly included Western anatomical knowledge. After a section on fluid within the bones J. *zui*/ Ch. *sui* 髓[440] the text moved on to skin, flesh, and connective matter found in the body, J. *suji*/ Ch. *jin*. According to the *Sekkou youketsu* the J. *suji*/ Ch. *jin* were responsible for the movement, bending and stretching of the human skeletal body, and were of utmost importance. After an introduction to the main components of the structure of the human body, there are more than twenty full pages of diagrams of bones in the whole body from the front, from the back, as well as more specific areas such as the bones on the head, bones of the hand, foot, etc. The J. *suji*/ Ch. *jin* was

[439] (...) 此術, 非詳人身之骨度則不能也. See Kako Ryougen 加古良玄, *Sekkou youketsu* 折肱要訣, preface, in *Nihon seikotsujutsu zenshu* 日本整骨術全集 (The complete works of the art of Japanese bonesetting), [1805], (Tokyo: Asusagawa Shobo Shoya, 1981), 1884.

[440] The next section on the fluid within the bones (J. *zui*/ Ch. *sui*) states that it is cold and moist in nature, white in color, and round and soft in shape and texture, etc. While *zui* is now commonly translated as marrow, there does not seem to be a biological understanding of marrow. It was rather described as a liquidy-soft white substance found within the bones.

therefore not only an element that existed within a physical and *qi* body, but also a connective element within the context of a structural anatomical body.

Liao Yuqun 廖育群 points to anatomical knowledge beyond the skeletal structure within Kako's text. For example, the text states that the J. *suji*/ Ch. *jin* where the marrow (J. *zui*/ Ch. *sui*) comes out are twenty in number, with a certain number of J. *suji*/ Ch. *jin* linking up with various parts such as eyes, ear, etc. Liao states that the description of Ch. *sui* as having twenty J. *suji*/ Ch. *jin* emanating from it, with two going to the eyes, is reflective of a description of nerves. Kako's text therefore provides an example where J. *suji*/ Ch. *jin* was used to refer to a connective element within the context of meridians as well as bones, and without distinction from nerves. This example suggests that as concepts relating to anatomy were learned, new ideas (such as nerves) could also be mapped on to existent terms such as J. *suji*/ Ch. *jin*, which could continue to carry more layers of meanings.

The current definition of J. *suji*/ Ch. *jin* has now become more stabilized within an anatomical context and means tendon (and sometimes muscle), however translating J.*suji*/ Ch. *jin* as tendon would be unreflective of its position within the early nineteenth century text where it could refer to a variety of connective elements even including concepts acquired through anatomical study of the human body, such as nerves.

Toby Gelfand's famous article on eighteenth-century French surgery discusses the role of anatomical knowledge in the rise of the status of surgery. Gelfand points to 1672, to the appointment of our now familiar character Pierre Dionis as a demonstrator in anatomy and surgery at the Jardin du Roi.[441] Was there a similar connection between the role of anatomy and the rise in the status of manual arts in Japanese medical history? The introductory words of

[441] Toby Gelfand, "Empiricism and Eighteenth-century French Surgery," *Bulletin of the History of Medicine* 44, 1 (1970): 40-53.

recommendation for the compilation that includes a photographic reprint of *Sekkou youketsu*, the *Nihon seikotsujutsu zenshū* 日本整骨術全集 (The complete collection of Japanese bonesetting techniques) published in 1981, written by Ogawa Teizou 小川鼎三 who was the chairman of the board of trustees for the Japanese Society for the History of Medicine from 1970-1984,[442] stated that the arrival of Western anatomical knowledge in Japan played an important role in the development of Japanese bonesetting.[443]

Although anatomical knowledge had played a role in Kako's text, Kako also tried to place a distance between his work and Western medical knowledge. According to Kawashima Mahito 川嶌真人, although there were people who were trying to imitate Western methods of treatment what is interesting about Kako Ryougen is that he actually invented his own instruments. Kako's use of Dutch medical knowledge for the structure of the human body, while downplaying the connection between what is found in his treatise and Western anatomical knowledge is a contradictory move that does not necessarily strengthen his position.[444] Liao Yuqun draws attention to this tension between Kako's remarks (where Kako states that he was not discussing Dutch knowledge, while also including anatomical information and stating that bonesetting could not be done without detailed knowledge on the measurement of bones (Ch. *gudu*/J. *kotsudo*), in reference to anatomy), and states that this does not seem to be a contradiction from Kako's point of view.[445] While Kako Ryougen's statement aimed to emphasize the originality of his instruments, his more general remark about not using Dutch

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[442] Japanese Society for the History of Medicine website. Http://jsmh.umin.jp/history_e.html (En). Http://jsmh.umin.jp/history.html (Jp) Accessed November 7, 2014 21:20 (EST).
[443] *Nihon seikotsujutsu zenshu* 日本整骨術全集 (The complete works of the art of Japanese bonesetting), (Tokyo: Asusagawa Shobo Shoya, 1981), preface.
[444] Kako, *Sekkou youketsu*, preface.
[445] Liao, *Fusan Hanfang de chunhui qiuse,* 94-95.

knowledge undermined the more nuanced argument he could have developed about making use of the anatomical knowledge to further innovate and develop new medical techniques and/or instruments within the Japanese context.

Kako Ryougen's *Sekkou youketsu* exposes links between the social history of Japanese medicine and imperial medicine within a larger East Asian context. While Kako's text provides much more information about the traditions with which the text aligned, the *Yizong jinjian* organized information according to areas of expertise. A discussion of intellectual genealogy may be a much easier feat for a popular medical source than one which is imperially commissioned, which has to both assume (and create) a certain kind of authority through a sense of autonomy. The *Sekkou youketsu* is an example of a social history of medicine in Japan that not only valued the authority of imperial medicine in the *Yizong jinjian*, but also used it to advocate finding new methods developed within the Japanese context.

From the point of view that values presenting a particular vision of medicine and perpetuating that very idea, the *Yizong jinjian* and its transmission to Japan represents an accomplishment of the enterprise. By 1800-1805 we see the highest number of copies of the *Yizong jinjian* going from China to Japan. The text was communicated geographically within Japan, and found new contexts, where it was not only distributed but also acquired new meanings. The Qianlong Emperor's quest to establish medical orthodoxy through the compilation of the *Yizong jinjian*, and the efforts of those scholars who included their own ideas in the text, were all rewarded through wide distribution and its transmission across the sea.

Conclusion

The work on the plurality of institutions in earlier chapters shed light on what kinds of multiplicities existed within the imperial medical textual world. Examples such as the *Wuti*

Qingwen jian as well as the *Manchu Anatomy* (GTCLB) present the existence of more than one conceptual understanding of medicine within textual sources. The knowledge of classical Chinese medicine met other bodily conceptions in differing ways. In the five-language dictionary, the entries and terms themselves represented the different understandings. The *Manchu Anatomy* (GTCLB) was a unique example in that it used the medium of the Manchu language to translate information about Western anatomical knowledge that was packaged within the context of classical Chinese medical theory of *qi* circulation.

These examples show that different ideas about the medical body coexisted within imperial medical texts, where one particular explanation was not necessarily devoid of clues of other bodily understandings. The fact that the field of medicine was not structured around one epistemological view must have been a factor that facilitated being able to bring differing views together in one text.

Words also played important roles within a context where there were many medicines. The dictionary defined terms. The *Manchu Anatomy* (GTCLB) created terms, where necessary. The *Yizong jinjian* and the *Sekkou youketsu* represent examples where certain characters actually operated within very different medical contexts including physical and *qi* bodies within classical Chinese understandings, as well as that of Western anatomy. Older terms became vehicles for newer ideas, before concepts become well defined and differentiated.

The human-equine pacifying powder (*renma ping'an san* 人馬平安散), a drug which may now seem quite familiar after having journeyed through the pages of these chapters, is also found within the pages of Kako Ryougen's text published in nineteenth century Japan,[446] thereby showing the extent to which medical ideas traveled within and between frameworks as well as

[446] See Kako, *Sekkou youketsu*, 2234-2235.

geographical spaces. As evidenced by the examples of Qing imperial medical texts, as well as Kako's *Sekkou youketsu* and the *Yizong jinjian*, the boundaries of the Qing imperial medicine, like its classical learning, extended well beyond the palace gates. The questions that remain to be answered lie in the inherently blurry boundaries that characterize the interactions between the various multiplicities in the imperial medical world(s).

Chapter 6. Conclusion

The Qing was a peculiar time for thinking about what is foreign, or Chinese for that matter. For some, the leaders themselves were outsiders. These very people who ruled the realm had established many medical posts for bannermen in the Imperial Household Department, creating a new group of people at the heart of imperial medical organization. Just as there were posts for Manchus, Mongols, and Han who were part of the banners, there were also positions for those who were not bannermen in imperial medical institutions. The Taiyiyuan officials, for most of the Qing, were the medical figures who were left out of the base of medical power that was established and developed in the Imperial Household, even while continuing to serve it on a regular basis.

The eighteenth century was a time when there was an increasing diversity of peoples represented at the center. These included Westerners such as the Jesuits, as well as newly conquered people who had been given representation. While the realm of imperial medicine could be considered cosmopolitan, it was not necessarily urban in nature. Some of the people who were given medicine-related posts were medical figures coming from the pastures and fields. If there is such a thing as bringing together many different worlds, it certainly seemed to be taking place in the eighteenth century Qing court.

What seems from the outside to be a manifestation of cultural richness through the meeting of many worlds, can feel a lot different for those experiencing it. This must have been the case for the Taiyiyuan doctors who had played a major role in the operations of the medical enterprise before institutional shifts in the Qing that would recenter the organization of imperial medicine. Even though the pluralistic structure of medicine gave Manchu and Mongolian bannermen posts in institutions separate from the Taiyiyuan, sharing the space of imperial

medicine with these "outsiders" must have been a challenge for the Taiyiyuan officials. Within a context where the textual tradition and southern cultural values were highly esteemed, the existence of medical figures who spoke "barbarian" languages in addition to the proficiency they had in Chinese, and some of whom practiced medicine using comparatively "crude" manual techniques would have most likely been difficult for those at the Taiyiyuan. While the Taiyiyuan could have some positions occupied by the descendants of its officials, the new posts at the Yuyaofang and Shangsiyuan provided space for a group that was defined by heredity, and which had distinction with respect to class and ethnicity.

Institutional organization of imperial medicine was redefined during the long eighteenth century. In the early Qing, the Taiyiyuan had been under the Ministry of Rites and managed the pharmacy. By the end of the seventeenth century, the pharmacy was part of the Imperial Household Department. While the Taiyiyuan and Yuyaofang were separated institutionally, it is important to understand that they served different functions, therefore one could not simply take over the other. In fact, they had to work together. The way(s) in which they worked together depended on how the balance of managerial decision making was struck and negotiated at different points.

After this shift in organization, the pharmacy became responsible for a broader range of activities, some of which even expanded into areas previously overseen by the Taiyiyuan, and imperial medicine saw the existence of multiple ritualistic and textual worlds. While rituals for doctors were earlier held at the Taiyiyuan, now rituals were also held inside the palace grounds. Textual material was housed and written at the pharmacies. The kinds of medical knowledge that was valued, as reflected by the medicines in a commercial pharmacy and the texts in the imperial pharmacy, pointed to shared understandings between these worlds. Moreover, there were a

plurality of pharmacy spaces, and medicines were also kept in a number of different places. The distribution of medicine took place in the palace and across the realm, where notions of local bodies intermingled with the universality of specialty imperial medicines. The multiple spaces that were traversed by doctors as well as medicines point to the importance of mobility in the daily functioning of everyday affairs. Doctors traveled far to bestow imperial grace, and those rotating through posts in Beijing also had to move across great distances.

The Yuyaofang was not the only institution of medicine in the Imperial Household, as the specialty bonesetters at the Shangsiyuan also revealed the shared worlds between human and equine medicines. Animal medicine overlapped with that of humans through institutions such as the Yuyaofang and Ministry or Rites, thereby exhibiting multiplicity in its order. One could wonder if this form of organization could still be considered to be plurality if many of the new posts at the Yuyaofang and Shangsiyuan were in the Imperial Household Department. The existence of different institutions, medical figures, and separate spaces suggest a pluralistic order.

Looking beyond the Taiyiyuan and situating it and the other institutions within their shifting bureaucratic contexts point to their changing functions. Pluralities also suggest the role that representation played in mechanisms of maintaining authority by harnessing different kinds of knowledge, finding practical solutions, and bestowing grace. This study shows how those who had a stake in medicine were not limited to doctors or patients, but also included rulers, imperial family members, as well as bureaucrats, and those working in the day-to-day functioning of imperial medicine.

The question of mobility brings us to the next example in the plurality of institutions and posts. The Taiyiyuan and Yuyaofang were not the only institutions with medical figures, doctors

could also be found in an institution that managed imperial horses, thereby pointing to the overlapping realms of human and equine medicine. The *coban*'s patients included the emperor, Jesuits, as well as other officials. The *coban* were a specialty class of bonesetters who practiced manual techniques, and who were skilled at treating severe traumatic injuries to the head and body. They used therapies that included movement, as well as various tools as part of their healing practices. *Coban* utilized wood, rope, ice-water, as well as medicines that were often applied externally. Manual manipulation of bones, as well as efforts to "jolt" the "dislocated" parts back into their correct position may have been rather rough, but were also reported to be effective. Parts of animals, such as the bladder of an ox or cow could also be used in "patching up" a severe head injury. However, the *coban* could also be called to treat an emperor's headache. Like the treatment of humans, the medicines for horses were also obtained from a number of places.

In the very curious way that events in time can unfold, officials from the Ministry of Rites played important roles at various junctures where the structure of pluralities in imperial medicine took shape. In mid-seventeenth century, it was an official from the Ministry of Rites who had created some turbidity when the pharmacy began to be restructured. And in the mid-eighteenth century, the reputation and acceptance of the *coban* bonesetters at the Shangsiyuan was facilitated by the *coban*'s successful medical treatment of an official from the Ministry of Rites who had suffered a severe head injury.

The different people at the center of the Qing realm spoke a number of languages, and linguistic plurality could also be seen on a number of levels. Names of institutions in Chinese and Manchu could have similar meanings (Yuyaofang), just as they could show difference (Shangsiyuan). This was not only the case for institutions, or medical terms, but could also be

seen within a wider context. These observations point to the importance of understanding the meanings of words across a spectrum of languages within the Qing realm.

The plurality of ideas in imperially commissioned texts complemented the picture that was seen in institutional structures. While a dictionary could list different kinds of ideas next to one another, another text could frame Western anatomical knowledge in terms of Chinese medical theory, and create new vocabulary. Pluralities in texts could also be managed in another way, by using terms that could potentially resonate with different bodily understandings. When this last text was reinterpreted in Japan, it was imbued with new layers of knowledge from Western anatomy. Therefore, texts were not just sources that brought ideas together between their covers. Compiling a text could also be an opportunity to create new terminology, just as old terms could become vehicles for new ideas.

The structure of Qing imperial medical institutions allowed for plurality within an increasingly centralized form of organization. Within such a context, rituals were not only held at the Taiyiyuan, but also at the Yuyaofang. Moreover, while the Taiyiyuan had practitioners with expertise in bonesetting (*zhenggu*), there were also posts for a specialty group of *coban* bonesetters at the Shangsiyuan. This form of organization and its manifestation in practice is not one that seemed to indicate the anxieties of rulers, or their desires to decrease levels of competition. Nor did it embody an understanding that expected all kinds of a practice to conform to one form. If that had been the case, all rituals would have to be held at the Taiyiyuan, and any bonesetter who wished to attain a post in imperial medicine would have to be a good fit for the Taiyiyuan. Within the Qing medical order, the Taiyiyuan bonesetters continued to exist, while the *coban* bonesetters who were part of the banners and who had worked in the field, were given a separate institutional context in which they could continue their practices. The coexistence of a

plurality of medicines in the imperial realm could serve the interests of the authority by placing a variety of knowledge under the command of the rulership. Such organization suggested the confidence of rulers to be inclusive of different sets of practitioners, who could then compete for functions through time. The Taiyiyuan and Shangsiyuan bonesetters, for example, both served members of the imperial medical world for about a century before the balance between the two were finally set in the favor of those at the Shangsiyuan in the early nineteenth century.

Multiplicity was not without hierarchy or competition. Within a context where there was a plurality of institutions and posts, the aim was focused more on the functions that could be fulfilled by more than one actor. There were also activities that one institution ceased to continue, and which another took up. For example, in time, the Taiyiyuan stopped distributing medicine, and the Yuyaofang took over this practice, serving a different group of people. This diversity in organization extended to practitioners as well. In the event that medical assistance was needed, the emperor could depute, for example, either a Taiyiyuan doctor, lama doctor, a *coban*, a Jesuit, or a combination thereof, to treat the patient.

Hierarchy in imperial medicine could probably be defined in different ways. From the point of view of the Taiyiyuan doctors and the medical tradition they represented, they were at the top of a cultural hierarchy, where others had begun to attain certain hereditary posts. However, from the perspective of the practical day-to-day operations of imperial medicine, power had shifted to the Imperial Household Department, which not only managed the Taiyiyuan offices, but had also established a great number of posts in imperial medical institutions.

The Qing imperial medical world did not just include a diversity of discrete kinds of medical knowledge, but ideas were also communicated within different frameworks. The *coban* could explain their therapies using Chinese medical theory, just as popular writers could use

Chinese medical concepts to explain the *coban*'s therapies to a wider audience. Placing one kind of knowledge within the structure of another was not particular to the *coban*. Western anatomical information was "translated" into Manchu within the context of Chinese medical theory of *qi* circulation. Moreover, a combination of perspectives, from institutional organization and textual sources show that the *coban* bonesetters were gaining ground at the Shangsiyuan during a time when there was also "translation" of Western medical ideas into Manchu, and that a structural idea of medical body was found in an imperially commissioned text on rectifying medicine, the *Yizong jinjian*. Later *coban* would also identify the bonesetting section of the *Yizong jinjian* as being descriptive of their own practices (and not necessarily something related only to Taiyiyuan bonesetters). This was certainly a unique time, as other medical ideas regarding the brain as well as circulation also existed within different spheres of imperial medicine.

While considering the kinds of structural and organizational changes that took place in the medicine under the authority of the emperor, we shifted our focus from doctors as practitioners who were hired for the treatment of the emperor, to a larger function of imperial medicine within the mechanisms of upholding the authority of the state. The emperor or the imperial mechanism of decision making had the power to depute medical figures for treatment, ask them to write/copy medical texts, or manufacture medical products. As long as the emperor could harness their knowledge and mobilize these medical figures, the practical benefits of being able to bestow grace through a range of medical practices may have outweighed what could be gained through a unicentric institutional system or a structure which tied itself to one epistemological understanding.

Was there an ideological plan with pluralistic organization that the Qing rulers wished to implement as their understanding of imperial rule? The organization of imperial medicine

allowed for the central representation of some people who had become part of the Qing realm, while also maintaining institutional continuity. Many of the examples here have pointed to ways of making changes, while also maintaining earlier forms or structures (institutions, posts, editions or new interpretations of texts, terms, etc.). Such kinds of organization could serve the authority of the rulership by allowing for centralization that spoke of plurality, thereby having competition while also providing room for ad-hoc solutions defined along the way. The diversity of medical institutions, figures, and practices is not only reflective of certain understandings of rulership, but was also a dynamic system in a constant process of redefinition within itself and through its interactions with its environment. Just as facets of the social history of medicine were represented in palace medicine, imperial medical drugs, doctors, as well as texts had great mobility, where an imperially commissioned Chinese text not only became part of the social history of medicine in Japan but also showed innovation in its new context, thereby revealing the life that aspects of imperial medicine continued to lead beyond the palace gates.

Appendix A- Titles of texts at the Yuyaofang

Below is a list of books stored at the Yuyaofang, and new ones acquired[*]

([*] This list was compiled using the version printed in Chen Keji et al. with simplified characters. See Ch. 3 fn. 227.)

Wenda yi shu, 1 set
問答醫書 一套

Douzhen buqiuren 1 set
痘疹不求人 一套

Yishuo, 3 sets
醫說 三套

Bencao pinhui jingyao, 4 sets
本草品匯精要 四套

Huangdi suwen, 6 sets
黃帝素問 六套

Cijiu dacheng, 4 sets
刺灸大成 四 套

Waike dacheng, 8 volumes
外科大成 八本

Douzhen zuanyao, 1 set
痘疹纂要 一套

Lingshu jing, 1 set
靈樞經 一套

Maijing, 1 set
脉經 一套

Yunqi, 1 set
運氣 一套

Song edition *Baoming ji*, 1 set
宋版 保命集 一套

Liexian quanzhuan, 1 set
列仙全傳 一套

Douzhen zhengzong, 4 sets
痘疹正宗 四套

Beiquan zongxiao fang, 6 sets
備全總效方 六套

Yuzhi bencao pinhui jingyao, 4 sets
御製本草品匯精要 四套

Neijing suwen, 5 sets
內經素問 五套

Huangdi neijing suwen, 5 sets
黃帝內經素問 五套

Zunshengbajian, 5 sets
遵生八箋五套

Waike zhengzong, 1 set
外科正宗 一套

Douzhen quanji, 8 volumes
痘疹全集 八本

Leijing, 5 sets
類經 五套

Tujing maijue, 1 set
圖經脉訣 一套

Song edition *Maijing*, 1 set
宋版 脉經 一套

Song edition *Jindan neidian*, 1 set
宋版 金丹內典 一套

Qiankun shengyi, 1 set
乾坤生意 一套

Shenxian tonglun, 1 set
神仙通論 一套

Yuanzong bolan, 1 set
元宗博覽 一套

Neiwai jindan ji, 8 volumes
內外金丹集 八本

Shenxian fuer, 1 volume
神仙服餌 一本

Weisheng yannian wanzhenyuan mijue xu, 2 volumes
衛生延年完真元秘訣序 二本

Shoushi baoyuan, 1 set
壽世保元

Bencao gangmu leizuan, 4 sets
本草綱目類纂 四套

Bencao yuanshi, 1 set
本草原始 一套

*Bencao huijian_*, 1 set
本草匯箋 一套

Bencao hui, 1 set
本草匯 一套

Daguan bencao, 3 sets
大觀本草 三套

Zhenglei bencao, 3 sets
証類本草 三套

Zhenglei bencao, 1 set
証類本草 一套

Dongyi baojian, 1 copy 4 sets, 1 copy 25 volumes
東醫寶鑒 一部四套 一部二十五本

Weiji baoshu, 1 set
衛濟寶書 一套

Yihua yuanzong, 12 volumes
一化元宗 十二本

Fushoudan shu, 6 volumes
福壽丹書 六本

Zhongxing xianfang, 1 set
種杏仙方 一套

Guifan, 1 set
閨範 一套

Bencao gangmu, 12 sets
本草綱目 十二套

Bencao gangmu bidu, 2 sets
本草綱目必讀 餌套

Bencao chengya, 2 sets
本草乘雅 二套

Bencao jifang, 1 set
本草集方 一套

Bencao jiyao, 8 volumes
本草集要 八本

Zhenghe bencao, 4 sets
政和本草 四套

Shiwu bencao, 1 set
食物本草 一套

Yixue gangmu, 4 sets
醫學綱目 四套

Yimen falu, 1 copy 2 sets, 1 copy 10 volumes
醫門法律 一部二套 一部十本

Yitong zhengmai, 14 sets
醫統正脉 十四套

Yifang xuanyao, 1 set
醫方選要 一套

Yiyao jilan, 26 sets
醫要集覽 二十六套

Pumen yipin, 4 sets
普門醫品 四套

Wanshi yishu, 18 volumes
萬氏醫書 十八本

Zhengzhi zhunsheng, 8 sets
証治准繩 八套

Qianjin yaofang, 2 sets
千金要方 二套

Dade chongjiao shengji zonglu, 6 sets
大德重校聖濟總錄 六套

Yinshan zhengyao, 1 set
飲膳正要 一套

Yuji weiyi, 1 set
玉機微義 一套

Liangpeng huiji, 1 set
良朋匯集 一套

Weisheng baojian, 1 set
衛生寶鑒 一套

Baoying quanshu, 1 set
保嬰全書 一套

Jingyue quanshu, 2 sets
景岳全書 二套

Shanghanlun tiaobian, 1 set
傷寒論條辨 一套

Yixue jiyao, 1 set
醫學集要 一套

Gujin yijian, 2 sets
古今醫鑒 二套

Gujin yitong, 1 set
古今醫統 一套

Mengqiu yishu, 1 set
蒙求醫書 一套

Li Xingan yishu, 7 volumes
李惺庵醫書 七本

Qianjin yifang, 2 sets
千金翼方 二套

Weisheng yijian fang, 1 set
衛生易簡方 一套

Jindan zhengli daquan, 6 sets
金丹正理大全 六套

Shenshi yaohan, 1 set
審視瑤函 一套

Wanbing huichun, 1 set
萬病回春 一套

Shouyang congzhu, 1 set
寿養叢珠 一套

Dongyuan shishu, 1 set
東垣十書 一套

Yisheng weilun, 1 set
頤生微論 一套

Zhubing yuanhou zonglun, 2 sets
諸病源候總論 二套

Shugutang congchao, 1 set
述古堂叢抄 一套

Taiping huimin hejijufang, 1 set
太平惠民和劑局方 一本

Caoshi miyongfang, 1 set
曹氏必用方 一套

Cijiu jingyan fang, 1 volume
刺灸經驗方 一本

Manchu language *Leigong paozhi*, 2 sets
清字 雷公炮制 二套

Manchu language *Wangshuhe maijue*, 1 set
清字 王叔和脉訣 一套

Manchu language *Nanjing maijue*, 1 set
清字 難經脉訣 一套

Manchu language *Douzhen shu*, 5 volumes
清字 痘疹書 五本

Manchu language *Douzhen shuyao*, 1 volume
清字 痘疹樞要 一本

Manchu language *Yiyao jilan*, 1 set
清字 醫要集覽 一套

Western language *Yaoshu*, 1 booklet
西洋字 藥書 一册

87 titles, a total of 209 sets, and 115 volumes.
Manchu language books were 6 titles, organized as 5 sets and 6 volumes.
Western language book was in the form of a single booklet.

Newly acquired texts: April 25, 1799 (JQ4/3/21) to June 1, 1799 (JQ4/4/28):

Dongyi baojian, one copy two cases
東醫寶鑑 一部二匣

Yizong jinjian, one copy fourteen cases
醫宗金鑒 一部十四匣

Pumen yipin, one copy two cases
普門醫品 一部二匣

Yixue jieti, one copy one case
醫學階梯 一部一匣

Renshu bianlan, one copy one case
仁術便覽 — 一部一匣

Huangdi suwen, one copy
黃帝素問 一部

Yixue rumen, one copy two sets
醫學入門 一部二套

Mingyi zazhu, one copy one set
明醫雜著 一部一套

Jingyue quanshu, two copies two sets
景岳全書 二部二套

Yizong jinjian, one copy four sets
醫宗金鑒 一部四套

Yizong bidu, one copy one set
醫宗必讀 一部一套

Zunsheng bajian, one copy two sets
遵生八箋 一部二套

Shiwu bencao, one copy two sets
食物本草 一部二套

Appendix B- On the *Manchu Anatomy* and its editions

While there are a number of scholarly works on the *Manchu Anatomy* (GTCLB), one of the biggest challenges in the field has been clearly defining the text, such as the edition, its contents, and the title of the text. Scholars have used different editions to make separate arguments, with an assumption that it is the same text. However, as the extant versions are not identical, it is very important to clearly delineate the particular edition one is consulting, as well as the specific composition of the text. The different editions that have been used widely are the Copenhagen edition, the Paris Bibliothèque Nationale (BnF) edition, and the Tōyō Bunko edition.[447]

Properly delineating what material constitutes the *Manchu Anatomy* is another matter that arises through an examination in the differences between editions. For example, the Copenhagen and Paris BnF editions defined the *Manchu Anatomy* as chapters dealing with physiology and anatomy (the sections that were reputed to be a translation of Dionis' text). However, Watanabe mainly used the Tōyō Bunko edition while consulting the other editions, and referred to the section dealing with physiology and anatomy, or the "translation" of Dionis' text, as Part I, and to another set of chapters dealing with the treatment of diseases as Part II of the *Manchu Anatomy*.[448]

The challenge brought by the different editions of the manuscript is further illustrated by the following example. The Copenhagen edition was used to make a claim, based on their source at hand, that there are no skeletons in the *Manchu Anatomy* (GTCLB). (The Copenhagen edition,

[447] See Clod-Hanson, *Anatomie Mandchoue*. Saunders and Lee, *The Manchu Anatomy and its Historical Origins*. See Asen, "Manchu Anatomy" for use of the Paris BnF edition, and Watanabe, "Manshugo igakusho Kakutai zenroku ni tsuite" for using the Tōyō Bunko edition, while also consulting the other two editions in Japan.
[448] See Watanabe, "Manshugo igakusho *Kakutai zenroku* ni tsuite," 46-53.

however, represents a fragment of the text.[449] Moreover, the Copenhagen edition also contains much fewer pictures than the Paris BnF edition, which also does happens to have a skeleton. The skeleton in the BnF edition is somewhere in the middle of the treatise, and not placed as prominently as images of skeletons in the European anatomy texts. After Saunders and Lee's claim that there are no skeletons in the *Manchu Anatomy* (GTCLB) (as the image may have been aversive from the point of view of Chinese culture with respect to preserving the sanctity of the human body, because skeletons were associated with death, or due to the fact that the emperor was recovering from illness), the notion that there are no skeletons in the *Manchu Anatomy* was further taken up in another study published in 2008 by Dong Shaoxin. Dong adds further specificity by stating that the Copenhagen edition does not have a skeleton, but continues along the same lines by adding that other images, including those of detailed bodies and reproductive organs could also be considered to be sensitive issues for a Chinese audience, but that the work was imperially commissioned and not widely distributed.[450]

While the Copenhagen edition has about ninety pictures, the Paris edition has over one hundred and twenty images (even when accounting for frames that use similar diagrams with differing text). The discrepancy in the number of images could be due to the fact that some pictures in the Copenhagen edition were lost. While we know that the three original copies of the text were stored in palaces after being produced, the relationship between the various copies of the manuscript are not known. (However, there is some information about the ownership of what later became the Copenhagen text was by the office of a certain doctor Bai (白醫藥室) at a clinic called Gengyin Tang 耕因堂 inside Xuanwumen (宣武門).)

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[449] Hanson, "On Manchu Medical Manuscripts and Blockprints," 2.
[450] See Saunders and Lee, *The Manchu Anatomy and its Historical Origins*, introduction. Dong, *Xingshen zhijian*, esp. 450-451.

Comparing the images of the Paris Bibliothèque Nationale and Copenhagen editions also reveal clear differences in detail. For example, what at first glance seems to be the same illustration in the two editions, there are divergences in details in the shapes of figures, facial features, shading, etc.

Another issue concerning properly defining the problem has been the naming the text. While the Qing dynasty imperially commissioned treatise in Manchu is commonly referred to as *Manchu Anatomy* (GTCLB), it actually has a number of different titles. For example the edition at the Royal Library in Copenhagen is titled *Anatomie mandchoue*, but also listed as *Zhoushen xue mai tu* 週身血脈圖 (Illustrations of the blood and vessels of the entire body) (See Marta Hanson, "On Manchu medical manuscripts," 25). The Paris BnF manuscript, for example, has the titles, Ma. *Wargi namu oktosilame niyalma beye giranggi sudala nirugan i gisun* (Treatment [by] Western [methods]: explanations of illustrations of bones and channels [of the] human body) and Ch. *Xiyang renshen gumai tushuo* 西洋人身骨脉圖說 (Explanations of illustrations of bones and channels [of the] western [understanding of the] human body). Another common way of referring to the text is as the *Geti ciowan lu bithe*, which is in large part a Manchu transcription of Chinese characters (and *bithe*, in Manchu means book), and it has been understood to mean a complete record of anatomy. Watanabe explains that although the titles of the three manuscripts in Japan are *ge ti ciowan lu bithe*, it is not clear if this was the original title of the text. Moreover she states that the title has been written in Chinese characters in a variety of ways as 格體全錄, 各體全錄, and 骼體全錄, all pronounced in the same way in Chinese, as *ge ti quan lu,* and where *ge* means pattern/frame, each, and skeleton/frame, respectively.[451]

[451] Watanabe, "Manshugo igakusho *Kakutai zenroku* ni tsuite," 36.

It is therefore very important to clearly state which edition of the text one is referring to with respect to pictures and the text, and all detailed information available, such as where they are housed, number of folios, etc. For detailed information about the various editions of the *Manchu Anatomy* (GTCLB), see articles by Hartmut Walvarens and Marta Hanson.[452]

[452] Hartmut Walvarens, "Medical knowledge of the Manchus and the *Manchu Anatomy*," *Etudes mongoles et siberiennes*, cahier 27 (1996): 359-374. Hanson, "On Manchu Medical Manuscripts and Blockprints."

Appendix C- The structure of the *Manchu Anatomy* and the circulation of *qi*

According to Chinese medical theory, the circulation of *qi* takes place as *qi* moves through alternating pairs of hand and foot meridians, that run from the tips of the limbs to the torso and back out to the limbs, alternating on the inner and outer sides (*biaoli* 表裡) of a certain limb (See Table 3). One way to describe meridians is by naming it according to which limb (hand or foot) it traverses, its designation with respect to the *sanyin sanyang* (three yin three yang), and the particular Chinese medical organ system that it has been associated with. Moreover, meridians on the arm, for example, are also paired with respect to their positions on the outside and inside part of the limb, referred to as their outer and inner (*biaoli*) relationship.

Table 2. The *biaoli* designations of organs pairs in the *Manchu Anatomy*

shou taiyin fei jing	手太陰肺經	*hand greater yin lung meridian*
shou yangming dachang jing	手陽明大腸經	*hand yang brightness large intestine meridian*
zu yangming wei jing	足陽明胃經	*foot yang brightness stomach meridian*
zu taiyin pi jing	足太陰脾經	*foot greater yin spleen meridian*
shou shaoyin xin jing	手少陰心經	*hand lesser yin heart meridian*
shou taiyang xiaochang jing	手太陽小腸經	*hand greater yang small intestine meridian*
zu shaoyin shen jing	足少陰腎經	*foot lesser yin kidney meridian*
zu taiyang pangguang jing	足太陽膀胱經	*foot greater yang bladder meridian*
zu jueyin gan jing	足厥陰肝經	*foot attenuated yin liver meridian*
zu shaoyang dan jing	足少陽膽經	*foot lesser yang gallbladder meridian*

Within the Qing anatomical treatise, not only were the organs placed according to the *biaoli* pairs, but the pairs were also largely placed within the order of *qi*-circulation through the meridians, each of which was associated with a particular organ (See Table 2).[453] There were, however, some differences. For example, the Qing anatomical treatise did not include two Chinese medical organs, *pericardium* (*xinbao* 心包) and *triple burner* (*sanjiao* 三焦), which do not correspond to anatomical understanding of the body. Pairs of hand and foot meridians usually alternate for the circulation of *qi*. Therefore, eliminating a *biaoli* pair of hand meridians for *pericardium* and *triple burner* left the Qing anatomical treatise with two consecutive pairs of organs corresponding to foot meridians at the end. The order of the organs within the pairs was also according to *qi* circulation, except for the last two pairs (*bladder* and *kidney* and *gallbladder* and *liver*) where it was reversed.

Table 3. Qi circulation through meridians

shou taiyin fei jing	手太陰肺經	*hand greater yin lung meridian*
shou yangming dachang jing	手陽明大腸經	*hand yang brightness large intestine meridian*
zu yangming wei jing	足陽明胃經	*foot yang brightness stomach meridian*
zu taiyin pi jing	足太陰脾經	*foot greater yin spleen meridian*

[453] The course of *qi* circulation through *biao-li* meridians takes place by moving through meridians named according to organs and their *sanyin-sanyang* designations (see Table 2). The *biao-li* pairs of meridians traverse the inside and outside of a limb (arm or leg). The meridians that move from the torso to the hand or from hand to torso, are designated as hand meridians, and those that move from torso to the foot or foot to torso are called foot meridians. For example, the *hand greater-yin lung meridian* (*shou taiyin fei jing* 手太陰肺經) starts at the chest and runs through the inside part of the arm to the thumb. The lung meridian is in a *biao-li* relationship with the *hand yang-brightness large intestine meridian* (*shou yangming dachang jing* 手陽明大腸經), which starts on the outside part of the index finger and moves up the arm toward the chest and ends by the nostril where it connects to the *zu yangming wei jing* 足陽明胃經. The *zu yangming wei jing* begins by the nose, and roughly moves down the chest and front (outside) part of the leg, and ends at the big toe, where it connects with the *zu taiyiin pijing* 足太陰脾經, which up the inside part of the leg and ends close to the armpit, and connects to the next meridian, *shou shaoyin xinjing* 手少陰心經, and the cycle continues through the twelve meridians.

shou shaoyin xin jing	手少陰心經	*hand lesser yin heart meridian*
shou taiyang xiaochang jing	手太陽小腸經	*hand greater yang small intestine meridian*
zu taiyang pangguang jing	足太陽膀胱經	*foot greater yang bladder meridian*
zu shaoyin shen jing	足少陰腎經	*foot lesser yin kidney meridian*
*shoujueyin xinbao jing**	手厥陰心包經	*hand attenuated yin pericardium meridian*
*shou shaoyang sanjiao jing**	手少陽三焦經	*hand lesser yang triple burner meridian*
zu shaoyang dan jing	足少陽膽經	*foot lesser yang gallbladder meridian*
zu jueyin gan jing	足厥陰肝經	*foot attenuated yin liver meridian*
(full circle to the beginning with) shou taiyin fei jing	手太陰肺經	*hand greater yin lung meridian*

* Indicates the two meridians, *xinbao* and *sanjiao*, which do not correspond to anatomical organs and which were not included in the Manchu text.

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