

**Treating the Emperors in the Qing Palace:
The tension between the Manchu rulers' public power and
private frailty**

by

James Flowers

A Thesis in International Studies

Presented to the Institute of International Studies in the Faculty of Arts and
Social Sciences of the University of Technology Sydney for the Degree of
Master of Arts in International Studies

Thesis supervisor: Yingjie Guo

September 2009

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Acknowledgements

Thanks go first to my supervisor Guo Yingjie. His support, encouragement and wisdom have been unstinting. His patience, understanding and kindness have always been so comforting. He is a gentleman and a true scholar. Without Guo *Laoshi's* help, this thesis would not have been possible. He painstakingly went through many drafts in order to make this thesis legible. The trust he placed in me shows a man of rare qualities.

Marta Hanson read through final drafts. Her detailed comments were invaluable in polishing off rough edges. I was touched by her concern and care in assisting my understanding of the topic. I am so grateful.

Thanks to Henry Liang at the University of Western Sydney, one of my first teachers of Chinese medicine. He has always supported me. His faith in me many years ago set me on my path. Moreover, it was he who always insisted that I do postgraduate research. He never gave up until I finally agreed.

Thanks to Warren Reed, another scholar and gentleman, a dear friend, whose burning passion for knowledge and learning has always inspired me.

Thanks to Nathan Sivin of the University of Pennsylvania for showing me the way. He was always willing to help and get me through difficulties. He introduced me to Marta Hanson, at Johns Hopkins University, who suggested this area of research. For her wisdom I am grateful.

Thanks to Volker Scheid, of the University of Westminster, who also insisted that I start writing and researching.

Thanks also to Danny Kane and Ye Xiaoqing, both of Macquarie University, who helped and guided me when I needed it.

Thanks to Chris Zaslowski of University of Technology Sydney for pushing me to take the plunge into research at a time of doubt.

He Jinli, of Trinity University, was kind enough to offer technical assistance, which I do appreciate.

I am also thankful to Chang Che-Chia, of Academia Sinica, who was kind enough to offer assistance with some of the material.

Thanks to all my colleagues in the Australian Acupuncture and Chinese Medicine Association who have always supported me in my endeavours. When I just simply had to walk away from my responsibilities in the Association in order to spend more time on research, my colleagues responded with a magnanimity that still leaves me feeling humbled. I am particularly grateful to Judy James, Richard Li, John Deare, Peter Aftanas and there are too many others to name.

Zhu Xiaoshu at the University of Western Sydney has been a close colleague for whom nothing was ever too much trouble.

I am also grateful to Reg Little and Volker Scheid for reading through manuscripts in progress.

I am very appreciative of my so many beloved patients, from whom I have learnt so much. I am so grateful for their generous understanding when I needed to stop tending to their ailments in order to concentrate on reading and writing.

I cannot thank enough my brilliant wife, Wang Tan. She has given me everything she could possibly give and more.

All the mistakes and shortcomings in this work are my own.

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Abstract

This thesis examines the medical case records of the Imperial Qing Palace. The case records were examined with a view to see how Chinese medicine was practised in the Qing period in China. I also analysed the role of medical cases as another way of adding to an understanding of history.

My primary sources were the archive medical case records of the Qing Imperial Palace as compiled by Chen Keji. I also used selected secondary sources, particularly research by Chang Che-Chia on the Qing cases.

I concentrated my research on selected emperors and the Empress Dowager. I analysed the case records of Kangxi, Qianlong, Tongzhi, Guangxu and Cixi. Each of these figures were analysed using medical analysis and historical analysis. Using clinical knowledge, I analysed each of these political figures considering the historical and social context of the time.

While analysing selected cases I also analysed the medical approach and style of one doctor of the nineteenth century, Ma Peizhi. This physician was selected as representative of elite doctors in China in the late Qing period. Using the methodology of textual analysis I supplemented analysis of the primary sources with examination of secondary sources such as biographies and other journals.

In medical terms, I found that the practice of Chinese medicine changes according to social and historical circumstances. In line with the social norms of the elite at the time in Qing China, medicine was practised with the approach of gentleness and balance. This distinctive style, practised by Ma Peizhi, saw the root of physical disease in mental unease.

In historical terms, I found that the medical records provided primary evidence for trends in Qing history. The Kangxi emperor looked askance at Chinese medicine, while avidly practising his Manchu shamanic rituals. His grandson, Qianlong, in contrast, presented himself as a patron of Chinese classical learning, of which he saw Chinese medicine as an important component. This was evidence that the sinification of the Manchu conquerors was almost complete.

A key finding of the thesis was that the realities of the Qing emperors and the Empress Dowager Cixi differed from the personas they had projected to the public. The Qing emperors and the Empress Dowager were, on the whole, frail in health, psychologically vulnerable and suffering from chronic anxiety, if not depression.

The Qing images of power did not fit the reality.

Introduction

This thesis investigates the practice of medicine and healing in the royal court of the Qing dynasty and the role of medicine in history. It does this through an examination of a selection of medical case records from the Qing court entitled *Qing gong yi'an yanjiu* (Research on the Medical Cases of the Qing Imperial Palace),¹ which was published by Chen Keji [陈可冀]. While examining a small number of patients' cases from the files and widening the context, the study may be of interest not only to scholars in the area of medicine but also to scholars of history who are concerned with the attitudes and beliefs of physicians and patients.

The Medical Case Records

The records of the Qing Imperial Palace were chosen to examine medicine at the elite level. Most scholars would agree that the practice of medicine in the Palace involved some of the most capable and therefore the most efficacious physicians in the empire. Examining criteria for efficacious medical practice is of considerable significance. The successors of these court physicians played a significant role in shaping the practice of Chinese medicine well into the twentieth century. The patients in the records are of interest as well, as many of them were significant figures in Chinese history. The emperors examined in the cases, such as Kangxi [康熙] and Qianlong [乾隆], are still subjects of much analysis by historians. An examination of their medical records can offer further insights into their lives and into areas of their thinking.

Much recent scholarship aims to show that the Qing remains under-examined despite a growing body of literature. One reason for this is that many of the records were written in Manchu. The study of the area of medicine during the Qing has been particularly neglected not least because historians tend to see medicine as a peripheral

¹ Chen Keji, 2006, *Research on the Medical Cases of the Qing Imperial Palace* [清宫医案研究].

The Qing dynasty spanned 1644-1911.

area. Official histories mostly concentrate on political and economic matters. Much historical work has portrayed the Qing as slothful and deserving of excoriation. The later emperors are depicted as hopeless in the face of western and Japanese bullying leading to the total defeat of the ruling dynasty itself. The medical histories of these emperors provide another angle on which to join this debate.

The lack of academic attention to the Qing Palace medical records is indicative of the neglect of medicine in historical studies in general. One exception may be the research scholar, Chang Che-Chia [张哲嘉], who made significant reference to the Qing Records in his study of the physician-patient relationship in the era of the Empress Dowager Cixi. [慈禧]² Chang's study was concentrated, though, on an examination of human dynamics in the Palace, rather than on medical practice, which is the focus of this study.

The records are also significant in that there is no comparable set of cases. The Palace was an ongoing institution with vast and controlled bureaucratic organization. For this reason, the records provide further evidence of approaches to health and healing. Healing may have been practised differently in scattered villages but the records of these cases had no recording system to compare with the palace. The Qing was the last imperial dynasty before the advent of western science. Other scholars have shown that the practice of medicine in China changed dramatically over time. Fundamental cosmological beliefs may have provided an underpinning but many layers were added. While many practices became obsolete, new practices developed. There is sufficient evidence to suggest that the Qing was a period of diversity in medical thinking, with the Palace playing a role in attempting to fashion and determine medical orthodoxy.

Chen Keji's volumes only comprise a small fraction of all the medical cases in the Qing Palace. He has made a selection for publication, the archives holding many more cases. The records themselves are characterised by brevity and scanty information.

² Chang, Che-Chia, 1998, *The Therapeutic Tug of War- The Imperial Physician-Patient Relationship in the Era of Empress Dowager Cixi (1874-1908)*, University of Pennsylvania PhD thesis.

The style of presentation is to name a patient, to state one or two symptoms and then to list the herbs prescribed by a particular physician. This leaves the records wide open to interpretation and makes it necessary for any historian to fill in the blanks. In addition, much of the text goes into the various claims and counter claims of various physicians in controversial cases. In this regard, the Guangxu [光 緒] case is covered in detail. To simply translate some cases would be of little point; it seems to be more meaningful to take a number of cases and to attempt to fill in some blank spaces in the text and provide some background.

These records are just one set of case notes from one particular institution, the Qing Imperial Palace. There would be innumerable other case records consisting of millions upon millions of medical cases. Many would have been lost. Others sit in dusty archives. Medical cases in the Qing Imperial Palace were meant to be assiduously recorded. The vast majority of the records have not been carefully examined. This suggests that Chinese medicine remains an under-examined area of study. The reasons for this are manifold and have much to do with the establishment's quest for orthodoxy to be tied to scientific modernity, which is assumed to be a prerequisite for legitimation. Most researchers in the field of Chinese medicine are engaged in trials or laboratory research, while very few are those who believe it worthwhile looking at old books. Medicine exists in an economic system that demands profits and the satisfaction of commercial interests. These interests demand commodification of products that may be commercially viable. Scholars such as Sean Lei,³ Bridie Andrews⁴ and Kim Taylor⁵ have shown that medicine became a project of the Chinese state in the twentieth century and necessarily had to adapt to satisfy the demands of modern science to fit into a political model.

The Palace medical records describe cases in the context of physicians and their patients in the Qing Palace and records of the treatments prescribed, most of which involved herbal prescriptions. Their significance is that they describe medical

³ Lei, Hsiang-Lin, 1999, *When Chinese Medicine Encountered the State: 1910-1949*, Chicago PhD thesis.

⁴ Andrew, Bridie, 1996, *The Making of Chinese Medicine, 1895-1937*, Cambridge, PhD.

⁵ Taylor, Kim, 2005, *Chinese Medicine in Early Communist China, 1945- 63*.

encounters using a form of therapeutics coming from a very different tradition from that which is taught in medical faculties of universities in the twenty first century from Berlin to Sao Paolo to Dunedin. Scholars have pointed out that most medical consultations in imperial China would have been with folk healers or religious healers and would not necessarily have been recorded.⁶ Despite this, the literate physicians habitually recorded their cases. By examining the cases in these texts we can build on the works of researchers who have set the pace in this field.

An analysis of medical practice has the potential of providing new insights into Chinese approaches to life in general. The outward manifestations are an attention to unique ways of understanding such as *qi* [气] to *yin* [阴] and *yang* [阳] and a unique way of looking at the human body. More significantly, unique ways of understanding the human body were a reflection of the ways of understanding society, the world and the universe. The Qing Records also afford us a chance to see history from another angle – that of personal health. Rather than the state in China devoting resources and attention to examining how medicine developed in its long history, the orthodox catchall phrases of scientific progress and evidence have served to make hefty piles of records such as these to be regarded, by those of positivist bent, as quaint antiques at best and as relics of a harmful superstitious past.

Chen Keji is a researcher in the field of western biomedicine who is unusual in that he has an avid interest in the importance of studying the medical records of the past. A medically trained doctor, Chen Keji is President of the China Association of Integrative Medicine and works on ‘integrating Chinese and Western medicine’. He is an Academician of the Chinese Academy of Science and an author of a number of medical books. He underwent a process of studying Chinese medicine through encounters with senior doctors and classical texts. Trained as a Western-style medical doctor, Chen turned to Chinese medicine in the mid-1950s, studying with several nationally famous senior doctors particularly chosen by the Health Ministry. He was very reluctant at the beginning and regarded this training as an obstacle to his medical

⁶ Lloyd, Geoffrey; Sivin, Nathan, 2002, *The Way and the Word*, p. 23. Nathan Sivin reiterated this point in a discussion group in Sydney, Australia that I attended in 2005. Paul Unschuld also spoke on this question at length in a series of unpublished lectures in Sydney in the late 1990s.

career. However, his teachers soon enchanted him with their clinical skills. He was particularly taken with the first class he had with Yue Meizhong, [岳美中] a renowned physician who had a central role in Chinese medicine in China in the mid-twentieth century and who taught the classic text *Essentials of the Golden Casket* with an explication of every sentence.⁷

Chen's research on Chinese medicine was fruitful for bringing more valuable material to light. One of Chen Keji's main conclusions is that the doctors in the Forbidden City were of very high calibre. A common belief is that these doctors were stultified from caution and paralysed by fear. Just to take an even cursory look at these prescriptions shows that this was not the situation. Doctors paralysed with fear would not be prescribing sulphur and cinnabar routinely as they are shown to do in the records. Chen shows that some of the herbs prescribed were very powerful.⁸

Chen further argues,

Palace doctors wrote very good and effective herbal prescriptions. If they could not, they would never reach that exalted rank. Imperial regulations were quite clear in meting out rewards and punishments. The records show that if a doctor proved unsatisfactory, the emperor wrote in red: *Quack. Acting with an utter disregard for human life.* The doctor was punished. If he was good, he was rewarded with jade, silk and silver.

Chen believed that the imperial doctors had a strong sense of tradition, arguing that 'heritage is the prerequisite of development and innovation.' Following Mao Zedong's explicit support of the field in 1954, this phrase was emphasised by almost every senior doctor. The epithet continues to be used very liberally, almost as a cliché by many in the field. Chen's belief that the heritage or the historical antecedents are worth studying is rooted in the old Chinese scholars' penchant for reviewing the work of those who have developed the field.

⁷ Zhongguo kexue jishu xiehui (eds), 1999, pp. 406-425.

⁸ Chen, 1992, *From Emperors to Fisheyes*.

In examining the cases in the Palace, we may see which of these ideas have remained alive in their transmission from Qing China to a world in which many ideas are contested in a globalised world in the twenty first century. We may also see how the transmission of ideas has refracted over time. Upon reviewing the Qing Palace Records one finds that acupuncture was rarely used in the Palace. This is at variance with much modern practice in which acupuncture plays a significant role in relation to prescribing of herbs, especially in western countries. This indicates that historical and social factors played a role in determining change and diversity.

The Qing - A Hybrid Empire

The Qing phenomena of hybridity and cultural borrowing, which were typified by fluidity and nebulosity, extended to areas such as everyday customs, dress, music and medicine. One example that nicely encapsulates this is the way that the habit of tea drinking was transmitted from China to the west. Tea, very much a part of Chinese medicine, when appropriated in the west, took on Manchu tones, still resonant today. This example of the refraction of ideas and practice is the use of milk in tea. In the same way, Chinese medicine has a different flavour when transmitted to the west refracted through the mirror of pre-existing local habits and cultivated misunderstandings. Tea became a craze in Europe and was largely sought after. The desire of Europeans for the consumption of products from China, of which tea was of more than minor significance, played its part in events precipitating such cataclysms in Chinese history as the Opium War. It is well known that it was a Manchu habit to add milk to tea. This was taken up by European visitors to the Qing court and taken back to western climes. For Chinese in general adding milk to tea was considered to be very strange at best and very damaging to health by those versed in and accepting of Chinese norms of dietary health care. The English now claim certain teas as 'English', whether they are taken with or without milk or with one or two sugars.

This shows that practices, which are embedded in cultural traditions, change their meaning in different contexts. The habit of claiming ownership of certain practices then distorts and changes the original intention. Tea, a plant substance which was only grown in China, became English and very soon had no connection with China when taken in a global context. This example serves to show that an examination of health

and healing may cast light on wider issues. In the same way that tea became English, many medicines in herbal form have also become 'western'. Any product that is consumed can be turned into a commodity to be promoted on the market.

We have seen in the preceding paragraphs that a Manchu habit had a significant presence in the Palace and was later transmitted globally as 'Chinese' culture. Scholars such as Pamela Kyle Crossley,⁹ Evelyn Sakadida Rawski¹⁰ and Mark Elliott¹¹ have argued convincingly that the Manchus regarded themselves as a distinct people with their own culture, customs and habits. Much earlier scholarship had assumed that the Manchus simply assimilated into the wider Chinese society. While identifying as a Manchu, the Kangxi Emperor took an avid interest in what he believed to be European medicine. Rather than being mono-cultural, the Qing Empire was multicultural and hybrid in nature. Not surprisingly, the medicine was also hybrid in nature. This is significant because any examination of the records needs to be aware of the complexities of manifold cultural influences.

The characters in the records are emperors and other members of the imperial family, consorts, eunuchs and other assorted staff. Of these, the emperors and their relatives are Manchu as are most of the consorts. The eunuchs are Chinese. The physicians are mostly Chinese. The Qing period is also fascinating as this was a period when China was ruled by a group of people from the northeast, the Manchus. While it was not unusual for China to be ruled by conquerors, the study of the palace records opens a window into the world where Manchu and Han interfaced most acutely.

The multicultural construct of the Qing court comprised Manchus certainly. As Beatrice Bartlett has shown, there were also Mongols and central Asians aplenty in this polyglot of an administration.¹² While a number of scholars have shown that the

⁹ Crossley, Pamela Kyle, 1999, *The Translucent Mirror: History and Identity in Qing Imperial Ideology*.

¹⁰ Rawski, 1996, *Reenvisioning the Qing*.

¹¹ Elliott, 2001, *The Manchu Way*.

¹² Bartlett, Beatrice, 1991, *Monarchs and Ministers: The Grand Council in Mid-Ch'ing China, 1723-1820*.

Manchus had a distinctive culture,¹³ discussion has been restricted to areas such as shamanistic rituals and beliefs, equestrian skills, archery skills, language, fighting capacity, food and dress and some family customs. There has been little discussion on the area of deep philosophy apart from reference to the Manchu elite's adoption of Confucian values, deep devotion to Buddhism, in particular the Tibetan Lamaist brand and a desire to embody the Qing Empire as a large multicultural project. Examination of Manchu language archives in the future may shed further light on Manchu shamanic practices in the court, which had healing as a major determinant. Geremie Barme argues that the China we see today is a product of a melding of mainly Han, Manchu and Mongolian influences. He sees the Cao Xueqin [曹雪芹] novel, *The Dream of Red Mansions* [红楼梦], as the apogee of this phenomenon.¹⁴

Scholars working on Mongolian, Tibetan and Manchu contributions to medicine are starting to shed some light on the manifold and diverse mix that was medicine in China.¹⁵ The records compiled by Chen do not contain analysis of this diversity, leaving gaps for others to fill in.

Another factor that particularly makes the Qing interesting is that it was the last time that physicians in China did not have to worry about western science. It was the first time that physicians encountered this phenomenon in the sense of it impacting on their own practice and beliefs. They had achieved entrée into the world of elite literary culture and then found themselves having to defend their medicine against the forces of western medicine. They found themselves in a position of inferiority in the Republican period. In the Qing they still walked tall with confidence in their position as bearers of elite culture and of practised virtue. At the very end of the Qing, their world was about to change, but their legacy is still with us, as Chinese medicine gradually moves into mainstream health care systems across the world. The

¹³ Rawski, 1996; Crossley, 1991; Elliott, 2001.

¹⁴ Geremie Barme spoke about this in a discussion on this thesis at Australian National University, Canberra in 2008. He also alludes to this argument in 2008, *The Forbidden City*.

¹⁵ Buell, Paul & Anderson, Eugene, 2000, *A Soup for the Qan*; Hofer, Theresia, 2004, *Learning Sowa Rigpa and being an Amchi, The Case of Tibetan Medicine in Contemporary Ngamring*; Hanson, Marta, 2007, 'Medicine and Culture: Chinese-Western Medical Exchange (1644- ca 1950)', *Pacific Rim Report*, no. 43.

cosmological worldview that sees *qi*, *yin*, *yang* and *wu xing* [五行] survives and practitioners are still taught that the emotions are a major determinant in people's health.

The Significance of this Study

When I started this project, little did I suspect the dearth of research in the history of medicine in China. There remains an urgent need to research the medicine of pre-modern China, not least because medicine saves lives. Attempting to understand better this form of medicine, not as an antique piece, but as a dynamic, evolving field, is of concrete practical benefit to people. Chinese medicine is inexorably globalising and becoming part of the lives of communities across the world. Deeper understanding of Chinese medicine can contribute to the enhancement of efficacy in healing and in treating disease.

The medicine of the Qing survived many vicissitudes, as described in most detail by Kim Taylor¹⁶ and Volker Scheid.¹⁷ It survived determined attempts in the twentieth century to have it disappear forever. Its extinction was perilously close in the Republican Period that followed the Qing, the last of the official imperial dynasties. Just prior to the demise of the Qing, the decision was taken to cease the tradition of the imperial examination. For many, this was like the world being turned upside down. For centuries and at least more than a millennium, the educated studied the classics as they were understood. The way of looking at the world was consistent with concepts like *qi* and *yin* and *yang*, bedrock ideas that guided life in general, including medicine. The twentieth century saw Chinese intellectuals railing against outmoded ideas such as *qi* and *yin yang*. Mayfair Yang has described this as an abject and disgraceful surrender of precious cultural resources.¹⁸ The medical practices of China

¹⁶ Taylor, Kim, 2005, *Chinese Medicine in Early Communist China, 1945-63*.

¹⁷ Scheid, Volker, 2002, *Chinese Medicine in Contemporary China*.

¹⁸ Mayfair Yang, 2008, elaborated on this point at length in an unpublished lecture at University of Sydney, Australia.

came to be excoriated as superstition by its own educated. New generations would learn science and western philosophy. Many would take to Marxism.

This means that the way medical cases are looked at must necessarily be different from those of one or two hundred years ago. Ways of looking at the world differ. These two different worlds, that of the Qing and of the present day, occupy different intellectual space. It is therefore not surprising that old cases are largely neglected. Scientific reasoning deals in so-called facts. The cases of Qing and Ming China were necessarily obtuse and didactic.

The more time one spends looking at cases, one cannot help wondering at what really was happening and embarking on the never ending search for answers. As a clinician of some years standing I am aware that my own case records are also awkwardly obtuse. I know that what I meant to say as I recorded my notes is often inadequate. I am also aware that I have left so much out that I cannot explain in words. The *Dao De Jing's* [道德经] first sentence speaks of the difficulty of explaining things in language and the elusiveness of explanation, 'The *Dao* that can be described is not the *Dao*. The name that can be named is not a name.' This is to say that what is most ineffable is often the most profound. Language is often inadequate in describing significant phenomena. This is necessarily the case in Chinese medicine.

Much contemporary research takes a different approach and attempts to clarify and define Chinese medicine according to so-called scientific principles. The question of how and why adherents of western science and biomedicine claim this as universal knowledge and to be the definitive way of understanding the world is not the central subject of this study. Political and economic dominance of the world carried with it as accompanying baggage western science and biomedicine as supposedly universal knowledge. According to the World Health Organisation, up to eighty per cent of the world's population or thereabouts uses traditional medicine, indicating that there is a disconnection between the reality of popular health care and the rhetoric.¹⁹ Though nobody knows what the future holds, many are confident that China will be much

¹⁹ World Health Organisation, 2008, *Traditional Medicine Fact Sheet* No. 134, viewed 13 July 2009, < http://www.who.int/mediacentre/factsheets/fs_134/en/>.

more influential on a global scale both politically and economically. While the published arguments are many as why this would be so, scanty in the extreme are the arguments to say that the classical thought and concomitant philosophical values of China will feature in this new arrangement in the global architecture.

This may be because China itself places heavy emphasis on training in the natural sciences but is more likely because of the assumption of a single track of human progress, propelled by scientific universal values. The question arises of what happens if enough people come to the position that western science as it is defined is not the only way of defining values. What happens if enough people come to the position that ‘Thinking with Cases’ is a valid enough framework?²⁰ In the case of medicine, we are dealing with the contradiction between life and death. This question concentrates the mind of most people to a sharp focus when it confronts them. Ideology in medical practice that brands and stigmatises anything outside of its self-understanding may prove to be limiting. Shackles placed voluntarily by the assumption of superiority do not help if we are to approach medical cases from another time and another place.

A confident and a potent China existed also during the Qing. John M Hobson²¹ and Andre Gunder Frank,²² among others, have shown that the Qing was the most powerful empire on earth at least until well into the 1800s. Only with political and economic relative weakness did people begin to doubt the medicine and its theories such as five phases, *bazi* [八字] combined with geomancy and astrological readings.

In *Death by a Thousand Cuts*, Peter Brook shows that French troops who sacked Peking were given leaflets to study showing the savage and cruel nature of the Chinese society, one deserving of rape and mayhem.²³ If this was a society deserving of punishment for its barbarous, cruel practices then it requires not much mental effort on the part of the victors in armed combat to conclude that its medical practices would be godless and thereby the work of the devil.

²⁰ Furth, Charlotte; Zeitlin, Judith & Hsiung, Ping-chen, 2007, *Thinking with Cases: Specialist Knowledge in Chinese Cultural History*.

²¹ Hobson, John, 2004, *The Eastern Origins of Western Civilisation*.

²² Frank, Andre Gunder, 1998, *Reorient*.

²³ Brook, Timothy, 2008, *Death by a Thousand Cuts*.

Efforts to save lives and to heal the sick in the Qing are worth looking at if only to get a glimpse of what was done in that most diverse, dynamic and complex society, one that was, if not the most prosperous, then at the least the most populous empire and one that attracted the attention and gaze of European adventurers. That quest to know the Qing Empire would not extend to its medical practices in any methodical way until the People's Republic had attempted to insert Chinese medicine into the socialist market economy. The survival of Chinese medicine was very tenuous at best during the Republican period from 1911-1949. Continuing this tradition of the Republican modernisers, Chinese medicine was nearly legislated out of existence by the new People's Republic, founded in 1949. It was only when the PRC Chairman, Mao Zedong [毛泽东], declared Chinese medicine to be valuable did it have a secure stake. That is another story and not the subject of this study. This study is looking at some cases in the Qing and attempting some historical investigation. The cases themselves cannot tell the story. They can only open a window slightly ajar. To discard our received assumptions and to see the Qing from another angle, by trying to understand how these people understood the world might be just a start in further sorely needed investigations of Qing China.

Methodology

In this thesis, I use a historical approach while supplementing this with some medical analysis. I also aim to use gender analysis to look at the history of women's health, keeping in mind the cases of the consorts. The records are typified by brevity. A lot that could have been recorded must have been left out. Chang warns us and argues convincingly that we cannot simply take the records as texts to study as literal truth. This point is a crucial one. Chang goes on to argue that the physician-patient relationship was crucial in the healing process in the Qing Palace.²⁴ The implication would be that this is the case in any healing encounter. The key point here is that taking a certain medicine is only a small component of the healing process.

²⁴ Chang, Che- Chia, 1998, *The Therapeutic Tug of War- The Imperial Physician-Patient Relationship in the Era of Empress Dowager Cixi (1874- 1908)*.

In my general approach I have been most influenced by the work of Volker Scheid who, in his book-length study, *Currents of Tradition* examined many old case records of physicians in the Qing.²⁵ His aim was to bring the characters in the cases to life rather than the work of most other writers who have mainly discussed ideas in the abstract. Scheid presents his readers with real people, in contrast to much previous work. I started out knowing nothing about the records and wanted to see what I could discover.

Scheid used a myriad of primary sources. As I was not able to access so many sources, I used the technique employed by Joanna Grant in her work *Stone Mountain*.²⁶ Grant takes one collection of cases of just one physician in Ming China, Wang Shishan [汪石山]. She discusses the Chinese medicine field in general while giving some social and historical context. Using socio-historical and textual analysis methodology she takes some of the cases from the Wang records and uses these to make some analysis. I used the Qing Records as a fulcrum, as a pivot to discuss some issues pertinent to the study of the history of Chinese medicine in general. In doing this, my work was text based.

The textual analysis methodology in looking at historical texts is useful if one takes a critical view. To simply take texts as a set of facts, which most physicians do habitually, is problematic. The exercise of looking at cases is a challenging one, as it is necessary to be aware that anything that was recorded was subject to the human factor. This means that the person who made the original recording had their own prejudices, their own interpretation of events, their own motivations, whether it be flattery or for selfish purposes. This is even before it is remembered that many records may have been tampered with for political reasons. Keeping these pitfalls in mind, I use the methodology proposed by Charlotte Furth, who, in her project on *Thinking with Cases*, argues that the case history is in itself a valid method of producing knowledge.²⁷ She shows that the medical case in China had its own intrinsic logic.

²⁵ Scheid, Volker, 2007, *Currents of Tradition: Continuity and Change in Chinese Medicine, 1600-2000*.

²⁶ Grant, Joanna, 2003, *A Chinese Physician: Wang Ji and the Stone Mountain Medical Case Histories*.

²⁷ Furth, Zeitlin and Hsiung, 2007.

Her argument is that cases are not only of historical interest but vital to an understanding of contemporary practice in the field and which may inform practice in the future.

This thesis also uses the traditional historical method. This entails some discussion of characters and events in historical context. This involves some discussion of emperors, an approach very much out of fashion among historians who work in the English language. The practice of listing kings and queens and relating incidents in their lives is even frowned upon among many historians. More popular is the study of social movement and economic trends. Nevertheless, I suggest that paying attention to emperors is of significance. These were figures who sat at the centre of human events, some wielding power and some being victims of circumstances. It is one valid method of looking at history.

In addition, I also use the medical analysis method. While confining the discussion mainly to a Chinese medicine conceptualisation of the body, I will briefly analyse some patients in the Qing palace. Most Chinese medical histories are noted for extreme brevity and terseness. Another problem is that the intricacies of Chinese medicine are difficult to explain to the uninitiated. Finally, I also use the gender analysis method, although only in one chapter. I intend to illustrate some approaches to health in the context of gender. There is a brief discussion on the place of women in China, although with an emphasis on aspects relating to health and healing.

Structure of the Thesis

The thesis is divided into four chapters. Chapter One reviews the state of the field of the study of Chinese medicine in general and discusses some of the intellectual debate in this area. In the spirit, discussed by Chen Keji, of reviewing the work of scholars who have gone before us, I briefly review the work of some of those scholars most influential in this very small and specialised field of the history of medicine in China. In the process, I will highlight the key ideas at stake in the field of study.

In chapter Two we look at emperors, in particular Kangxi. Kangxi has been said by several scholars to have been very interested in western medicine. This has been

accepted as commonsense in the general field of Chinese studies. This question is important because the relationship between western medicine and Chinese medicine has been a fraught one and which still stimulates fierce debate and controversy. Kangxi is a significant figure who attracts debate among historians.

Chapter Three will continue with emperors with some discussion of Qianlong, Tongzhi [同治] and Guangxu. The late Qing palace was full of controversy. The cases of Tongzhi and Guangxu are still the focus of debate among historians who work in the Chinese language. By investigating these puzzling cases, the chapter aims to provide a different view of history from that emanating from mainstream Chinese historiography or popular historical television dramas.

In Chapter Four we will turn to the consorts and issues of gender in Chinese medicine. In Chinese cosmology the Emperors were the embodiment of *yang*. To balance the study, we turn to look at *yin* and the question of women's health. In contemporary practice of Chinese medicine, and especially in the west, much attention is paid to and much research is conducted on Chinese medicine gynecology. As this is a historical study, to look at the treatment of female patients requires some investigation of the unique approach to women's health embedded in medicine in China.

In the conclusion, the key findings are summarised, these being relevant to both historians and practitioners of Chinese medicine.

Chapter 1

Literature Review

In this chapter I review the major works in the field of Chinese medicine history. As this thesis fits in to the genre of Chinese medicine history this literature review does not include general medical or clinical texts. History involves the analysis of the past, often considering wider political, economic and social factors. In the field of Chinese medicine, there are many texts that simply record cases that occurred in the past with minimal analysis. These do not fit into the genre of Chinese medicine history. This chapter is an introduction to much of the work to date in the area of historical research of Chinese medicine. This thesis, by looking at case records in the Qing palace, adds to the growing field. Looking at medical case records and providing relevant analysis, this thesis complements work by scholars such as Marta Hanson¹ and Chang Che-Chia², who have focussed particularly on Qing medical history while also complementing work by Joanna Grant³ and Volker Scheid⁴ who have studied cases from different periods in Chinese medical history. It also complements work by Charlotte Furth⁵, who has provided detailed analysis of women in China's medical history and who has argued that medical cases contain intrinsic validity worthy of close attention.⁶

Before moving into the review of Chinese medical literature I first briefly review some literature on the Qing emperors. In *Cultural Nationalism in Contemporary China*, Guo Yingjie has shown that the development of a new cultural nationalism is married with an increased interest in China's past.⁷ A spate of popular histories on the emperors of Imperial China has appeared on Chinese bookshelves. I did not choose this topic to look at some emperors because of a resurgent nationalist pride. My

¹ Hanson, 2003, *The Golden Mirror in the Imperial Court of Qianlong*.

² Chang, 1998.

³ Grant, 2003.

⁴ Scheid, 2007.

⁵ Furth, 1999, *A Flourishing Yin: Gender in China's Medical History, 960-1665*.

⁶ Furth, Zeitlin, Hsiung (eds), 2007.

⁷ Guo, 2004, *Cultural Nationalism in Contemporary China*.

choice was a practical one. My attention was brought to the existence of Palace Records that were largely unexamined.⁸ My interest was in the medical perspectives. As a physician, I also tried to imagine them in front of me, as my patients. This is not because of flights of fancy but for the practical reason of trying to understand them as patients. To do justice to a proper study of the patients in the Palace would require more study of the characters.

Works in English on Chinese emperors are few, aside from the Cambridge History⁹ Jonathon Spence has produced work on some aspects of Kangxi's life¹⁰ ¹¹and a study of the Zeng Jing [曾 靜] case which consumed much of the Yongzheng [雍 正] Emperor's energy.² Crossley has discussed Qianlong's ideological positioning of himself in the Qing Empire.³ Geremie Barme has looked at Wu Shizhou's work in Chinese on *One Day in the life of Qianlong*⁴ for his book on the *Forbidden City*⁵. To date, I have not found any comprehensive biography in English of Qianlong's life or Qianlong the person apart from Pamela Kyle Crossley's study of his imperial ideology.⁶ This is astonishing considering the significance of the Qianlong reign. For those a little more familiar with Chinese history Qianlong features in the public imagination for declining Macartney's offer to trade with Britain. This incident in 1793 has been analysed well by Lydia Liu who shows that a lot of the problem

⁸ Ye Xiaoqing first brought the Qing Palace records to my attention. It was Marta Hanson who suggested that I do a study of the Qing Palace Medical Records.

⁹ Peterson, (ed) 2001.

¹⁰ Spence, 1975, *Emperor of China: Self Portrait of Kang-hsi*.

¹¹ Spence, 1988, *Ts'ao Yin and the Kang-hsi Emperor*

² Spence, 2001, *Treason by the Book*.

³ Crossley, 1999.

⁴ Wu, 2006, *One Day in the Life of Qianlong*.

⁵ Barme, 2008, *The Forbidden City*.

⁶ Harold Kahn, 1971, should be mentioned, *Monarchy in the Emperor's Eye: Image and Reality in the Ch'ien Lung Reign*. Also, immediately prior to the final tidying up of this thesis, I discovered that Elliott, Mark, 2009, has a new book *Emperor Qianlong: Son of Heaven, Man of the World*.

stemmed from deep misinterpretation of each other with language and ways of thought proving to be huge barriers.⁷

The popular conception in the west is that the Chinese emperors were necessarily despots.⁸ The counterpart Chinese position has largely been that the emperors were representatives of feudal oppression and exploitation.⁹ Karl Marx's reference to 'oriental despotism' was not an isolated one.¹⁰

Revisionist historians such as Crossley suggest that there are qualities in many of the Qing emperors that have been largely overlooked by historians especially among those who work in English.¹¹ She suggests that they have not been given credit for many significant achievements. The idea that the emperors were despots is refuted strongly by Ray Huang. In his landmark work *1587 A Year of No Significance* Ray Huang shows that emperors had by the late Ming become helpless captives of the powerful bureaucracy.¹² He colourfully describes the impotency to do anything useful that plagued the latter Ming Emperors. The Qing emperors still had to deal with the court bureaucracy. The later Qing emperors also wielded little power without going through the imperial family and the councils at the court.

In the first section I review the field in general, identifying some of the influential works in Chinese medicine history. I will identify some key authors and the general thrust of their research. In the second section, I will then go on to identify the texts

⁷ Liu, 2004, *The Clash of Empires*.

⁸ For example, the influential media baron, Rupert Murdoch, delivered the prestigious Boyer lecture run by the Australian Broadcasting Corporation in December 2008. In his analysis of China, he explained that China had suffered for centuries due to misrule by the emperors who were despots.

⁹ This was the position held by the Communist Party of China and was taught to all schoolchildren from the 1950s until at least very recently. In recent years in China, the emperors of the High Qing have received more sympathetic treatment in popular television series.

¹⁰ In his youth, the philosopher, Karl Marx, made a fleeting reference to oriental despotism in the *Rheinische Zeitung* no. 139, 1842. Later, he addressed himself to the concept of oriental society as a whole. His ideas on oriental despotism were finally formulated in the first volume of *Capital*. See Krader, 1975, *The Asiatic Mode of Production*.

¹¹ Crossley, 1997, *The Manchus*.

¹² Huang, 1981, *1587 A Year of No Significance*.

with most relevance for this thesis. The authors in this section could easily be part of the first section, but I have chosen to group the authors who have had the most direct influence on this thesis. In the third section, I will discuss some of the major ideas that have been raised by historians in the field. There are many ideas that could be discussed at length. It is not possible to go through them all, so I merely identify one or two areas of debate in the field. I need to qualify this review by saying that it draws on those who have written in the English language. The weakness of this review is that it does not draw on all of those scholars who have worked in the Chinese, Japanese and Korean languages.

In the area of clinical Chinese medicine most academic research is in the direction of studies of research trials, primarily in medical faculties or science faculties of universities. I was not able to do this study within any department of Chinese medicine in Australia. My study is considered to be outside the scope of Chinese medical research as it is not aiming for objectivity and mainly deals with ambiguity. This experience is a small illustration of the state of the field of Chinese medical research. Most people who write about Chinese medicine report on clinical trials using the biomedical model as a framework or discuss some aspect of their clinical experience in a pragmatic sort of way.

In the arena of Chinese studies, there is a very small but steadily growing number of scholars who research historical aspects of Chinese medicine. A small fraction of these scholars actually understand Chinese medicine in the sense of practising it as a clinical and life art. I would argue that the scholar who is simultaneously a physician would have access to insights that even the most brilliant non-physician can only know about second hand.

Review of the Field in General

Most of the following authors took broad general views and had specific analytic angles on Chinese medicine. This thesis complements the work of these scholars by adding to the field. In the field of Chinese medicine history, by analysing the Qing palace records I am doing something quite different. My study focuses on a key institution, the Qing imperial palace and the patients and physicians therein. The Qing

records are uniquely rich, numerous and comprehensive. This thesis is a beginning in filling this gap in the medical literature. My approach also complements work by scholars such as Scheid who combine historical analysis with medical analysis,¹³ but I choose to focus on one single institution. I also offer some insights into palace politics, which inevitably played a pivotal role in Qing politics.

This thesis has as its subject the Qing palace at a particular period and place. Rather than being limited to a small subject such as this, the early scholars in the field discussed larger ideas, mainly dealing in wide ranging theoretical issues. The pioneer in the field, the British scientist cum historian, Joseph Needham, with his wife, Lu Gwei-Djen, made it his life's work to chronicle the history of Chinese science. In this magnum opus, Needham included a section on medicine.¹⁴ Needham fell in love with China and its advanced capabilities in science and technology.¹⁵ He set out to show the rest of the world the magnificence of China's achievements. In one volume he attempted to define and conceptualise Chinese medicine. Looking on as an outside observer in the tradition of the western scholar, his accounts are brave and respectful, with a number of insights, but belie a researcher describing something beyond his ken. With regard to medicine, Needham seemed to be arguing that medicine in China was as scientific as anything the west had to offer. He chose to emphasise the 'Daoist' nature of medicine in China.

The famous 'Needham question' perhaps set the precedent for the puzzlement over a problem that still dogs many in their consideration of the value of Chinese medicine. The 'Needham' question asked why it was that the west developed relatively advanced science and technology while China lagged behind. In other words scholars asked why China did not have an industrial revolution as Britain did. Joseph Needham had accepted that in the modern period western scientific knowledge was the benchmark beside which Chinese medical knowledge could be judged.

¹³ Scheid, 2007.

¹⁴ Needham, 1954, *Science and Civilisation in China*.

¹⁵ Winchester, 2008, *The Man Who Loved China: The Fantastic Story of the Eccentric Scientist Who Unlocked the Mysteries of the Middle Kingdom*.

The American scientist cum historian, Nathan Sivin, made a major contribution to the Needham section on medicine. Most importantly he wrote a long and very perceptive foreword to a volume on medicine in which he set forth his ideas.¹⁶ Sivin, earlier, had turned the 'Needham question' on its head by showing that there was no question at all to be asked.¹⁷ Sivin effectively argued that the west and western science were only benchmarks if we judged them to be so. He showed that China's development in knowledge, including medicine, had its own intrinsic value and did not need to be judged alongside any so-called universal standards. Chinese knowledge stood on its own terms. The articulation and refinement of this concept by Sivin earned him accolades in Chinese scientific scholarly circles. This does not mean that all scholars in the field accept or understand the point Sivin makes. Many are those who still accept western science as the benchmark and as universal knowledge.

Sivin went on to train a number of scholars in the field. He also subsequently wrote prolifically on the history of science, including medicine, in China. Arguably his most significant work on the history of medicine in China has been *The Way and the Word*, which he co-wrote with Geoffrey Lloyd.¹⁸ Using the method of comparative analysis, Sivin and Lloyd compare science and medicine in early China and Greece. This is a sophisticated and densely argued study which examines the deep cultural structures of early China and Greece which laid the foundations for the structure of knowledge today.

One of the many subtly argued points is the concept of physicians in early Greece striving for prowess in argument and debate and a desire to convince others of the merits of the uniqueness of one's clear position. In Greece, adversity and argument were welcomed. Conversely, in early China, harmony and the desire to reach agreement and to compromise was welcomed.¹⁹ These ideas from an earlier time laid the foundation for modern day biomedicine and in the west and a very different medicine in China, Korea and Japan. Sivin and Lloyd characterise Chinese thinking

¹⁶ Sivin, 2004, Introduction to Needham, pp.1-37.

¹⁷ Sivin, 1982, *Why the Scientific Revolution Did not take Place in China-or Didn't It*.

¹⁸ Lloyd and Sivin, 2002, *The Way and the Word: Science and Medicine in Early China and Greece*.

¹⁹ Lloyd and Sivin, 2002, pp.245-250.

as searching for correspondences, resonances and interactions.²⁰ The forerunners of modern biomedicine, the early Greeks, rather, favoured the demand for demonstration and incontrovertibility, which required deductive rigour and clarity.

Furthermore, Sivin and Lloyd showed that virtue rather than technical skill determined the merits of a physician in China. Central to Lloyd and Sivin's investigation is the concept that the intellectual and social dimensions of every problem are parts of a whole.²¹ Lloyd and Sivin describe it as studying cultural manifolds, 'technical work and its circumstances are parts of one thing, even though the one specialisation of modern scholarship encourages dismembering it'. Lloyd and Sivin's emphasis on studying cultural manifolds, although not a new concept, is significant in that their work lays a foundation for research into the history of Chinese medicine that steps outside of purely technical considerations. This methodology is useful for researchers who investigate medicine at the level of what people actually did and what they actually thought. Sivin's suggestion is that medical researchers first need to understand the society and its concomitant culture.

Nearly all students or scholars of Chinese medicine who have some interest in history have read the work of the German historian Paul Unschuld. He has published several books that have influenced or shaped one or two generations of students. Arguably, the work that most captures his thinking is *History of Ideas*.²² In this book he articulates a number of key concepts while tracing his version of the historical development of Chinese medicine practice. He identifies medicine in China as developing out of ancestor worship and then what he refers to as demonology. By this he means the belief that malign spirits cause disease. Unschuld's articulation of the importance and wide prevalence of spirit possession within the healing tradition in China is an area that is only recently receiving attention from some scholars.²³ Unschuld further identifies Confucianism as key to understanding acupuncture while drug therapy as being associated with Daoism. This summarisation may not be doing

²⁰ Lloyd and Sivin, 2002, p.250.

²¹ Lloyd and Sivin, 2002 p.3.

²² Unschuld, 1985, *Medicine in China A History of Ideas*

²³ Cho, 2005, *Ritual and the Occult in Chinese medicine and religious healing: The development of zhuyou exorcism*.

justice to the complexity of Unschuld's arguments, but these ideas still remain germane to his work. Unschuld also refers to strong Indian influences in Chinese medicine with much healing in China falling under the rubric of Buddhism.

It was primarily due to Nathan Sivin, and then Paul Unschuld insisting that the study of Chinese medicine is of significance, that there is a growing cohort of researchers of Chinese medicine history to speak of. Sivin's insistence on showing that Chinese medicine did not exist in a cultural vacuum and that its cultural roots and the society in which it existed were worth knowing about was important. Their search to understand the historical development in a deep cultural context has shown current scholars the value of probing the past.

Although this is not a thesis using anthropological methodology, it is necessary when considering the field of Chinese medicine history to be aware that the field has been influenced by a number of cultural anthropologists working in the field of Chinese medicine. The most well known of these are Arthur Kleinman,²⁴ Judith Farquhar,²⁵ Elisabeth Hsu²⁶ and more recently Volker Scheid²⁷ and Zhang Yanhua.²⁸ Whereas the widely read historian Unschuld discussed broad social and political movements and their effect on medicine in China, the medical anthropologists choose to take actual people as their primary subject. Medical encounters are observed, studied and analysed with an analysis of people's behaviour and thinking at the forefront. All of the scholars mentioned above did extensive fieldwork in China. They recorded their observations and offered analyses. Going even further, Scheid combines his anthropological training with historical scholarship. I discuss his work in more detail in the next section.

The eminent medical doctor and anthropologist, Arthur Kleinman is best known in the area of medicine in China for his argument that people in Chinese societies somatise

²⁴ Kleinman has written a number of works in this area, 1974, 1980, 1988, 1989.

²⁵ Farquhar, 1994, *Knowing Practice*.

²⁶ Hsu, 1999, *The Transmission of Chinese Medicine*.

²⁷ Scheid, 2002, *Chinese Medicine in Contemporary China*.

²⁸ Zhang, 2007, *Transforming Emotions with Chinese Medicine: An Ethnographic Account from Contemporary China*.

their psychological worries and distress.²⁹ Kleinman typifies Chinese patients as describing physical symptoms to explain what would be understood as depression in the west.

The medical anthropologist, Judith Farquhar, in her pioneering work *On Practice*, showed that the practice of medicine is a lived experience.³⁰ Judith Farquhar also takes the approach that the practice of Chinese medicine is a personal thing. She shows that

‘the things doctors must know are closely related to their opportunity and capacity to cultivate themselves as they become ‘experienced’. ...older practitioners not only ‘know’ medicine better than their juniors; they also embody it more fully. For the moment, it is they who translate their hard-won virtuosity into spoken and written instruction and clinical service, defining what is Chinese medicine’.

Applying the anthropological methodology to Chinese medicine was a new approach and which has spurred some scholars to take this path.³¹

An anthropological study of Chinese medicine by Zhang Yanhua has sought to question Kleinman’s analysis of somatisation. Kleinman’s thesis is that people in Chinese societies generally express psychological discomfort in physical terms. Zhang’s sharp criticism of this analysis is based on her argument that Kleinman has an essentialised view of the ‘orientalised’ other. This debate is significant in the sense that one or two generations of practitioners of Chinese medicine in the west have mostly held the strong belief that Chinese people suffer from unresolved emotions causing physical illness. Zhang takes great exception to this idea that has deeply shaped the approach of most practitioners of Chinese medicine in the west. Most who

²⁹ Kleinman and Kleinman, 1985, *Somatization: The Interconnections in Chinese Society among Culture, Depressive Experience, and the Meanings of Pain*.

³⁰ Farquhar, 1994.

³¹ Scheid, 2002; Wang, 2003, *A life history of Ren Yingqiu; Historical Problems, mythology, continuity, difference in Chinese medical modernity*.

hold this view of Chinese somatisation are unaware of the significant role of Kleinman's work in producing this orthodoxy in understanding.³²

After extensive fieldwork with physicians of Chinese medicine in China, Zhang shows that it is precisely due to the intimacy of the physician with the patient in the medical encounter that there is clinical efficacy. Zhang counter poses this clinical methodology with modern biomedicine, which insists on objectivity and a distancing from the patient in order to be clinically effective. Zhang argues that the clinical encounter in Chinese medicine involves subtle, imperceptible forces in which the skill of the physician engages in interplay with the patient that then enhances healing. Further research into how this clinical approach enhances healing will be useful. Needless to say, writing in the Chinese tradition does not discuss this interaction between physician and patient.

Zhang Yanhua's methodology and thinking have been influenced by the comparative philosopher Roger Ames.³³ Ames, in a number of books, has argued that there are very real and fundamental differences between Chinese thought and western thought in fundamental world outlook. He goes on to argue that this has coloured western analysts' understanding of Chinese thought, using their own frameworks of thinking to explain China while not accepting that there are other ways of understanding equally as valid. Ames argues that many aspects of ways of thinking in the Chinese world are not written about and discussed because they are assumed behaviours. Zhang's case of desire for intimacy with patients is one example that illustrates this argument. The desire for emotional intimacy among Chinese physicians is not directly discussed in any training manuals but occurs easily in a Chinese cultural setting.

Asaf Goldschmidt has done significant work on medicine in the Song period.³⁴ His research discusses the great interest that the first four Song emperors had in healing and who were particularly interested in medicine. For example, the Emperor Renzong practised acupuncture. The Song bureaucracy at the instigation of the early emperors

³² Zhang, 2007, pp.136-137.

³³ Hall and Ames, 1995, *Anticipating China*.

³⁴ Goldschmidt, 2009, *The Evolution of Chinese Medicine Song Dynasty, 960-1200*.

institutionalised medicine enabling the status of physicians to be raised. Goldschmidt shows that the patronage accorded medicine by the early Song emperors had a huge impact. In China, before the Song, Chinese medicine practitioners were largely regarded as artisans, with low social status. This research has shown that perceptions changed with the advent to the throne of the founding emperor of the Song dynasty, known as Taizu. (927-976). He was especially fond of medicine. The fact that three out of the first four Song emperors shared a deep interest in medicine raised the social status of that field. Medicine was no longer a lowly art during the early Song. The reign of Renzong, which lasted for forty years (1023-1063 CE), was one of the turning points in the history of medicine in China. Renzong revived the classical approach, and during the first years of his reign, ensured that acupuncture and moxibustion regained prominence. A bronze model was used to examine practitioners. The body was covered with yellow wax and the inside filled up with water. When a needle was put in at exactly at the point, the water poured out. If there was even a slight mistake, the needle could not penetrate.

In contrast, TJ Hinrichs has described scholars of Chinese medicine as being border crossers, whether working in the margins of their medical practices or of their philological scholarship.³⁵ She notes that the study of Chinese medicine has been a pursuit at the margins, whether of Chinese history, history of science, or medical anthropology. Her comments reflect the infancy of the field of Chinese medicine outside of China and the suspicion encountered when attempting to introduce ideas from pre-modern China, which many Chinese themselves have abandoned.

Robert Hymes, a scholar of Chinese history, in a significant article, showed that physicians only started to become respectable in the Yuan period. Prior to that, Confucian gentleman did not become physicians, who were rather disdained for engaging in such an unpleasant non-scholarly trade. Hymes' research is significant in that he has shown clearly how it was that physicians started to be drawn from the ranks of the scholarly gentry.³⁶

³⁵ Hinrichs, 1998, *New Geographies of Chinese Medicine*.

³⁶ Hymes, 1987, *Not Quite Gentlemen, Doctors in Sung and Yuan*.

Sean Lei,³⁷ Bridie Andrews³⁸ and Kim Taylor³⁹ are three scholars who have worked on historical analyses of Chinese medicine in China in the twentieth century.

Shigehisa Kuriyama, in a delightful work, discusses the history of Chinese medicine in relation to ways of understanding and seeing the body. In a work of depth and subtlety Kuriyama shows that physicians in China had a different map of the physical world and by extension the human body than the one that is assumed in the west to be universal knowledge.⁴⁰ For example, physicians in China did not notice that people had muscles. This was a detail not within their conceptual framework. Physicians in the western tradition, on the other hand, did not notice *qi*, something that was central in Chinese physicians' conceptualisation of the human body.

The Most Relevant texts

The authors reviewed in this section are those most relevant to this thesis. Work by Joanna Grant,⁴¹ Volker Scheid,⁴² Charlotte Furth⁴³ and Wang Jun⁴⁴ in Chinese medicine history provided some inspiration and helped to shape some of the thinking behind this thesis. Chang Che- Chia's work on the Qing archives provided a valuable secondary source as well as corroboration of the original records.⁴⁵ Marta Hanson's work, in particular, inspired me to focus on Qing history.⁴⁶ Hanson's study on the *Golden Mirror* opened up a particular path of investigation. Hanson showed that one of Qianlong's first acts as Emperor was to commission the *Golden Mirror* for ostensible use as a standard reference for physicians. This spurred my motivation to investigate Qianlong's role and interest in medicine. In the Chinese medical history

³⁷ Lei, 1999, *When Chinese Medicine Encountered the State: 1910-1949*.

³⁸ Andrews, 1996.

³⁹ Taylor, 2005.

⁴⁰ Kuriyama, 1999, *The Expressiveness of the Body*.

⁴¹ Grant, 2003.

⁴² Scheid, 2007.

⁴³ Furth, 2007.

⁴⁴ Wang, 2003.

⁴⁵ Chang, 1998.

⁴⁶ Hanson, 2003, *The Golden Mirror in the Imperial Court of the Qianlong Emperor, 1739-1742*.

field, only Marta Hanson and Chang Che-Chia focus on Qing imperial medicine. This thesis complements in particular the work of both of these scholars.

When I first started to search for a subject for this thesis, Joanna Grant's pioneering work *A Chinese Physician, Wang Ji and the Stone Mountain medical case histories* was also something of a guide and an inspiration.⁴⁷ I was unable to go to China to do fieldwork. Extensive trawling through archives was out of the question. Grant showed that a small project focusing on one small aspect of medical history could be of merit. Although, Grant's project was still larger than this thesis, she was able to do a nice study of Chinese medicine at one time and one place by examining some case records of one physician in the Ming period in China. She first made a socio-economic analysis of Ming China in very general terms and of the Anhui region in particular.

Grant uses the approach described as cultural manifold by Nathan Sivin.⁴⁸ In this medical biography, Joanna Grant tells the story of Wang Ji of Anhui in China who lived from 1463-1539. All his life, he lived and worked in Huizhou. This work examines medical case records from sixteenth century China. Joanna Grant's simple but effective project looked at the medical case records of one physician, Wang of Stone Mountain. This is the earliest known set of medical case records of an individual physician in China. The significance of Grant's work is that she turns Wang Ji from a faceless figure into something more human, a living and practising physician whose frustrations we can empathise with and whose approach to medicine we can understand more easily from seeing it in practice and in the context of the times in which he lived. This approach was an initial step in this genre of historical analysis focussing on actual physicians and their daily lives.

Another author who uses the biographical method is Volker Scheid. In his book, *Currents of Tradition in Chinese Medicine*, he sets out to look at the problem of tradition and Chinese medicine.⁴⁹ He tackles questions such as how can a medical tradition with cultural roots very different from those in the west survive and even

⁴⁷ Grant, 2003.

⁴⁸ Lloyd and Sivin, 2002, p.3.

⁴⁹ Scheid, 2007.

thrive in places as far afield as the US and the UK in the twenty first century. Scheid's method is to look at how medicine was actually practised in imperial China. This study carries us on a journey stretching from 1626-2006. Scheid first provides as good an overall general picture of the development of Chinese Medicine from the Song period until now as you will find in the English language. He draws on sources in Chinese and English. His training as an historian means that he is able to tease out what is important for us to know. He then dives into a specific group of practitioners in China.

This group came to be known as the Menghe [孟河] current. Scheid's erudite scholarship is the basis for his attention to detail. Scheid traces the lineages in detail from primary sources. He must have spent years going through old records and diaries, which most people would have found boring. From these old pages he has made these revered and amazing practitioners of imperial China come to life and made them real characters that we can identify with, as well as picking out their faults. We see these people warts and all, in their daily practice and their daily lives, while we learn how they actually practised.

Scheid shows us how the scholar-physicians reached a position of pre-eminence in Qing society. Here we meet several families and learn of the beginnings of the Menghe lineage as embodied by people such as the famous Fei Boxiong [费伯雄]. The scholar-physicians were at their peak in terms of respect, status and wealth. This was the last time that practitioners of Chinese Medicine did not have to deal with the problem of what to do with western medicine. The scholar-physicians as paragons of virtue were confident and had their place in the sun. This was not because of some mystical force, which they inherited, but through hard work, a lot of study, and as Scheid shows us, through the ability to carry out the project of what it is to be human. Medicine was seen to be the art of compassion. Dripping through every page of this book is the idea that the never ending project of self cultivation or self-improvement sits at the heart of what it is to be a good doctor. Ethics, morality and good old-fashioned virtue were essential components of the project of medical practice.

Scheid summarises the vicissitudes of medicine in China and brings us to the present day. In more contemporary times, we meet revered practitioners such as Qin Bowei [秦伯未], Zhang Cigong [章次公] and Cheng Menxue [程门雪]. In the epilogue, Scheid signals a warning, and seems to be yearning for the preservation of the ineffable.⁵⁰ His discussion is a poignant reflection on the things that make Chinese medicine valuable and precious. A lurch towards the McDonaldisation of Chinese medicine would mean the loss of diverse currents of practice. That this may have already happened is another debate. Scheid's work provides an intellectual framework to the methods that physicians are practising. It gives context, gives a place. Medicine is more than just a tool. It is also a 'thread that allows people to establish connections, a tool for creating identities, and a strategy for accumulating capital and extending influence.' Nathan Sivin in the forward, points out that medical currents are not just bodies of theory and method, but networks of people diversely motivated.⁵¹ The notion of the self, in relation to others, as an agency of transformation generates potency as practitioner and as human being.

Scheid's work is significant in that his methodology is new in the research of Chinese medicine history. Even though his subjects were mostly alive in the Qing and into the twentieth century, Scheid seeks intimacy with those he writes about. Using anthropological historiographical methodology he seeks to give an ethnographical treatment to the subject. In other words, he tries to understand the subjects as people situated in a culture and a society very different from that of the west and even that of modern China. As an observer who can stand outside the subjects and provide analysis he also accepts that this is almost impossible unless he simultaneously imagines what it is like to be the person he is writing about. This methodology is risky as it can be awfully trite and can be seen to be presumptuous by critics. This approach is one I find refreshing. Scheid's work is groundbreaking in the field for this reason and also because he is able to provide medical analysis. The historian Scheid manages to balance his writing with the writing of the physician Scheid. The ability to identify with the people he writes about is related to his medical clinical experience. As Zhang

⁵⁰ Scheid, 2007, pp.389-390.

⁵¹ Scheid, 2007, p. xvi.

Yanhua discusses in her work,⁵² in China at least, physicians of Chinese medicine habitually seek emotional intimacy with patients.

This work is a beginning for more people in the field to do scholarly research that looks at what it is that physicians were really doing. There are so many unanswered questions. Most of the history of Chinese medicine has not been analysed at the micro level- the level of human lives. This is a good start. Scheid's work is pioneering in the sense that he is primarily a practitioner in clinical practice. He therefore brings a special sensitivity to research in the history of Chinese medicine. Since he brings new research to light, it is changing the very practice of Chinese medicine internationally. This is because the Confucian scholar physicians or *ruyi* have remained largely unresearched and without analysis, leaving people practising Chinese medicine with little understanding. Volker Scheid shows how the practice of medicine was not just a technical tool but a social tool with which physicians built social capital through networks and enabled them to build reputations of being *ruyi* or literati physicians. A goal was to be seen as a physician with a stance of public mindedness and private virtue as these were conventionally understood.

One such physician Ma Peizhi [马培之], who practised in the mid-nineteenth century, was influential enough to make his lasting mark on medical practice well into the twentieth century.⁵³ Chang Che-Chia discusses Ma and other physicians in great detail in his work *The Therapeutic Tug of War*.⁵⁴ This is a study of patients and physicians in the Qing Imperial Palace. Chang is more interested in the relationship between the patient and the physician in the therapeutic process. Chang concludes that the physician-patient relationship rather than technical knowledge played the central role in the healing process. This is a useful contribution to the field. He shows that political skills on the part of the physicians were important. In his conclusion he discusses what he describes as the myth of experience.⁵⁵ He questions Judith Farquhar's study, *Knowing Practice* on the centrality of *jingyan* or experience.

⁵² Zhang, 2007.

⁵³ Scheid, 2007, pp.94-99.

⁵⁴ Chang, 1998.

⁵⁵ Chang, 1998, pp.243-248.

Chang's arguments stem from his observations that many case reports were doctored, fabricated and distorted. Chang argues that even if case reports are not wilfully distorted then they are too biased or prejudiced by the physician's own self interest or too subjective an opinion. Chang's perspective differs from Charlotte Furth who suggests that case records are a valuable resource.⁵⁶

Judith Farquhar's point is that *jingyan* is a personal thing based on personal experience.⁵⁷ Chang's point is that records cannot be accepted as fact. While many physicians would read cases as texts to be studied as facts it is also true that any scholar worth his or her salt would be aware of the value of critical reading. The issue of bias, personally driven motives and wide difference in perspective is not limited to medical case records in China. Aside from Chang's conclusions, his study provides a fascinating and insightful look at the physician-patient encounters in the Palace. His point that physicians, above all, need to know how to negotiate or earn a position of trust is one that cannot be underestimated in its importance. Integral to the package of compassion for the patient must necessarily be the shedding of one's ego. Illuminating in Chang's work is the description of physicians, warts and all, imperfect and with weaknesses such as selfishness and vanity. Oftentimes the ideal of virtue is hard to attain.

Another work that has direct relevance to this thesis is *Thinking with Cases* edited by Furth, Zeitlin and Hsiung.⁵⁸ In *Thinking With Cases*, Charlotte Furth argues that cases play an important role in knowledge creation and development. Furth shows that the study of cases is as powerful a tool as any. While being aware that anyone who records history carries their intrinsic prejudices and their own perspective, she shows that, nevertheless, thinking with cases is a powerful area, which deserves careful attention. Furth particularly looks at the study of medical cases in the pre-modern Chinese literature.

⁵⁶ Furth, 2007.

⁵⁷ Farquhar, 1994.

⁵⁸ Furth, Zeitlin and Hsiung (eds), 1997.

Furth's work, co-edited with Zeitlin and Hsiung, is helpful in that it provides further evidence for the argument that science is not the only perspective which can assess the worth of medical practice. Charlotte Furth argues that examining the case or *an* in Chinese history offers other directions in thinking about knowledge. Furth further argues that 'Thinking with Cases' may be an exercise in recuperating the case as a mode of producing valid knowledge, with the aim of connecting that knowledge to successful interventions in the world, rather than mere law-like representations of it. For most of the twentieth century, premodern China was assumed to lie outside the mainstream of world historical scientific development as defined by the achievements of Europe and North America since the seventeenth century. Looking at the cases in the records may add evidence to the case that China developed on her own terms. Furth's arguments lend a strong case for examining old case records with a view to putting questions to if not challenging rationalist orthodoxy.

From a different angle, Chang, in his work, laments that the dearth of scholars not questioning the validity of the old case records leaves the field open to biomedicine to 'play the ultimate judge'.⁵⁹ Chang's point is valid, though Furth seems to be offering a way to think through this problem. While being critical, she believes that case records do have validity. Scheid has also shown that it is possible to examine old case records critically as he does in his two books, *Chinese Medicine in Contemporary China* and in *Currents of Tradition*.⁶⁰ Sensitive and critically minded physicians trained in the reading of case studies should be able to detect nuances and anomalies. Chang's point regarding distortion, whether it be wilful or it be skewed, is also valid. His point is that is any text and particularly case records are coloured by the private motives, social and historical circumstances and above all by the way the writer perceives the world. The point is that to examine case records with our own prejudices and our own thought patterns shaped by very different times and a different place will change the meaning intended by the author. Meaning becomes refracted when we add the human factor. For the scholar reviewing old documents, the point is that one need have some idea of that society in that time and that place. Documents cannot be understood well in isolation. This is the nub of Chang's argument.

⁵⁹ Chang, p.248.

⁶⁰ Scheid, 2002, 2007.

Notwithstanding their differences in approach I found the work of both Furth and Chang to be useful for this thesis. Both approaches are reasonable. Furth's strong argument for the intrinsic validity of case histories in Chinese medicine provides a pathway for more research into this vexed question. Chang's detailed research on cases in the Qing palace was very helpful for this thesis, providing some corroboration. Chang is unable to provide medical perspective but is able to provide some detailed analysis of court politics.

An example of cross- disciplinary research is Wang Jun's work.⁶¹ Trained as a Chinese physician she moved into historical anthropology. Wang Jun, in her 2003 PhD dissertation *A Life History of Ren Yingqiu- Historical Problems, Mythology, Continuity and Difference in Chinese Medical Modernity* produced an ethnography, which, unlike Scheid's case study approach (referring to *Chinese Medicine in Contemporary China*) centres on a doctor's life history, aims at a multidimensional exploration of Chinese medicine and the forces that continually make and reshape its 'Chinese' characteristics. This is a life history of scholar physician Ren Yingqiu [任应秋]. This is not a study of medical practice as such; rather an investigation of the qualities and motivations embodied by Ren Yingqiu as an example of a doctor whose lifetime spanned pre-modern China until recent times. The dilemmas, the quandaries and the vicissitudes caused by external storms serve to strengthen those very qualities under attack by hostile forces, mostly related to the rationalist modernist project, albeit with the title of socialism. Wang's dissertation is like a wistful look at a world gone by just out of reach but which could be still very much alive in the memories of some.

Wang's argument is that history matters, not just because it is interesting but the very act of researching history also shapes what we are and what we could be. Wang showed it is possible to just take one physician as a subject while teasing out other problems. For example, she discusses the role of calligraphy and its relationship with

⁶¹ Wang, 2003.

Chinese medicine.⁶² We also see the difficulties experienced by Ren Yingqiu, a man who straddled two worlds. In his first existence he was from the local gentry with organic links to the Chinese Nationalist Party. In the second part of his life he adapted to an urban existence and a world of socialism and radical Maoism.

Another historian of Chinese Medicine, Marta Hanson, in a landmark article, ‘Robust Northerners and Delicate Southerners’, has shown that it was southern regional identity that made huge changes to the practice and theory of Chinese Medicine during the Qing.⁶³ Her point is that Chinese thought was innovative, creative and not moribund or archaic as westerners assumed when first coming across medicine in the Qing. The relevance for this thesis is that Hanson specialises in Qing period Chinese medical history. In other articles she discusses medicine at the Qing imperial court. For example, in one article⁶⁴ she explains the Qianlong emperor’s role in commissioning the official text for Chinese medicine.

Volker Scheid, in his first book *Chinese Medicine in Contemporary China*, also tackles the issue of the standardisation of Chinese medicine or TCM.⁶⁵ The point made by both Taylor and Scheid is that cultural transmission is not without distortion when translating thought patterns that are very different, across space and time. If one went back to trace the reasons for these distortions we would venture into discussions on nationalism and the fervent desire of Chinese intellectuals in the twentieth century to become scientific and modern. This book created something of a stir in the Chinese medicine field. Like Unschuld, Scheid has become a name that many physicians are aware of. In other words, his work has become noticed not only in scholarly research circles, but also in the wider community of practitioners. This book attracted wide attention for his argument that the Chinese medicine that is practised in the twenty first century has been largely politically constructed. This contention has aroused some controversy in the field. Scheid’s reasons are complex and surprising to many. This is a book about the problem of a tradition with its own inherent concepts

⁶² In Scheid, 2002, he expresses the need for analysis of the connection between art and Chinese medicine in much greater detail.

⁶³ Hanson, 1998.

⁶⁴ Hanson, 2003, *The Golden Mirror in the Imperial Court of the Qianlong Emperor, 1739-1742*.

⁶⁵ Scheid, 2008, *Chinese Medicine in Contemporary China*.

adapting to modernity. Scheid argues that Chinese medicine is intrinsically plural while simultaneously able to be described specifically, the tension between these two poles ever fluid and ever tense. He shows that medicine was never a singularity and yet there were characteristics that still identified these multifarious strands as having a common origin. He poses paradoxical questions and implies that Chinese medicine can transcend time and place, while being usually viewed through the prism of nationalism.

Charlotte Furth has written a history on the role of women in Chinese medicine, *Flourishing Yin*.⁶⁶ Furth's study argues that wider social and political forces influenced the way women were conceptualised in medicine in China. These questions will be tackled in chapter four of this thesis.

Self-Cultivation.

In this section, I highlight two of the issues that are of increasing concern in Chinese medical research circles, and which I believe are relevant to this thesis. The first issue discussed is the question of self-cultivation and its relationship with Chinese medicine. The second issue is the question of reading old books.

One of the major debates in the field that attracts the interest of researchers and physicians alike is the importance of a compassionate attitude or in Chinese terms, the heart-mind [心], relative to mere technical skill in determining medical efficacy. If we just accept that technical skill is what matters, we will read the Qing medical records at face value as evidence of the written word. Most modern research in Chinese medicine accepts that it is simply the medication that is important. Chang has chosen to read behind the documents and conclude that social skills were of paramount importance in medical efficacy, more so than any amount of medical skill or medication.⁶⁷ Scheid has chosen to emphasise the importance of self-cultivation in medical efficacy.⁶⁸ There are still no definitive conclusions as to what that really

⁶⁶ Furth, 1999, *A Flourishing Yin: Gender in China's Medical History, 960-1665*.

⁶⁷ Chang, 1998.

⁶⁸ Scheid, 2007.

means as Scheid himself is searching for answers. Scheid did not find self-cultivation discussed in the medical records. He found it in other non-medical writings. This is perhaps what Sivin means when he writes about cultural manifold. In other words, one cannot begin to understand the medical problems without attempting to examine cultural contexts and other ineffable factors not expressed in writing. This is why it would be pointless to read the Qing medical records just on face value.

One of the main conclusions of Volker Scheid's second book, *Currents of Tradition*, is that the concept of self-cultivation was central to the effectiveness of the healing abilities of physicians. The main point of Scheid's findings is that medicine is only one part of the healing process. How self-cultivation directly contributes to the healing process is still not clear. Sivin and Lloyd also make the point that in China, virtue was considered more highly than technical skill in physicians.⁶⁹ Scheid also makes the point that for many physicians in Qing China, medicine was a form of social networking.⁷⁰

The question of self-cultivation is not a feature of the Qing records edited by Chen Keji. Notwithstanding this, Chang Che-Chia, after examining the records, concludes that the social skills of the imperial physicians were more decisive in the healing process than medicine.⁷¹ The records do not say this. Chang comes to this conclusion after examination of the records and the complex machinations that took place between various physicians in treating the Dowager Empress Cixi. I believe Chang's conclusion to be valid although I would argue that the types of medicines prescribed were also crucial. Chang's argument that the skill of the physicians in building relationships with the patients resonates with Zhang Yanhua's research⁷² and even more strongly with Scheid's arguments.⁷³

In going further into this issue of the healing effectiveness of physicians, a question remains to be answered. This question relates to diagnosis. Chang shows that

⁶⁹ Lloyd and Sivin, 2002.

⁷⁰ Scheid, 2007, pp.82-84.

⁷¹ Chang, 1998, pp. 238-242.

⁷² Zhang, 2007.

⁷³ Scheid, 2007.

physicians could not ask questions of the imperial patients, could not gaze upon the patients nor had any access to any diagnostic equipment.⁷⁴ Despite these seeming limitations, the records show physicians not only diagnosing but also prescribing medicines, many of them very powerful and not without risk. For Chang it was commonsense to reach the conclusion that social and political skills were important for healers. His evidence is the recording of disputes between physicians, the conclusion being that a wiser physician, able to get along with others, would win the confidence of the imperial patients. Were diagnostic skills related to a greater sensitivity that had been cultivated by conscious efforts in compassionate and benevolent action?

For Scheid, who also researched medical records of the Qing, it was commonsense to conclude that more caring physicians who show compassion are more clinically effective. Two key researchers of Qing medicine argue for looking behind the records as written on the page. Both Chang and Scheid relate compassion and social skills to healing efficacy. This conclusion is only implied in the records, it is not stated. The question of diagnosis remains and whether these qualities have a relationship with diagnostic skills.

One of the physicians who features heavily in Chang's thesis also appears in Scheid's book on Qing medicine, *Currents of Tradition*.⁷⁵ Ma Peizhi was a key physician in bringing about the recovery from illness of the Dowager Empress Cixi.⁷⁶ He was part of the Menghe current of physicians. One feature that characterised physicians of the Menghe current was devoted effort towards self-cultivation.

In discussing this self-cultivation among physicians, Scheid uses this quote. The great doctor of the twentieth century, Fei Boxiong, spoke of treating every patient, as you would want to be treated yourself. 'The mere lifting of a hand can be the cause of life or death. This is what just what makes (medicine) something to be careful and admonished about.'⁷⁷ The ideas expressed by Fei were reflective of the ideas of many

⁷⁴ Chang, 1998, pp.12-13.

⁷⁵ Scheid, 2007, pp.94-99.

⁷⁶ Chang, 1998, pp.125-164.

⁷⁷ Scheid, 2007, p.106.

scholars and elite physicians in imperial China. The self- cultivation that Scheid and Sivin talk about is necessarily an activist one. This cultivation of the self lies at the heart of the practice of the Qing physicians who appear in Scheid's chronicle of late imperial and republican China.

Nathan Sivin's and Geoffrey Lloyd's comparative study of early Greek and Chinese medicine, *The Way and The Word*, points to the difficulties in applying universalist rationality to the practice of medicine which places *ren* or compassion, in the spirit of self cultivation, as being crucial.⁷⁸ Chinese assumptions that virtue was paramount have been left behind in the contemporary search for the holy grail of truth and cold rationality. The human factor is removed and we are left to study the efficacy of herbs and ways are thought of how to place our life in the hands of a technician who can look up a database, which come in a new software package.

Scheid puts it like this: before the advent of western knowledge into China, 'the ideal physician was more than a technical expert capable of fixing problems in a mechanical fashion. He was a perfected human being inspired by a deeply felt desire to help others and guided by a profound understanding of cosmic process.such perfection did not arise by itself but had to be developed through strategies of self-cultivation shared by all educated people'.⁷⁹ Scheid is describing a China that was a Confucian society, one guided by the exhortations to seek the path of refinement as espoused by the scholar-gentry. The Chinese philosopher, Mencius [孟子] (372–289 BCE) described *qi* in terms of moral energy, related to human excellence.

Elisa Rossi in her book length study *Shen* [神] argues that all acupuncture methods must find their root in the *shen*. The *shen* is the spirit or heart-mind. Rossi took inspiration from the opening line of the first Chinese text dedicated to acupuncture.

⁷⁸ Lloyd and Sivin, 2002.

⁷⁹ Scheid, 2007, p.33.

The text mentioned, *The Inner Canon*, puts it that the *shen* is central to a person's being, and intimately related to good health.⁸⁰

Rossi argues throughout her work that physicians should always keep in mind that the treatment of emotions is a therapy in the most complete sense of the word and it is therefore the work on the *qi* that really constitutes the most profound, lasting and significant intervention. Rossi is arguing for a classical approach, based on ideas of pre-modern China with self-cultivation at the core.⁸¹

Rossi describes self-cultivation as coinciding with the natural unfolding of things. She describes this ability in self-cultivation as an external resonance with the possibility of others being drawn to this power. To develop these tendencies of self-cultivation one is necessarily free and open in response to the world. This is like water, moving with fluid-like action while being as still as a mirror and responding like an echo. The sage has a still heart, this process also allowing the practitioner to receive. It is the stillness that initiates movement and significant action. We can see that Rossi has drawn her ideas from the *Inner Canon*. The *Inner Canon* says,

It is from calm, indifference, emptiness, and nondesiring that true *qi* arises. If the spirit is harboured inside, whence can illness arise? When the will is at rest and wishes little, when the heart is at peace and fears nothing, when the body labours but does not tire, then *qi* flows smoothly from these states, each part follows its desires, and the whole gets everything it seeks...Compulsive desires cannot engage his gaze, and the evils all around him cannot afflict his heart. Thus it is that he can live to be one hundred years old and nothing he does can weaken him.⁸²

⁸⁰ Unschuld, 2003. *Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text*.

⁸¹ Rossi, 2007, *Shen, Psycho- Emotional Aspects of Chinese Medicine*.

⁸² This translation is from Farquhar and Zhang, 2005, *Biopolitical Beijing: Pleasure, Sovereignty and Self- Cultivation in China's Capital*.

The anthropologists Judith Farquhar and Qicheng Zhang say of this passage, ‘read in the light of the *qi*-pervaded cosmos that grounds the metaphysics of all classical medical literature, we get a vision of a body living in accord with the broad Way of spontaneous being...’

Scheid’s comments on this issue are inspired by the towering figure of medicine in Tang China, Sun Simiao 孙思邈 (673) . Sun Simiao’s famous description of the great physician depicts a person with the broadest possible education. For only someone who is capable of viewing a problem from a number of different perspectives is able to grasp the processes of transformation that animate the universe. The great physician is also a person of integrity and of the highest moral standards:

In the great physician’s therapeutic practice, he must make his mind serene and his will firm, so that he desires nothing and demands nothing. First he attains a compassionate and merciful frame of mind and vows his willingness to save all sentient beings from suffering. If someone endangered by sickness comes and asks him for help, he may not be concerned whether the patient is noble or humble, poor or rich, old or young, beautiful or ugly, enemy or intimate, foolish or wise. All must be treated equally, and thought of as though they were his nearest kin.

Scheid continues,

Sun Simiao’s vision owed much to Buddhist ideals popular in Tang Dynasty China. In its requirement of purity from both patient and physician for specific treatments to work, it also betrays the influence of magical thinking that was never entirely purged from classical medicine. A synthesis developed (in China) that perceived of moral agency as flowing from a knowledge of the Way (*dao*).⁸³

It has been shown in the above passages that medicine in imperial China was a moral project, at least for the educated scholar-physicians. The working assumption was that

⁸³ Scheid, 2007, p.40-41.

humans are a part of the cosmic mosaic, moving within the realms of the ever-fluid ten thousand things (everything). In this pre-modern Chinese conceptualization, the more in harmony one is with him or herself and the mind calm, the more potent will be the *qi* of that person. Equanimity and calm make for potency of the *qi*.

In simple terms, efficacy is enhanced if one is focused, devoid of distractions and non-productive thought. With the merging of one's being with the external world without struggle, one's *qi* is said to assume potency and efficacy. Whether this translates into production and emission of rays or something like electricity is yet to be proven, if it ever will be. After all of this, *qi* still defies precise definition.

Drawing on Volker Scheid's writings, I attempt to link simple non-official every day rituals in the Chinese world with a more robust dynamic and the infusion of the spirit discussed in the preceding section. Everyday rituals produced a force that enabled efficacious action in the world. For newcomers to China, one of the most commented upon areas of life, often arousing astonishment, is the ritual associated with the dining table.

Sharing a meal is one of the most important rituals in Chinese social life. Eating together from the same plate establishes and maintains relationships.... Most of the physicians I had the pleasure of getting to know were gourmets for whom knowledge about how precisely how a dish should be prepared, what goes with what, and when to travel to a certain region for a delicacy in a season, were essential aspects of the art of living.⁸⁴

Scheid's description of the meal in China shows that there is meaning invested in it far beyond the food. He describes it as an experience of sharing, a bonding event infused with *ganqing* [感情] or human feeling. I argue that Chinese life is still heavily ritualised despite the incursions of modernity. At a deep level, rituals overlap, swirl and wash over people constantly. Because many of these rituals are so embedded, they are taken for granted. The outsider often never knows what ritual he

⁸⁴ Scheid, 2007, pp. 389-390.

or she missed out on; the rituals being subtle and delicate. Perhaps it is this ritualisation that provides moral ballast; the repetitive activist compassion that just seem like odd customs to outsiders. More than sharing a nice meal, the ritual of eating reveals that deference marks the most sophisticated. Chinese society at a deep level has a deferential quality that puzzles bluff westerners. The ritual of sharing a meal may be just one facet in this little researched area of the life immersed in the project of self –cultivation.

In the eating ritual, one may see endless urging of others to eat. In polite European society it was impolite to refuse food offered. This is not to say that this was the case in all situations and in every context. In Chinese ritual it was the norm to persist in refusing until the offering had been made several times. For those not of this tradition this may seem like a pointless waste of time, but it was part of that ritual infused with *keqi* [客气]. Many have been the westerners who have eaten or drunken to extreme excess at the urgings of Chinese hosts. These are the outward gross manifestations of a phenomenon, subtle, rarefied and ubiquitous. The sharing of dishes, of chopsticks eating from the same morsel are symbolic actions and yet encapsulate a concrete expression of *ganqing*.

Habits refined at the dinner table have been ritualised in Chinese society. Many societies have their rituals and rites in hospitality towards guests. Chinese may or may not have been more hospitable than anyone else. This is not the point. The point is that refinement; ritual and aesthetically pleasing behaviour were all goals in self-cultivation and in finessing one's *qi*. The relevance of this passage is to develop Scheid's point about *ganqing* and to suggest the ritual of eating as a first step in understanding what the self-cultivation of the scholar physicians was all about. Of course, not all Chinese meals have this ritualised aspect. I am suggesting that this phenomenon does exist in a Chinese cultural framework.

Confucius said that rites are to be performed with feeling and are devised to express one's innermost humanity. The ritualised life, invested with feeling, or *ganjue* [感觉] is worth pondering in the attempt to examine a medicine, which has sprung from a certain cultural wellspring. Medicine is necessarily tied to human life and the way in

which life is led. This view of effective action manifesting through ritual behaviour in Confucian self-correcting, combined with Daoist ineffability and Buddhist concepts of enlightenment is perhaps useful to aid understanding compassion as a concept of activism.

The second issue is that of looking at old books. In the following passage, Nathan Sivin suggests that there are valuable resources in China's past worth studying in order to understand the present. His comment that Sinologists avoid reading old books could be applied to researchers and physicians in the Chinese medicine field. Sivin says much that is relevant to this thesis. Sivin is urging scholars to explore the history of medicine in pre-modern China. One factor motivating Sivin is that there is so much that we do not understand about this aspect of China's history. The Qing records are just one small part of this history.

Nathan Sivin continues to explore and to provide insights into the history of Chinese science, not least historical aspects of medicine in pre- modern China.⁸⁵ Sivin laments the lack of attention by Sinologists to fundamental understandings in Chinese thought. Here are comments of his on that most seminal of texts in Chinese thought, the *Yellow Emperor's Inner Canon*, or *Huang Di Nei Jing*, that text providing the basic framework for medicine in China.

The main reason for our ignorance of Huangdi was what I think of as the Awesome Taboo. By that I mean the custom among European and American Sinologists of never, ever, reading any old scientific or medical text, or even opening one, under threat of penalties so dreadful that no one has ever said what they are. The reign of this dreadful prohibition seems to have begun gradually in the 20th century. Western students of China up to that time tended to be more broadly competent, and to have been healthily curious about their subjects' views of nature and the human body. The Awesome Taboo never affected Chinese and Japanese scholars. In the West it has finally begun to die out as students no longer fear and disdain science.

⁸⁵ Sivin, 2007, *Drawing Insights from Chinese Medicine*.

Despite their conceptual depth, no author on Chinese philosophy in previous generations has analyzed three early, indubitable Yellow Emperor classics devoted to medicine. These three have been copied, printed and reprinted for nearly two thousand years, can be found in every Chinese library, and for the past millennium have been familiar to every learned physician and a great many laymen: the *Yellow Emperor's Inner Canon* (*Huangdi nei jing* 黃帝內經, probably first century B.C.); the *Canon of 81 Problems [in the Inner Canon] of the Yellow Emperor* (*Huangdi bashiyi nan jing* 黃帝八十一難經, probably second century A.D.); and the "A-B" *Canon of the Yellow Emperor* (*Huangdi jiayi jing* 黃帝甲乙經, 256/282). The first of these is a jumble of short texts; the second and third are early attempts to impose order and consistency on them.

In this lecture, Sivin goes on to argue passionately that an understanding of the principles in Chinese medicine, most concentratedly represented in the *Yellow Emperor's Inner Canon*, provides a more comprehensive understanding of Chinese cosmological thinking than probably any other text. Medical practice inevitably provides deep conceptual clues to concepts about life and thought with regards to society and the cosmos. While Needham is considered to be the founder of the first generation, Sivin is one of the senior scholars of the succeeding generation in the field. In this quote, Sivin seems to be suggesting that the ineffable and ancient theories of Chinese medicine need not be antagonistic to science. This rather sophisticated and wide focused view is that of the polymath, based on ever seeking knowledge rather than adopting an ideological stance. Sivin is arguing for a more tolerant cross-disciplinary approach.

Sivin is also saying that we cannot read Chinese medical texts well without an understanding of the earlier texts such as the *Inner Canon*, with which much assumed knowledge has an earlier connection.

In relation to Sivin's discussion on reading old books I conclude this chapter by suggesting that not only is it useful and valuable to read old classical texts but that old books such as old case records are an invaluable source for both historians and medical practitioners. Sivin's comments are apt and provide ballast for this thesis.

The Palace medical cases provide the most concentrated and rich source of raw material in one place in the history of medicine in China. With a rich array of physicians and a multitudinous array of patients, ranging from emperors to concubines and from princes to eunuchs and other serving people, a vast resource awaits analysis. This study, following on from Hanson⁸⁶ and Chang's⁸⁷ studies of palace medicine, aims to investigate the turbulent physician–patient relationships in the palace and to see how medicine was practised in Qing China.

I also suggest that the aforementioned discussion on self-cultivation provides background to my study of physicians in the Qing palace. The more detailed study of court physician Ma Peizhi in chapter four demonstrates the centrality of the heart/mind in the process of healing. Discussions on self –cultivation help to inform study of old cases. The aforementioned growing numbers of scholars in the field provide broad social, political, cultural and intellectual context for my study of medicine in the Qing Palace.

⁸⁶ Hanson, 2003.

⁸⁷ Chang, 1998.

Chapter Two

The Kangxi Emperor: Robust or Depleted?

The Frail Emperor

This chapter discusses Kangxi with reference to the Qing records.¹ The discussion is supplemented by reference to Kangxi's daily records.²

Kangxi lived from 1654-1722, his reign beginning in 1661. His reign as emperor was the longest in Chinese history. He was the first of the three emperors of the High Qing period, when the Qing was at its strongest. Some historians have acclaimed Kangxi's numerous achievements in solidifying and bringing about peace in the empire. Perdue shows that, among other measures, he did this by successfully embarking on the pacification (or perhaps annihilation) of the Zunghar Mongols in the northwest.³ (China had been subject to battles with the Mongols for centuries). Many accounts of his rule attest to his tenacity and strength of mind.

Pamela Crossley writes,

The Kangxi Emperor was remarkable for his stamina throughout his life, but was even more noted for his astounding intellect and acumen. His selection as emperor, at the age of 8, was probably connected to the fear of the smallpox. Soon after the arrival of the Manchus in Peking, they encountered the disease and died of it in comparatively high numbers. They pushed the native Peking population out of the walled inner precincts of the city and reserved them for bannermen, hoping to lessen the effects

¹ The primary source is the compilation *The Medical Case Records of the Qing Imperial Palace*, which I will hereafter refer to as Chen, 2006.

² In this chapter, my secondary source is mainly Spence, 1975, *Emperor of China: Self-Portrait of Kang-hsi*.

³ Perdue, 2005, *China Marches West*.

of the disease by lessening their exposure. They also systematically submitted themselves to the Chinese practice of variolation, but evidence suggests heavy losses among the Aisin Gioro, and probably the Manchus at large, in the 1660s. One of the victims was the Shunzhi emperor himself, at whose bedside the boy Xuanye—who had survived the infection and for the rest of his life had the scars to prove it—was chosen as successor in the knowledge that he would be immune.⁴

I use this quote as representative of a common interpretation of Kangxi. Xuanye was Kangxi, the implication from this passage suggesting Kangxi's resilience. Note that there is no hint that he is anything but robust.

The Palace records show that Kangxi did not always enjoy robust health.⁵ The records also show his keen interest in medicine and healing. The records hint at his reluctance to embrace Chinese medicine. This is the main thrust shown by the records published here. Further investigation may reveal something different but the records here point to his enthusiasm for what he believed to be western medicine. It is difficult to know whether Kangxi really believed what he said or whether he was positioning himself as the wise sage king who was ruling China while reinforcing the multicultural non-Han-centric construction of the empire. Of all the emperors, he had the closest relationship with the Jesuits at court. His fondness for them shows through in the records.

In the Kangxi reign, there was still tension on the question of the positioning of the Manchu conquest elite. During the Yongzheng reign, a local official, Zeng Jing produced a letter denouncing the Manchus as barbarians who had no legitimacy as rulers. Kangxi's son, Yongzheng, wrote a line-by-line refutation, and distributed it throughout the entire empire claiming that the Manchus had become civilised.⁶

This shows that despite the real achievements the Manchus were conscious of their position as alien conquerors. It could not be taken for granted that the emperors would

⁴ Crossley, 1997, *The Manchus*, p. 87.

⁵ Chen, 2006, pp. 27-31.

⁶ Spence, 2001.

take to Chinese medicine. Most scholars believe that Kangxi was deeply and genuinely interested in European science, including medicine. Many Jesuits were present at the Kangxi court. Scholars, though, disagree on the extent of his consciousness as a Manchu. The records show that his knowledge of Manchu language was stronger than his Chinese. He saw himself as Emperor of the Qing, a multicultural empire of which Chinese culture had a huge influence, but he would be intellectually eclectic and take knowledge from wherever he could get it.⁷

The compilation of medical case records shows that Kangxi suffered from weak health. This is a different picture from the impression given by historians. Kangxi's life was in fact long. While he enjoyed relative longevity and no serious disease he did not enjoy robustness and actual physical strength.

The records of 1707 describe a discussion around Kangxi's perennial cough. He suffered from a serious cough which became more serious every year when the weather got colder. This cough was coupled with retching of phlegm and mucous. In that year, he consulted a Jesuit, Jean-Francois Gerbillon, in the court for treatment for his chronic cough. The Jesuit suggested that Kangxi try rock sugar. This is quite an astonishing suggestion. It is hard to know what was really happening here. Perhaps the Jesuit had no better solution or perhaps he was being cautious, but taking rock sugar, simply cane sugar in crystallised form, does not appear in the manuals of many physicians as a remedy for heavy chronic cough. The records say that Kangxi tried the sugar remedy but achieved no result. Among Chinese physicians, sugar was considered to be good for cough in certain conditions, but not for such a serious case. Taking too much sugar is considered to exacerbate phlegm in the Chinese conceptualisation. All foods and drink are considered to have particular properties and according to this theory, sugar would only exacerbate Kangxi's cough, his condition being aggravated by phlegm.

Following this disappointment, Kangxi turned to three Chinese physicians. The following passages show that Kangxi asked these physicians to have a discussion about his case with the Jesuit, Jean-Francois Gerbillon. He was actually no doctor,

⁷ Crossley, 1997,1999.

having been trained in the humanities. The records anomalously describe him as a western doctor. The physicians, Qiang Guozhong [羌 国 中], Wang Daohua [王 道 华] and He Shiheng [和 世 亨] were reputed for their expertise in internal medicine. As a treatment for Kangxi's phlegmy cough, they suggested sulphur. They explained that Kangxi's *Mingmen* [命 门] Fire (Fire at the Door of Life) was very weak.

In Chinese medical theory the concept of the embodied *qi* of a person was central. This was implicit in the thinking behind the analysis of these three physicians. One's *qi* in qualitative and quantitative terms determined the state of one's intrinsic being. This could be translated into gross disease or simply a breakdown of optimum functionality of a person. The writings suggest that physicians such as these three did not view cough as being caused by some mechanical failure. This was not central to their thought. More pertinent was the state of the *qi* in its various forms. Simply put, Kangxi had a great lack of the stuff and the suggestion was to give sulphur to restore some *qi*, in this case, his *mingmen* fire. In Chinese medical theory this lack of *mingmen* fire is not just a case of being a bit tired. It bespeaks exhaustion and most likely a lack of sexual stamina.

Regarding the recommendation of sulphur, in the Chinese materia medica this is a substance that would be chosen in more extreme cases of weakness and in particular for what are known as cold conditions. It was commonly used for impotence caused by cold. The issue here is that sulphur is not prescribed for cough but rather for boosting *mingmen* fire. The thinking would be that this in turn would solve the problem of the coughing, this being caused by the lack of *mingmen* fire.

The text says that the three physicians then sought the opinion of the Jesuit western doctor in response to their suggestion of prescribing sulphur and to ask how he would treat cough. If what is recorded is true, his response is astonishing for its audacity. Gerbillon commented, 'Many good formulas exist but in China there are only sulphur and licorice paste to treat acute cough and chest problems. There is an abundance of flowers, trees, grasses and seeds from which I would like to try to make some other types of treatment.' The Jesuit suggested that sulphur is fine as is licorice, but he

recommended adding sugar. The western doctor then recommended mixing opium syrup with licorice syrup and making this mixture into ball shaped pills. He also recommended another herb, the meaning of which is possibly honeysuckle. He said he had referred to the Li Shizhen work, *Ben Cao Gang Mu* while researching this herb.

The first point is that this Gerbillon was displaying his gross ignorance of medicine in China. The idea that there were not many treatments for cough was just silly. There were many treatments, and he would have known this, if he had bothered to find out. Was this the first example of the cavernous and tragic gap in understanding, whether deliberate or not, that continues to this day, between the west and China, especially with regards to medicine? It is possible that he was bluffing, meaning he was adopting a pose of having pre-eminent knowledge or not wanting to appear inadequate in confidence in front of the Emperor. It is more likely that the western doctor's thinking was based on sublime ignorance; his mind assuming that because he was not aware of something then it was non-existent. A baby can be blithely ignorant of the world and assume that what he or she is aware of is the extent of existence. The missionaries' unfounded assumption of cultural superiority is in evidence in this case. Did the visitor in the Kangxi case set a pattern in the interaction between western and Chinese medical knowledge or was it symptomatic of a pre-existing attitude? Speculation may bring no definite answer but this gap in understanding that appears in the Kangxi records has not been bridged today. It may take a leap of understanding or it may continue as such for another few hundred years.

The second point from this case is that his recommendations of medication differed not much from that which physicians in the Qing would normally use. His recommendation of using opium was not something that the court physicians would have been unaware of. Opium was used in China to treat cough. It is ironic that this reference to opium appears in the records. All scholars in the China field, at least know about the Opium Wars. Timothy Brook has conducted a study of the opium issue in *Vermeer's Hat*.⁸ The controversial historian Frank Dikotter argues that opium

⁸ Brook, 2008, *Vermeer's Hat and the Dawn of the Global World* and Brook and Wakabayashi (eds), 2000, *Opium Regimes; China, Britain and Japan 1839-1952*.

was not as harmful as has been portrayed by most historians.⁹ Historically, this herb was used for medicinal purposes and is known to be useful in treating cough, the irony being that abuse of this plant would exacerbate coughing. It was considered beneficial in moderation.¹⁰

Gerbillion continued with another recommendation. He suggested that Kangxi take ambergris, mixed with sugar and musk. Ambergris was a substance produced in the stomach of sperm whales, and which was excreted. It could be found floating in the sea or washed up on the shoreline. It was used commonly in many parts of the world as a medicine as a general 'tonic'. In this discussion, the western doctor, uses Chinese concepts to explain why ambergris was so good. He talked about benefiting the *qi*.

He may have referred to energy in the general sense and it was translated as *qi*, but if he said all the things that are recorded he at least had a very basic knowledge of the Chinese concepts of the human body. He describes it also as being warming and as being beneficial for easing bowel motions. Ambergris was not widely used in China, although the substance was not limited to Europe. During this period, Europeans used ambergris for headaches, colds, epilepsy and a range of other ailments. It was used as a preventative during the Black Death in Europe. It was also used as a flavouring in food. More significantly, if we keep in mind the case of Kangxi, it was used as an aphrodisiac. This piece of knowledge seemed to be a transmission of a medicinal substance and was not accompanied with any great new insights or conceptual breakthroughs.

The suggestion of taking musk would not have been a new piece of information for the three court physicians. Musk was a commonly used medicinal substance in China. Both ambergris and musk are substances excreted by the endocrine system in sperm whales and the musk deer respectively. Both were used in perfumes. They are excitatory substances or stimulants and are referred to, in contemporary language, as

⁹ Dikotter, Laamann and Zhou, 2004, *Narcotic Culture: A History of Drugs in China*.

¹⁰ At a symposium (Australian National University February 2008) where I presented a report on Medicine and the Qing, another researcher strongly insisted that Kangxi coughed because he was a heavy opium smoker. I have not yet found any evidence that he did smoke at all. Brook's discussion on opium in China shows that opium was not widely used for smoking in China in the Kangxi period.

pheromones. Both substances are not widely used now. Musk is a proscribed substance internationally, its overuse leading to the near extinction of that particular deer. Musk is now produced synthetically or in controlled deer farms in China.

Discussion ensued about preparation and dosage of this decoction. The records say Kangxi acknowledged all this. The text goes on to say that the three court physicians, while still believing that their idea of treatment with sulphur, licorice and honeysuckle was good, praised the suggestion of Gerbillon of prescribing the mixture of ambergris, sugar and musk.

For historians, it may be of no significance that Kangxi was weak and exhausted. That Kangxi had a continuous cough may be neither here nor there. The assumption may be that as Emperor he was taxing himself whether it was through hard work or through pleasure seeking. Kangxi was known more for attention to duty rather than dereliction so the assumption may be that it would be normal for him to be so tired. Interestingly, the information recorded in this passage shows that Kangxi was frailer than he was portrayed as being in general histories. As the Emperor of the 'ten thousand things' under heaven it would be a surprise if he was portrayed as anything other than robust, especially befitting of the Manchu image of ruggedness and love of outdoor activities such as horse-riding and hunting. Contrary to this image, the medical cases reveal the private personal and weaker side of the public face portrayed of Kangxi for political purposes.

It is rare for high leaders to be portrayed as anything but robust. For example, it was a closely guarded state secret that the only son and heir of the Russian Czar Nicholas II was afflicted with hemophilia, a blood disorder. US President Roosevelt was paralysed and in a wheelchair but was never portrayed that way. Similarly, not many people knew that US President John F. Kennedy suffered persistent pain due to having Cushing's disease. In the People's Republic of China, it is a punishable offence to reveal information about the health of key leaders in the governing bodies, this being regarded as a state secret.

The aforementioned passage, in which Kangxi sought a solution to the problem of his persistent cough, reveals an interesting interplay between east and west, with Kangxi

himself who thought of himself as a Manchu appearing not to have full faith in his court physicians. This paradox is looked at further in the following analysis on cinchona powder.

According to Pamela Crossley, in 1692 the emperor survived a bout of malaria after being administered quinine by Jesuits Thomas Pereira and Jean-Francois Gerbillon, and thereafter he inquired eagerly into their knowledge of medicine.¹¹ I tackle this interpretation in the following paragraphs.

Kangxi and *Nue*: Lost in Translation

A passage in the records describes the incident referred to by many historians as Kangxi's contraction of malaria.¹² This passage has the heading: 'Fast working treatment with cinchona'. Kangxi had survived smallpox as a child thus enjoying immunity. The Manchus feared smallpox which they saw as a Chinese disease. In the court, contraction of smallpox was greeted with celebrations. This was a nod to the Manchu shamanic belief that one needed to appease and cheer up otherwise malign spirits. Survival of this terrible scourge was greeted with even greater celebration. Kangxi enjoyed his popular reputation for robustness partly due to his survival of smallpox and partly due to the Manchu ideal of physical strength and hardiness that must be portrayed to a conquered population.

This passage is a discussion about his bondservant Caoyin, falling ill with *nue* [疟]. I will discuss *nue* a bit later.¹³ The prelude to this discussion is the recollection that Kangxi also contracted *nue* on a previous occasion and was cured by taking cinchona. The two Jesuits, Thomas Pereira and the Frenchman Jean-Francois Gerbillon, prescribed him this medicine. It is supposedly this cure that enthused Kangxi's interest in 'western medicine'. Not desiring to go down in history in a repeat of the

¹¹ Crossley, 1997, p. 92.

¹² Chen, 2006, pp.29-30.

¹³ Spence, 1988, also discusses this case in *Ts'ao Yin and the Kang-hsi Emperor* pp. 260-261.

Taichang Emperor in the 'Red Pill Case',¹⁴ he asked several of his ministers and even some close relatives in the imperial family to try this herb first. The story goes that none suffered ill effect; Kangxi then took the medicine which brought about his complete recovery.

In the text we learn that Caoyin, Kangxi's close companion and bondservant contracted *nue* while travelling in the Jiangnan region. He became very ill after contracting a 'wind cold' following which he became weaker and weaker. Kangxi heard about this and resolved to send some cinchona to him. Travel by horse from

¹⁴ Attwell, 1988 in Cambridge History of China, vol 7, part 1, p. 593. Wanli's successor, the Taichang Emperor (1582-1620), is of interest as he was at the centre of a sensational case in Ming history. In 1620 the Emperor fell ill. He had been emperor for just some days. A eunuch gave him some medicine, which caused him uncontrollable diarrhea. After two weeks he weakened and soon began to speak of his impending death. A week later he ordered that a minor official who claimed to possess a miracle drug be brought to his rooms. His ministers and court physicians warned him, but he did not heed their advice. He took two doses of red pills from this person and died the following morning.

The Taichang emperor was reported to be in good health before his sudden illness. Rumours swirled and it is not certain whether he was given a purgative in an act of malicious harm. Another rumour is that he was given a present of eight young women, following which his exertions took their toll. The accounts are conflicting. The interesting issue here is that Taichang apparently bypassed his court physicians. When he first fell ill, his physician Chen Xi saw him and reportedly declared himself at a loss regarding a course of action. Out of desperation and against all advice he took the red pill.

Subsequent investigation showed that the minor official had some pills that were commonly used in the Ming as a supposed tonic. This official reportedly warned Taichang that one pill was enough. The emperor said he felt so much better after the first pill and then insisted on taking a second pill despite warnings. The official who provided the pill, only after an order from the emperor, said his pills contained three substances, dried menstrual blood, referred to as red lead; young boy's urine, referred to as autumn mineral; and woman's breast milk.

Taichang resorted to heterodox folk medicine most likely out of desperation and we do not know whether the red pills killed him or whether he would have died regardless. If the ingredients were as the hapless official suggested, it is likely that the pills may have exacerbated the emperor's illness at the worst and had no effect at best. Here, I am making a judgement as a physician that the pills were useless and probably harmful. This case was highly alarming for the court and for the empire and was discussed and debated for decades subsequently. It is noteworthy that following this case emperors practised particular caution in consuming medications. The Qing emperors insisted that the physicians take a drink of the decoction themselves before daring to ingest the brew.

Beijing to the south taking many days, the medicine arrived too late and Caoyin died after suffering for fifteen days.

The text relates that Caoyin was prescribed ginseng by some local ‘southern’ folk doctors, this course of action being useless. Kangxi made some commentary on ginseng saying that it should be taken only in small doses. He commented that ginseng could be harmful in certain situations. He concluded that Caoyin needed a treatment in which the *nue* could be purged through the bowel.

Among scholars of China who work in the English language, this passage describes Kangxi being cured with quinine after contracting malaria.¹⁵ I believe this not to be totally accurate. That this is how many understand the story illustrates the problems in translating not only words but concepts.

The term used in the text used to describe the condition that Kangxi recovered from and from which his bondservant died is *nue*. While ‘malaria’ is the modern day understanding of the term, while Kangxi was alive, there was no concept of malaria as it is understood today. In the modern biomedical sense malaria is understood as infection by various species of plasmodium protozoa, transmitted by mosquitoes.

There was no concept of infection by protozoa in the Kangxi period. The *nue* described with reference to Kangxi may have been the malaria as understood in a biomedical sense but it is also very possible that it was not so. *Nue* was a medical term to describe a certain pattern of symptoms. It was a very broad term used to describe chills and fever, which could be accompanied by a number of other symptoms. Malaria does cause chills and fever, but so do a lot of other conditions, as biomedicine defines disease. It may have been that Kangxi had a simple cold.

Is it possible that this was a passage written with other motives? Did Kangxi, for some reason which we can only speculate on, want to praise the Jesuits for their so-called wonder drug? Was he just being polite or engaging in diplomacy? We cannot be certain.

¹⁵ Spence, 1988, pp. 260-261; Crossley, 1997, p.92; Barme, 2008, p.57.

Further examination of this case raises more questions. Medicine in China was not standardised in the sense that biomedicine understands it, and terminology was even less standardised. When a term like *nue* is used, different authors will have different understandings of the term. It is this lack of precision that troubles critics of Chinese medicine.

Nue appears as a term in Zhang Zhongjing's [张仲景] *Shang Han Lun (Damage by Cold)*, work of the Eastern Han period. Zhang's *nue* is very different from the condition understood as malaria.¹⁴ Authors like Zhang, and many who followed him, had in mind the concept of damage to the human body by such forces as cold, heat, damp, wind and so on.¹⁵ Many other texts have discussed these concepts. Zhang enjoys demi-god status even today for his elaboration on the idea that disease can be caused by factors in the environment possibly related to climate and the weather, while not limited to this.

The term malaria originated from the Italian *mal aria* or bad air.¹⁶ It was thought that people fell ill due to miasmas or pockets of bad air. The English term *ague* described a condition which most likely included infection by the protozoa transmitted by mosquitoes just as the very term broad term *nue* used in China most likely included the same mosquito afflicted disease now termed malaria by biomedicine. The term *nue* has changed its meaning over time to include malaria. Physicians of biomedicine would understand *nue* to be malaria. Physicians of Chinese medicine would have a very different understanding of *nue*.

It is hard to tell what ailment Kangxi suffered from. We cannot assume that Kangxi had malaria. As for Caoyin, it is unlikely that his succumbing to *nue* was caused by malaria, as understood by modern biomedicine. The report clearly says he succumbed to a 'wind cold', a very common condition in Chinese medicine. The symptoms of wind cold as understood in Chinese medicine are different from the symptoms caused

¹⁴ Mitchell, Ye and Wiseman 1999, also choose to translate *nue* as malaria, a problematic reading, *Shang Han Lun On Cold Damage*, p. 125.

¹⁵ *Nue* was a common term describing a wide range of conditions and mainly related to chills and fever. To reduce this broad term to a biomedical term causes misunderstanding.

¹⁶ Fiametta, 2004, *The Miraculous Fever Tree*, p.34.

by malaria in the biomedical sense. It is not of great importance to establish the biomedical reason for Caoyin's death. It is likely that it was influenza or it may have been malaria. What is important to note is that it is easy to make false assumptions when translating concepts across cultures with different ways of understanding. This applies to many areas and particularly to medicine.

Kangxi infers his lack of regard for the physicians treating Caoyin. He disparages them as being akin to quacks for their suggestion to Caoyin to take ginseng and refers to them as southerners with the implication that their skills are wanting for this reason. Many scholars have explored the attitude of northerners towards southerners. The Manchus saw themselves as being hardy, rugged types while the southerners were perceived to be different, if not effete. Marta Hanson has explored the southern physicians in relation to the north.¹⁷ Volker Scheid has shown that southern physicians were very far from being incompetent. Scheid has shown very clearly that the physicians of Jiangnan took a leading role in competency, innovation and depth of dexterity in medical sophistication.¹⁸

It may have been the case that Caoyin could not find any decent physicians but it is very questionable. If Caoyin was in a very remote region, it would be more plausible that he was out of range of any decent physicians. Jiangnan, though, was a heavily populated area with no shortage of facilities.¹⁹

Kangxi was probably correct in arguing that ginseng was a ridiculous treatment, but any physician worth his salt would have also known this. Was Kangxi keen on pontification, eager to display his erudition? Keep in mind that the Manchus, and particularly the Manchu elites were very conscious of the need to establish their credentials as being educated and knowledgeable and patrons of science and the arts.

¹⁷ Hanson, 1998, *Robust Northerners and Delicate Southerners*.

¹⁸ Scheid, 2007.

¹⁹ Jiangnan covers the southern part of modern day Jiangsu and parts of modern day Zhejiang. Often referred to as Wu, the region was historically considered by scholars as a cradle of sophisticated refined culture.

As Chang Che-chia argues very penetratingly, we cannot take the records literally. Kangxi's apocryphal story reads more like a political tract revealing an ideological position towards the south and perhaps revealing his doubts about the skills residing in the repertoire of Chinese physicians, while he displays his concern for his people by caring about medicine and health care. He very well may have had a genuine interest in medicine but this text betrays other motives.

In addition, he seems to have been genuinely interested to learn what the Jesuits had to offer. Kangxi is shown by most historians to have been open to Jesuit learning. This open-minded attitude belies the popular perception of emperors of China being closed minded and rejecting anything the west had to offer. The shoe may have been on the other foot, as the Jesuits depicted here seemed not able to understand medicine in China. We do not know whether the inclination to genuinely learn from the east was there.

Kangxi also had negative things to say about Chinese physicians. He claimed that no Chinese physician could treat his *nue* while the Jesuits were successful with their prescription of cinchona. Kangxi referred to the medicine he was given for his *nue* as 'jin ji na' powder. This appears to be a transliteration of the term used by the Jesuits, 'Cinchona'. This was apocryphally named after a Countess of Chinchon, the wife of a viceroy of Peru. What the Jesuits gave Kangxi would have been powdered bark from the cinchona tree.

The Spanish, who had colonised vast areas of the South American continent, observed that people there, who they had enslaved to work in mines, and so on, used this bark to ward off fevers, for sore throats, and for general well being. Known in Europe as Jesuits' powder, its introduction by the Jesuits was at first controversial and not without hostility. It was regarded by many as a strange unknown remedy with doubtful efficacy. It gradually became to be used widely in Europe for sore throat and fever. Prior to the introduction of cinchona powder to Europe, the standard therapy for fever was bleeding. Bleeding as a therapy also had its advocates in China. More common was the use of herbs, there being hundreds commonly known and used.

It is open to question whether this cinchona powder worked for Kangxi where all else failed. We may never know for certain. There were a myriad of herbs in the repertoire of the physicians in China and the skilled physicians would have had extensive experience in treating *nue*. In their description of this passage, scholars such as Jonathan Spence,²⁰ Pamela Kyle Crossley²¹ and Geremie Barme²² translate *jin ji na* as quinine. To choose to translate *jin ji na* as quinine is understandable but we should be clear that the cinchona taken by Kangxi was not the quinine that is understood in contemporary terms.

Quinine was not developed until the nineteenth century, some two hundred years later, when two French scientists extracted the principal active ingredient from the cinchona bark.²³ In the Kangxi period he would have had the bark of the tree, not quinine. This may seem just a technical argument, but describing cinchona bark powder as quinine gives the misleading impression that here was the Qing emperor being enamoured of ‘western medicine’.

There was nothing intrinsically ‘western’ or scientific about this medicine except that Europeans who had plundered it from the forests of Peru delivered it to Kangxi. Kangxi himself referred, in the text, to the cinchona powder as being European medicine. This was a misnomer. In European hands a plant native to South America and used by the people there was belatedly appropriated and repackaged as European. There is no more mention of the medicine being Peruvian.

This involves questions of ownership. Was this a pattern of the Europeans that any knowledge that they had, wherever it came from, then be packaged as European by definition? Was Kangxi convinced by the Jesuits of their special knowledge or was he playing a game of diplomacy? If he had these sentiments of his put in the records did he hope to remain friendly for reasons we cannot be sure of? Was he really so silly?

²⁰ Spence, 1988, pp.260-261.

²¹ Crossley, 1997, p. 92.

²² Barme, 2008, p.57.

²³ Fiametta, 2004, pp. 182-183.

The historical records suggest that Kangxi was no fool. So was he being strategic and playing a game of building a long-term relationship with these Jesuits? Perhaps he was curious about what else they had to offer. Nathan Sivin shows that the Jesuits had some areas of knowledge, notably astronomy that the Qing found useful.²⁴ If Kangxi found the Jesuits useful in some areas, then politeness and flattery would not have been unusual behaviour. If it is accepted that he was genuinely interested in western science, perhaps this interest allowed him to convince himself of the superiority of whatever medical advice the Jesuits had to offer.

In an ironic twist, the drug extracted from the cinchona bark, quinine and which was widely used for malaria, in the biomedical sense, is now out of favour. Scientists are now placing great hope on the extract of the artemisia plant, a herb widely used in China for centuries, to treat *nue*.²⁵ Physicians in Kangxi's court would have been well aware of artemisia, one among a myriad of herbs, which could treat *nue*. In another ironical twist the question of ownership still haunts Chinese medicine today. Many are those in Europe who would claim Chinese medicine as western, incorporating the herbs and related medical techniques as their own.

Timothy Brook,²⁶ Andre Gunder Frank²⁷ and others have argued that global traffic in goods and people has been more extensive than most historians had thought. It is also the case that a number of the herbs in the Chinese medical corpus were transmitted along the Silk Road from the west and have become 'Chinese'. It is likely that Kangxi was aware of, or rather an engineer of, the multicultural character of the Qing empire. Openness to ideas from different sources was the norm in the Kangxi court.

²⁴ Sivin, 2008, *Granting the Seasons*.

²⁵ The insistence of practitioners of biomedicine on the use of single drugs is perhaps problematical. The New England Journal of Medicine of 29 July 2009 reported that drug resistant malaria has emerged in Cambodia. See Science Daily, August 4 2009
<<http://www.sciencedaily.com/releases/2009/07/090729181502.htm>>. The biomedical approach of the use of a single herb that fits all patients contrasts with the classical Chinese approach of prescribing complex mixtures of herbs tailored for individuals.

²⁶ Brook, 2008.

²⁷ Frank, 1998, *Reorient*.

This incident involving Kangxi and the cinchona powder reveals politics and diplomacy reaching into medical records.²⁸ A South American herb had been repackaged as European medicine and managed to defeat a life threatening virulent disease where all the efforts of the best physicians in the Qing court had failed. The Emperor of China then became enamoured of ‘western medicine.’ This is what we are told. It is all just too good to be true. If it was all true, there still remains much frisson in this strange encounter, a precursor of many such meetings, and which would prove not to be so innocent. Medicine at the end of the Qing was to be challenged in ways that almost led to its demise in the Republican period.

Kangxi as Medical Commentator

In Kangxi’s records, translated by Jonathan Spence,²⁹ we get a glimpse of Kangxi’s thoughts on a range of matters. In several passages he discussed his ideas on health and healing. He placed great emphasis on keeping fit and healthy through attention to diet, dressing appropriately and having a balanced attitude towards work and relaxation. He also admits to being in very poor health. He did not mention what measures he took to address his health problems apart from the prophylactic techniques mentioned in the previous sentences. He consciously presented himself as a Manchu, claiming the habits of the Manchus to be beneficial for health. He spoke very well of Manchu shamanism. He spoke most scathingly of Daoists and expressed his disbelief in alchemy. Notably, he again praised the Jesuits at his court for their medical prowess.

²⁸ Lei, 1999, *From Changshan to a New Anti-malarial drug: Re-networking Chinese Drugs and Excluding Chinese Doctors* has discussed the problem as being enmeshed in politics. The development of a single drug for malaria, while appropriated from the experience of Chinese medicine doctors, was a strategy to marginalise Chinese medicine doctors. The records show that the Jesuits had already begun this process with their advocacy of Jesuits’ bark while ignoring the vast range of valuable Chinese medicines. Kangxi appeared to be in favour of this approach; although it is possible he was playing diplomatic games.

²⁹ For the remainder of this chapter, I mainly refer to a secondary source, Spence, 1975.

We learn from Kangxi that there were over one hundred doctors at the Imperial Court divided among eleven fields, each one having been trained and passed exams. The majority of court physicians were trained at the Imperial Academy. The best graduates were selected for service at the court. The emperor also had the scope to issue decrees ordering his officials to find the best physicians throughout the empire and then to ask them to serve at court. Kangxi made every doctor, as well as a eunuch, sign a prescription analysis, for every case. Both the physician and the eunuch would have to have a drink of the medicine before the emperor would drink it.

Kangxi railed with invective at the level of physicians in general. He was disparaging at their narrowness of knowledge, their intelligence and their skills. He lambasted them for laziness and for gross mercantilism. He spoke even more bitingly about the Daoist healers. He thought of them as ridiculous, and as charlatans and cheats. He said he had met hundreds of such idiots. On the other hand, he expressed his belief and faith in the Manchu shamans. As he had no words of praise for the Daoists, he had no ill words for the Manchu shamans. He extolled the practice of praying to the gods and to the ancestors. He said he preferred this joyful practice to taking medicine. As his beloved grandmother lay in a coma, as well as giving her medicine, he prayed to Heaven for her, in the Manchu shamanic tradition.³⁰

This passage, among many others, shows clearly that Kangxi identified as a Manchu expressly saying that his Manchu beliefs were essential to his sense of identity. Again, we see his praise of the Jesuits and their medical knowledge. He cited the example of their special skill as he was prescribed brandy and cinnamon, which he reports as having stopped his heart palpitations. Brandy is simply concentrated alcohol. Both alcohol and cinnamon are very common items in China and known by any physician worth their salt as effective medicinal substances in certain conditions. This praise of the Jesuits is in contrast to Kangxi's scathing excoriation of most Chinese physicians and the very grudging acknowledgement of the training received by the court physicians.

³⁰ It is worth noting that Kangxi's devotion to Manchu shamanism is not described in the Chen records.

Kangxi was eclectic in his tastes. Historians tell us that Kangxi took to Chinese classical learning with alacrity. This may be so, but the complexity of being in the somewhat ambiguous position of being at the pinnacle of power in a Manchu ruling family as well as being ruler of the multi-ethnic empire meant that he needed to balance competing interests. He would not be seen to single out the Chinese for praise. One could argue that these were his private diaries; therefore he would not have had any political motives for the content of his writing. As Emperor, though, he would have known that whatever he wrote would receive careful scrutiny down the ages.

Kangxi took a hands-off approach to medicine. His administration did little in the medical field with regards to development of medicine, except to run the Imperial Academy. His rule is commented upon for its many achievements. His achievements were in the military field and in administration in general. His interest in medicine is much commented upon but the only area of intervention was the continuation and extension of variolization against smallpox. This technique was developed in China during the Song period and attracted Kangxi's attention because of the Manchu dread of the disease.

This very small section has a brief look at aspects of Kangxi's diet.³¹ It is notable that Kangxi was conscious of the importance of diet. For many Chinese physicians, the principle of food as medicine was *de rigeur*. It is not clear that attention to food as medicine was part of the Manchu tradition.

³¹ At a symposium in 2008 (University of Technology Sydney) given by a renowned physician, his interpreter added her own comment that the 'emperors all had rich foods and led sedentary lives'. This demonstrates the misleading image of the Qing emperors in the popular imagination. The Manchu emperors were not sedentary people. They enjoined the Manchus to not become like the sedentary Chinese. The emperors of the High Qing were keen on hunting and horse riding. The early emperors were careful with their diet.

Kangxi tipped a nod to Laozi and quotes him as saying that the principle of moderation is the best in dietary matters.³² He praised plain food and said he liked to eat local vegetables when possible. His recommendations were unrefined milk, pickled deer tongues and tails, dried apples and cakes of cream cheese. Kangxi describes these as plain foods.

This is clearly a Manchu interpretation of a plain diet, these items hardly being regular fare in a Chinese diet. Kangxi believed that his Manchu digestive system was different to the southern Chinese. Kangxi said, 'The people of the north are strong; they must not copy the fancy diets of the southerners who are physically frail, live in a different environment and have different stomachs and bowels'.³³ Hanson shows that the Manchu emperors considered their very body to be different from everyone else.³⁴ This Manchu diet, consisting of a lot of dairy products and meat, was richer in protein.

He described southern Chinese food as fancy, but the southern Chinese in turn would have regarded his diet as crude and even inappropriate. As mentioned earlier, most Chinese physicians would have been horrified at the idea of mixing tea with milk, considering it very harmful. Kangxi's claim of Manchu robustness, in contrast to the physical frailty of the people in the south, is ironic if one examines the state of his own health.

Aside from praying to his Manchu ancestors, he claimed that most beneficial for his health was setting aside time to relax. He said that this habit of deliberate relaxation, while affording him great help, had still not enabled him to reach 'true quietness'. Kangxi also has lengthy comments on how to deal with inclement weather.

³² Spence, 1975, p.97.

³³ Spence, 1975, p.98.

³⁴ Hanson, 2007, *Medicine and Culture: Chinese –Western Medical Exchange*.

Deterioration of Kangxi's Health

At the age of thirty-five, Kangxi's vision started to deteriorate, so that he could no longer 'write small letters'. When he was in his forties he started to find summer unbearable and as a result often felt listless and dull. At the age of fifty-four he started to have dizzy spells and he claimed that due to worries about his son, the heir apparent, Yinreng, he grew thin and weak. At age sixty-three, his voice was hoarse, his legs and knees gave him pain and his cough was bad. Half of his upper teeth had fallen out by this time, which meant that he could not chew. He had his food cooked soggy or pickled so that he could swallow it. His remaining teeth were wobbly and caused him pain.

In his early sixties his feet were so swollen that he could barely move. 'To touch them even lightly was agony' and he had them bound up and supported on a padded chair. He railed strongly against people who failed to observe the Manchu custom of not holding people up under the shoulders. For Kangxi, someone holding a person up under the shoulders was a gross insult to that person's dignity. He also abhorred massage, believing it to be harmful. Kangxi's health was not a pretty picture despite his fathering of fifty-five children. At the last, as he lay dying, he is said to have lamented that his life was never his own, that his life was one of sacrifice.

Further research on the records could help to establish what treatment he did have. He did mention that he took medicine from his court physicians but his distrust of much of Chinese medicine is clear. He clearly said that he took as little Chinese medicine as possible, preferring his Manchu ways. Did his pride or his desire to position himself at arm's length from a total immersion in Chinese norms make him hesitate to avail himself of his physicians' services in a whole hearted way? His devotion to Manchu shamanism seems to be a factor in his attitude towards health and healing. The treatment he does admit to taking is moxibustion, the method of burning the mugwort plant to add warmth to the body.

Conclusion

Chinese medicine appears in different roles at different times. In the court, we see that in the Ming, Chinese medicine often had a distorted role. The Jiajing emperor spent years in Daoist practice, experimenting with harsh drugs in the quest for immortality. He was the last Chinese emperor to indulge so.³⁵ Also flouting court convention, the

³⁵ Geiss, 1998 in Cambridge History of China, vol. 7, part 1. Jiajing (1507-1567) was the eleventh Ming Emperor, reigning from 1521-1567. In 1542, the Jiajing Emperor, was nearly murdered by several palace women. He was known for his cruel treatment towards the women. The women tried to stab him to death with hairpins but failed to hit the mark. They managed to tie a noose around his neck to strangle him but in their frenzy they tied a dead knot. An attendant rescued him before the women could retie the knot. The women were all summarily executed. Jiajing was unconscious for about eight hours before coming back to consciousness. His physician had administered a strong prescription. After this assassination attempt, Jiajing, in his early thirties, withdrew completely from the normal life of the court and the palace. For the next twenty five years he concentrated his energies on so-called Daoist practices with the aim of immortality. He practised esoteric rituals and practices and had a heavy regime of so-called elixirs of immortality. The decoctions generally included red lead and white arsenic. In the 'orientalist' image that people in the west often hold of Chinese emperors, this was par for the course. In fact, Jiajing's behaviour was aberrant and most probably unique in the Ming and Qing periods among Emperors. The orientalist image of medicine in China held in many people's minds is that so-called Daoist elixirs are part and parcel of what court medicine in China was about. Most scholars concur that this was a form of medicine practised by a small minority. The court officials were horrified by this heterodoxy, especially when the Emperor was considered to be the embodiment of the ruling dynasty. One official protested that this pursuit of immortality by Jiajing was nonsense. He said it was in fact dangerous to take aphrodisiacs. This official, for his noble effort, was arrested and tortured to death. In 1556 the Jiajing emperor issued a decree to the Ministry of Rites to gather all the *ling zhi* that they could locate. All local officials throughout the empire were ordered to seek out the herb *ling zhi* or literally magical plant. The Ministry spent two years on this project. This case would be an interesting research project. Of interest is that Jiajing was apparently not interested in seeking the services of the 'orthodox' court physicians, but rather sought out heterodox practitioners to the great consternation and dismay of the court.

Of interest, also, is that *ling zhi* needed to be searched for. This seems to indicate that it was not a herb in the arsenal of the orthodox court physicians. It is ironic that even today, debate continues about the properties of *ling zhi*. Not featuring in orthodox texts of Chinese medicine or just getting a brief mention, it is nevertheless taken in considerable amounts by communities outside of China. This is mainly in the form of shiny packaging and with an emphasis on its so-called magical properties as a cure all. It is heavily promoted by a minority of practitioners as a cure for cancer. The issue at stake is the blurring of the boundary between orthodoxy and heterodoxy. Who decides what is acceptable and

Wanli emperor totally neglected his health.³⁶ The Taichang emperor died from an overdose of heterodox medicine.

In the Qing, the records of the Kangxi emperor pose some problems for the historian of Chinese medicine. Chinese medicine was always evident at the court, if often in the background. Kangxi appears to have been eclectic in his tastes in medicine, favouring Manchu shamanism, of which we know not much about, and disparaging Chinese medicine. He is known for his propensity for Jesuit learning and taking so-called

what is not? In relative terms, staunch defenders of western biomedicine see all Chinese medicine as heterodox, biomedicine being by self-definition orthodox.

In this case, apart from the issue of Jiajing poisoning himself to the point of probable insanity and physical debilitation at the very least, he stepped outside his duties and responsibilities in adhering to the rituals demanded of the Emperor as the fulcrum of the Empire, the pole star upholding ceremonies set by precedent. The Jiajing case is of interest, as it is believed that his erratic obsession with Daoist medicines ensured that the court in China, whether it was Ming or Qing, did not allow court medicine to stray so wildly into heterodoxy again.

³⁶ The reign of the Wanli Emperor (1563-1620) is discussed in some detail by Ray Huang in *1587 A Year of No Significance*. He was emperor from 1572-1620. If the Jiajing reign was not the beginning of the Ming's terminal decline then the Wanli reign certainly was. Mainly due to frustration with his powerlessness in dealing with the court bureaucracy and in particular due to a long running dispute over his succession, Wanli simply withdrew from court life. Government muddled along without a clear direction and with very low morale. For twenty years he refused to meet any of his officials. In the end he was so obese that he could not stand without assistance.

This case is of interest in that Wanli obviously neglected his health. This act itself was one of rebellion against the bureaucracy, the upholders of virtue and rites. Set precedent determined that the Emperor did not belong to himself but to the court and to the empire. An Emperor could not just do as he pleased. His body and very person were not his own, which meant he had a deep responsibility to look after his health. Becoming obese was the embodiment of his very real rebellion.

Ray Huang portrays the complexity of the case and sensitively hints at sympathy for Wanli's plight. 'For many years to come Wan-li was to be criticised by his bureaucrats for his preoccupation with the 'pleasure of women'. His critics never seemed to understand that imperial polygamy was basically utilitarian. Such pleasure as it yielded was at a low level. The ecstasy of love-making created by a freeing of body and mind in unison was hardly possible between a demigod and his terrified subject; for the latter in all likelihood had been awed to numbness beforehand'. Huang's sympathetic portrayal aims to show that the emperors were human and not necessarily only despots who engaged in wanton sex and pleasure.

western drugs, specifically the cinchona known as Jesuits' Bark in Europe, which he singled out for special praise. This has been assumed by historians to be a sign of his open and sophisticated attitude towards learning. This may have been the case, but the records seem to give the Jesuits too much praise without critically considering the political context of the Jesuits' account for a European audience as well as Kangxi's account as a Manchu ruler presenting to a Chinese audience.

The French Jesuit Gerbillon is praised for his wisdom and skills when he was not even a doctor. The Jesuits are credited with providing the medicine that saved Kangxi's life. This story, though, appears doubtful. It appears that historians may have accepted Kangxi's version of events and then exaggerated the story to say he was cured of malaria. That he had malaria at all, in fact, is doubtful, as I have shown earlier in the chapter. Kangxi was an interesting character with strength of will. His physical health, though, was very poor, especially in his later years. He continued to prefer Manchu shamanism as well as selected aspects of Chinese medicine. Perhaps the Manchu language records, yet to be examined, can reveal more to us.

What this chapter has shown is that people perceived as the mightiest are never more than human. It is the propensity of many people to imagine figures who have projected a certain positive image to the public as somehow more than human. One only needs to be reminded of Mao Zedong as an example of this phenomenon in very recent times. The west is not immune to this phenomenon by any means. The 'super' images are just more disparate. They range from religious figures to political figures and probably more intensely portrayed, as 'super' are pop musicians, actors and sporting figures. I argue that the medical case records provide evidence that the practice of consciously projecting a positive image for a public audience which differed from reality was alive and well during the High Qing. Crossley argues that Kangxi's grandson, the Qianlong emperor, ran a public relations operation unrivalled in its sophistication. The records show that Kangxi provided good training for Qianlong. The operation was so effective that scholars today still do not portray Kangxi as the frail and sickly human that he really was.

I further suggest that it is likely that the Jesuits intended to use medicine as a plank on which to convert Kangxi to Christianity. If we accept that the missionaries had as

their ultimate aim to see a Christianised China, it is reasonable to believe that the Jesuits were not offering their knowledge and medicine with purely altruistic motives. The records illustrate the attitude of the assumed superiority of the west. The Qing emperors in the present day popular imagination are arrogant and assuming of their own superiority to the west. The records here tell a different story, providing evidence of Kangxi being enamoured of western knowledge while having respect for his Jesuit advisors.

Whether in the field of history or of medicine, this chapter illustrates the value of looking at the primary sources.

Chapter 3

The Case Files of Three Emperors: From the Height of the Qing to the Dying Days

This chapter continues the emperor theme by looking at three of the Qing emperors, Qianlong, Tongzhi and Guangxu. When I started this thesis I did not expect the records of the emperors to be replete with stories of political intrigue. I was aware of the Tongzhi and Guangxu controversies in a general historical sense. I anticipated some mention of the events surrounding the puzzling deaths of these two emperors, but was not prepared for the controversial events to be the subject of such detailed and lengthy inquiry and analysis. The introduction to this thesis stated that examination of the records could provide another way of looking at the history of the Qing. This chapter enters the debate on the Tongzhi and Guangxu emperors.

On reflection, I should have not been surprised at all by the complexity of the cases. After all, medical encounters are about humans in distress and other humans intervening to enhance patients' longevity and to relieve suffering. Real clinical encounters involve human interaction. Zhang Yanhua's argument that human intimacy is central to the clinical encounter is evident in the complicated imbroglios of patient and physician in the Qing Imperial Palace.¹

Qianlong's long life span, like Kangxi, contrasted with the short lives of the Tongzhi and Guangxu Emperors. Qianlong initiated scholarship in Chinese medicine, commissioning the compilation of the *Golden Mirror* or *Yi Zong Jin Jian* in an attempt to establish orthodoxy in medicine.² He himself was a beneficiary of Chinese medicine, writing glowingly on his experiences in taking his herbal decoctions.

¹ Zhang, 2007.

² Hanson, 2003.

Qianlong

This section will look at some of Qianlong's medical cases and will examine his attitude towards medicine. I mainly refer to the records as my primary source³ and to Wu Shizhou's unofficial record as a secondary source.⁴

Qianlong lived from 1711-1799. His reign as emperor spanned 1736-1796. He abdicated in 1796, in an act of filialness, so that his reign would not surpass in length that of his grandfather Kangxi. It is said that he still ruled behind the throne until his death three years later. It had long been assumed by most historians that if Kangxi was not completely sinicised, then Qianlong definitely was.

The cases recorded for Qianlong differ markedly from that of his grandfather Kangxi. In Qianlong's records there is no discussion of Jesuits and the exotica of unheard of medicines. Qianlong's records fit the style of classical Chinese medicine, as he perceived it. As one example, rather than discussing ambergris or cinchona, herbs not commonly known in China, we see Qianlong positioning himself as a very keen advocate of herbs commonly used in China. Here is Qianlong, in distinct contradiction to Kangxi, innocently and enthusiastically discussing the benefits of cutch paste *hai er cha* [孩儿茶], a particular type of Chinese medicine.⁵ This is an effective way to present himself, in ways that Kangxi did not, as a compassionate albeit non-Chinese ruler, using a Chinese model, and showing concern for all in his empire.

It is difficult to say whether this positioning was deliberate on the part of Qianlong, but he would have been aware of his grandfather's writings. In the celebrated case of Kangxi's bondservant, Caoyin, dying after being wrongly being prescribed ginseng, we are reminded by the emperor of the ineffectiveness of this herb.⁶ Qianlong, in

³ Chen, 2006, pp. 77-86.

⁴ Wu, 2006, *One Day in the Life of Qianlong* (Chinese). For English, refer to Barme, 2008, *The Forbidden City*, pp. 72-90.

⁵ Chen, 2006, p.78.

⁶ Discussed in this thesis in chapter two.

contrast, after discussing the benefits of cutch paste, waxed at length on the marvellous benefits of ginseng.⁷ He identified ginseng as a locus and listed a range of its benefits such as strengthening vitality, calming the mind, increasing longevity and so on. In case after case, he was prescribed ginseng and it did the trick.

His records show his remedies as being very much within the classical Chinese mould. In other words, there is no discussion of Manchu healing in the records. This is in contrast to Kangxi who praised Manchu healing. This is not to say that Qianlong did not appreciate Manchu healing. It is just that the records do not reflect this.

As an example of Qianlong's predilection for Chinese medicine, here is a herbal mixture that Qianlong used to clean his teeth with.⁸ During the Qing, people did not go to the supermarket to buy tubes of toothpaste. The dates are missing from the records, nor do we know who prescribed this remedy. The name of the formula is recorded as Toothpaste Powder *Cha Ya San* [擦牙散]. The function is described as clearing heat and dispelling toxins, killing bugs⁹ and relieving pain. Qianlong had contracted a wind heat¹⁰ that had caused toothache. Apparently, the application worked well. Perhaps this formula can still be of benefit today.

Shi Gao [石高] Gypsum; *Qing Yan* [青盐]; *Gan Song* [甘松] Nardostachyos; *Xi Xin* [细辛] Wild ginger; *Hua Shi* [滑石] Talcum.

We saw in the previous chapter that Kangxi was resigned to his teeth falling out while the remaining ones gave him pain. Kangxi satisfied himself with the Manchu method of shamanic prayer. Kangxi saw his shamanic prayer as a way of asking the Manchu ancestors to help him tolerate the pain his teeth gave him. According to the records,

⁷ Chen, 2006, p.80.

⁸ Chen, 2006, p.75.

⁹ The bugs are *chong* in Chinese. There was no concept of bacteria, but a general concept of bugs.

¹⁰ We see here Qianlong accepting concepts unique to Chinese medicine. He had contacted a wind heat or *feng re* which had attacked his teeth. This is a very common conceptualisation in Chinese medicine.

Qianlong, on the other hand, resorted to the use of Chinese herbal toothpaste and enjoyed a sound set of teeth.

Qianlong, not enjoying a robust constitution, took Chinese herbal medicine regularly for health maintenance. He saw medicine as not just a way of curing disease but as a way of prevention of disease and of building up *qi* and invigorating himself mentally. The rationale was that medicine was prescribed according to the state of his *qi*, which is in a constant state of change and flux. With this in mind, Qianlong regularly took ginseng, a herb that strongly replenishes *qi*.

The cases of Qianlong cases show that he and Kangxi had very different approaches. As demonstrated in chapter two, Kangxi's approach was reminiscent of the pluralist hybrid frontier steppes. Kangxi's approach was eclectic and reminiscent of simple and pragmatic medicine. In contrast, Qianlong's records show an embrace of the norms of Chinese elite culture that involved medicine with complex herbal mixtures tailored to the particular individual and to the particular circumstance and which embraced the concept that everything is in a constant state of flux and change. This is evidence that the sinification of the Manchu court was if not almost complete, then well on its way.

The records include a discussion of Qianlong's twilight.¹¹ In the year before he passed away, Qianlong was suffering from absent-mindedness in the sense that he was for periods of time not fully conscious of his surroundings. His pulse was normal. He was feeling a sensation of heat rising. The diagnosis was heart vacuity or deficiency, with *yin* insecure and rising. The physicians Sha Weiyi [沙 惟一] and Qian Jing [钱 景] prescribed the following formula, based on Calm the *Yin* and Revive the Spirit Decoction *Zhen Yin Yu Shen Tang* [镇 阴 育 神 汤].

Ren Shen [人 参] Ginseng 1

Da Sheng Di [大 生 地] Rehmannia 5

¹¹ Chen, 2006, pp. 82-86.

Bai Shao [白芍] Peony 4

Ju Hong [橘红] Tangerine peel 1.5

Gui Ban [龟板] Turtle shell 5

Zhu Ru [竹茹] Bamboo shavings 3

Yuan Zhi [元志] Polygala 1.5

Zao Ren [枣仁] Jujube seed 1.5

Long Chi [龙齿] Fossil teeth 3

Hu Po [琥珀] Resin of ancient pines buried in the earth 1

Dang Gui [当归] Angelica 2

Ban Xia [半夏] Pinellia 3

Shi Chang Pu [石菖蒲] Sweetflag 1

Gan Cao [甘草] Licorice 1

The measurements for all prescriptions in this thesis are in *qian* [钱], a unit of weight equivalent to approximately four grammes.¹²

The first thing to note is that Qianlong favoured the use of conventional Chinese herbs in the form of complex formulas. This approach differs from Kangxi's apparent preference for single herbs, more common in the western approach.

This formula is a combination of herbs that strengthen *qi* and blood, regulate the *qi* mechanism of the body and calm the mind or *shen* [神]. Embedded in this formula is the idea of acting on the *qi* to do what the body needs to do in order to be balanced

¹² For an interesting discussion on the issue of *qian*, see Brand, 2009. Blue Poppy. Brand shows that the meaning of *qian* changed at different periods in Chinese history.

<<http://www.bluepoppy.com/blog/blogs/blog1.php/2009/02/11/how-much-is-in-a-qian>>

and vigorous. It is the actions of the herbs in concert that work to ignite the *qi* in the best way. In a formula such as this, medicines are not deployed to attack a disease but rather to enable the *qi* to be strong and flowing smoothly. In this way, not only is the body able to rectify any existing disease while the *qi* is strengthened so that the body does not fall sick or succumb to pathogenic factors.

Ren Shen is a strong herb to invigorate and to revive the patient. The substances with the largest dosages are *Gui Ban*, *Sheng Di* and *Bai Shao*. These strongly revive the *yin*, whilst *Sheng Di* is very cooling, enabling relief of the sensation of heat suffered by Qianlong. *Zao Ren*, *Yuan Zhi* and *Long Chi* strongly calm the *shen* or heart/mind. The inclusion of these herbs indicates that Qianlong was suffering a lot of agitation. *Shi Chang Pu* is also calming while it has a specific function in opening the heart orifices or in other words reviving consciousness. A group of herbs *Ju Hong*, *Zhu Ru*, *Yuan Zhi* and *Ban Xia* act to disperse phlegm, which in Chinese medicine is said to be a cause of clouded consciousness.

This was a complex formula with strong acting substances. In ordinary circumstances a patient would not take such a strong formula. The emperor was obviously not in a good way. The records say that Qianlong felt better upon taking this decoction.

The official records show Qianlong taking Chinese herbs daily on his deathbed. While he was not robust, the records indicate that he did not suffer before his death, unlike Kangxi. The records state that he died peacefully and in little discomfort, apart from mental disorientation. While this may be so, it may also be the case that Qianlong's almost sublime passing away was part of the process of sinification of the Manchu court. Could it be that Qianlong's physicians, who were Chinese, had a vested interest in portraying the efficacy of Chinese medicine, in order to reinforce and reassert the legitimacy of their medicine over Manchu shamanism? We cannot be sure, but the possibility exists.

Like Kangxi, Qianlong took a life long interest in health and healing. Unlike Kangxi he seemed to be embracing and accepting of the precedents set in China, if not also of Tibet, Mongolia and his ancestors' homeland. With this in mind, he set out to put his stamp on the field of medicine.

Ho Ping-ti¹³ and Evelyn Rawski¹⁴ exchanged in a heated debate on the issue of sinicisation, with Ho arguing that the Manchus were sinicised and Rawski arguing that the Manchus still regarded themselves as distinct from the Chinese. Qianlong did all he could to nourish and sustain the multi-ethnic empire. This is what motivated him. He personally embodied multiculturalism. To do this he patronised Chinese classical learning, Tibetan Lamaist Buddhism and Mongol customs. To each of these groups he did all he could, to appear as their greatest supporter. He portrayed himself as a Bodhisattva in the Lamaist tradition while patronising classical Chinese literature and the arts.

Crossley refers to him as the ‘wheel turning king’.¹⁵ This is a reference to the Lamaist custom of spinning a prayer wheel, while simultaneously containing a symbolic meaning of Qianlong presenting a different face to each of his core constituencies. Crossley portrays him as a politician keenly aware of what was needed to be done to sustain popularity.

With regards to medicine, Marta Hanson shows that Qianlong did have a different approach to that of previous Qing emperors.¹⁶ Whereas Kangxi praised Jesuits for what they considered European medicine and extolled the virtues of Mongolian medicine and stoutly defended Manchu customs and shamanism, Qianlong set out to promote classical Chinese medicine as a standard for the empire. More than Kangxi, Qianlong saw it as a means to assert his own legitimacy as a ruler on the Chinese model and as an embodiment of Chinese elite culture.

Very early in his reign, in 1739, Qianlong commissioned the publication of the *Golden Mirror of the Orthodox Lineage of Medicine*. (*Yizong Jinjian*).

Marta Hanson writes,

¹³ Ho, 1998, *In Defence of Sinicisation, a Rebuttal of Evelyn Rawski's Reenvisioning the Qing*.

¹⁴ Rawski, 1996.

¹⁵ Crossley 1999. Eugene Wang, 2005, describes wheel-turning kings as an exalted class of kings. He says that in Buddhist medieval lore the term was used to signify the fact that the wheel of the king's chariot goes unimpeded, p, 407, n.39.

¹⁶ Hanson, 2003.

The *Golden Mirror* was the first Chinese medical compendium published under imperial aegis with a combination of textual exegesis, comprehensive clinical subjects, and extensive use of mnemonics, diagrams and illustrations to reach as broad an audience as possible. Little is known about who used the *Golden Mirror*, how it was used and in what context. It is known that this was an attempt at standardisation of medicine or establishing orthodoxy. It was also one of the tools in the intellectual armoury of establishing Manchu control over both Chinese culture and the Chinese.¹⁷

Hanson also shows that the orthodoxy chosen was that of the Jiangnan style and with much leaning towards the style of Zhang Zhongjing.

With relation to Qianlong's strong proclivity for taking ginseng, it is of interest that prior to the establishment of the Qing Empire, the Manchus, or the Nurchens as they were then called, conducted a large trading operation selling ginseng, grown in their home territories, into China. After taking power, the Manchu government, as part of an effort to maintain the tribal character of the north-east (present day Jilin and Heilongjiang) fought a losing battle guarding a government monopoly on the thriving business of the production of ginseng.¹⁸ We do not have written records of the Nurchens, but it is likely that they also consumed ginseng, but as it was identified as very much part of Chinese culture, Kangxi saw fit to point out its shortcomings and to instead seek out exotic herbs from the west. The contrast was stark. Kangxi appears in the records as a critic of ginseng, while Qianlong could not praise ginseng highly enough. This contrast fits with the important factor that Qianlong's Chinese language skills were much stronger than his Manchu, suggesting that language is one determinant of acculturation.

It is clear from the Qianlong cases in the records that, like Kangxi, his health and his basic constitution were not strong. He suffered from a very poor appetite. He really could not eat much. Again, this goes against the incorrect popular image of emperors

¹⁷ Hanson, 2003, pp.111-112.

¹⁸ Fletcher, 1978, *Ch'ing Inner Asia c. 1800*.

gorging on rich foods and carousing. Some emperors did so indulge, but the evidence is that both Kangxi and Qianlong lived disciplined lives, if not bordering on asceticism.

It is also likely that Qianlong suffered terribly from anxiety. This suffering was some type of inner turmoil or emotional pain. The evidence is in the herbs he was taking and from the many pictures that we have of him. The herbs in his formulas usually contained herbs for calming his mind. It is worth noting that these herbs have their efficacy in strengthening the ‘blood’ in order to calm the mind. These herbs do not sedate in the manner of modern anti-depressant drugs. The *Inner Canon* had as its basis the concept that emotions could be read by observable signs such as face colour, demeanour and the eyes, to name a few.

Qianlong was first introduced to his grandfather Kangxi when he was aged twelve. His father, the Yongzheng emperor, made the introduction.¹⁹ It is said that Kangxi liked Qianlong immediately, enjoying his mature conversation and his knowledge of the classics. New research shows evidence that Kangxi calculated Qianlong’s *bazi* chart just before he died.²⁰ The reading was, ‘Great fate, but misfortune when young’.

The method of *bazi* and *suanming* was a method for understanding the world prevalent in imperial China. For Kangxi to be very interested in *bazi* was a norm. *Bazi* literally means ‘eight characters’ and was a popular method for *suanming*, or *calculating life*, whether past, present or future. This method was routinely practised to try to foresee events and to guide planning and courses of action. *Bazi*, closely related to diagnosis and medicine, was in the twentieth century largely considered to be superstition.

It is possible that Qianlong’s early circumstances had an effect on his psyche. Historians have written about Qianlong’s life of ease as a child. It is more likely that

¹⁹ Kahn, 1971, *Monarchy in the Emperors Eye; Image and Reality in the Ch’ien Lung Reign*. I am also grateful to Ye Xiaoqing who discussed this episode with me. Ye has extensively researched the primary sources of the Qing Palace records.

²⁰ Qing Palace archives researcher Ye Xiaoqing also related this to me.

he suffered emotional pain due to the neglect and ill treatment of his mother.²¹ His mother was a very low ranked consort. She had served Yongzheng once when he was sick, which is when Qianlong was conceived. She was not promoted and only had a moderate rank even after Qianlong was anointed as the heir.

The reliance on technology raises the question of the reliability or accuracy of Chinese medicine diagnosis. The frames of reference differ. The Chinese physicians were sensing *qi* and not diseases as is understood in modern biomedicine. The physicians in China whether it be Ming, Qing or any other ruling dynasty, had very limited recourse to gathering information from their patients apart from the signs pertinent to assessing *qi*.

Technology was non-existent, physicians relying on human judgment. Physicians throughout history were alleged to be able to sense or to perceive what was happening in the patient's body, and mind. The legendary Bian Que was said to be able to see everything in a person's body. Rationalists assert that is the stuff of legend and mere superstition. This may be so, but Bian Que was not the only physician said to have such insight. The question must be considered.

How did these physicians diagnose their patients with so little information presented to them? In the Imperial Palace, other than kowtowing to the patient, if of the imperial family, a physician needed to remain kneeling as long as the patient was present. He was not permitted to gaze at the patient. Although sometimes, the imperial patient would allow physicians to ask questions regarding the illness, physicians would hesitate to take advantage of this privilege. This approach would be disastrous in an evidence-based medicine model. Nevertheless, there have been many physicians who it has been said could see things that technology cannot, the rationalists dismissing claims such as these as superstition or simply trickery. This question touches on ways of seeing the world and what knowledge is based upon. Buddhist consciousness speaks of knowing the unknown and different realms of consciousness beyond a simple materialist understanding of knowledge. This area has been little researched. It

²¹ Again, Ye Xiaoqing related this to me.

is also easy to dismiss Kangxi's approach to health of praying to his Manchu ancestors.

Observing Qianlong's portraits may serve as an example. According to the art of *kan mianxiang* or physiognomy, Qianlong had a weak constitution, but he would gradually achieve some kind of stability in health as he got older. This reading corresponds with his *bazi* reading. His sadness shows in his eyes. He was introvert by nature. I am not claiming these readings as facts. I am attempting to show how a physician would go about diagnosing him without any recourse to reports. His face also shows very clearly he was a worrier, which affected his appetite and his digestion. The sceptics would argue that this reading was just deduced from the records.

Firstly, I purposely looked through all the pictures I could find of Qianlong, before looking through his records. Secondly, the records do not specifically discuss the condition of his health. Rather, we find in the records the herbal prescriptions he took, with very scanty discussion of his symptoms and signs. The signs in his eyes and face are very clear, according to orthodox Chinese medicine. The signs described are in the shape of his nose, his forehead, chin and cheeks. Since this thesis is not an instruction manual in Chinese medicine we do not go into details but suffice to say the face is regarded as a microcosm of the whole body, with the face representing a three dimensional map of different parts of the body. This way of reading faces was conventional and is articulated in *Inner Canon* thinking.

The assessment of Qianlong's condition corresponds with the written records, even though his symptoms and signs are scantily discussed. That Qianlong took ginseng with such regularity indicates a weakness in his constitution. The other herbs in Qianlong's formulas that he took often were to aid digestion and to calm his mind. That he needed herbs for calming shows that he indeed had a lot of worries on his mind. While the more accurate picture of Qianlong as a man prone to worry which affected his appetite and as a man prone to suffering deep sadness can be detected in the medical records, this image was never presented to the public.

A persona of an emperor with such human frailties would have not fit with the image of the super human wheel turning king as he was portrayed. To display vulnerability and frailty to the public, qualities in evidence in Qianlong's psyche, would have been detrimental to the project of ruling the conquest empire. That the slayer of enemies of the empire was an introverted, sensitive soul who liked nothing more than writing poetry is a delicious paradox.²² It shows that reality is always more complex than the image presented to the public. In Qianlong's case he presented himself as a sensitive scholar and warrior all in one. The medical records show that there were two sides to this story. The package presented to the public and presented to the world did not include his vulnerable side. This is not surprising but is an issue that most historians fail to consider.²³

While on the subject of diagnosis by observation of patients' faces, Kangxi's portraits also show a similar correspondence with his cases. Kangxi's face displays a very weak constitution and shows that he suffered from the cold. His face shows that he would catch cold easily and suffer from cough. Despite the fact that he fathered fifty-five children, he was not strong in the area of sexual performance. Ray Huang, in 1587 has a discussion about the question of the emperors and sex. He shows clearly that for many emperors, procreation was a burden.

For Kangxi, the cases imply that he needed medicinal assistance to perform his bedroom duties. Chinese medical theory pays a lot of attention to sexual stamina and ability as being directly related to general health. Kangxi's face shows that he suffered from deficiency of *yang qi*. This condition corresponds very closely with his case records where we learnt that he suffered from cold and was accordingly prescribed very strong medicines in an attempt to remedy this.

Turning to his personality, the main thing is that his face shows that he had great determination and was single minded in achieving his goals. He suffered from sadness and enjoyed his own company. Again, this is not an exact science. Diagnosis remains subject to human judgement. The evidence is in his portraits and it is for the

²² Perdue, 2005, shows, in great detail, the ferocity of the Qing campaigns to annihilate the Zhungar Mongols.

²³ Crossley, 1999, is an exception. She suggested that Qianlong was a master of public relations.

practitioner to use his or her own senses to gauge the patient's condition. Kuriyama explains that this way of deducing depths of meaning behind subtle changes in the face, undetectable to the untrained eye, was central for Chinese physicians.

Like Qianlong, we see that Kangxi suffered sadness. One may argue that everyone suffers some type of sadness. This is not the point for Kangxi and Qianlong. The point is that, according to Chinese medical norms of diagnosis, their sadness was deep and chronic, and to add to this, was a deep-seated fear. Which physician would have dared to write that Kangxi and Qianlong suffered from fear? Obviously, none dared to do so, but most Chinese physicians would have agreed that such levels of kidney deficiency equated to a deep-seated fear and psychological vulnerability. This theory is very standard theory from the perennially cited *Inner Canon*. The key point is that these emperors were only human. This thesis suggests that in assessing Chinese history and its rulers, balanced judgement should neither demonise nor deify key figures in Chinese history, as historians are apt to do. I further suggest that this applies to history in general. It is possible to be balanced and nuanced in assessment if we accept that any person, whether emperor or slave, is merely human.

After commenting on the health of Qianlong, and Kangxi, we turn to Qianlong's daily habits in *yangsheng* [养生] or staying healthy. If Kangxi was eclectic in his approach to knowledge, Qianlong also adopted a diverse approach to culture, but in a different way. Qianlong's aim was to show that he was embracing of Chinese, Mongolian and Tibetan culture. He also maintained Manchu customs. Any deep interest in medicine from the west was not evident in Qianlong's case.

We may compare two conflicting sets of records with regards to Qianlong's daily habits in particular relating to *yangsheng*. It is possible that they are both true, reflecting different periods of his life. It is also possible that they were manufactured for his respective constituencies in order to win the allegiance of his subjects. The following is from the records examined by Chen Keji.²⁴ Chen takes the records at face value and is convinced of their veracity. He comments that Qianlong 'did practise

²⁴ Chen, 1992, p. 7.

inner cultivation'. In the Chinese sense, these would be a set of exercises, of both mind and body, to strengthen and harmonise one's inner *qi*.

The records compiled by Chen show that Qianlong got up at six o'clock each morning. He kept a disciplined schedule. He ate only two meals a day, at eight and two. He exercised upon awakening, attended to state business after breakfast and spent the afternoons reading, painting and practising calligraphy. He maintained this schedule, wherever he went, well into his later years. The official records claim that upon waking he would find a place with pure, fresh air and do intensive breathing exercises.

The records list Qianlong's exercise regime as including knocking the upper and lower teeth together, swallowing his saliva, plucking his ears. Rubbing of his nose, rolling his eyes, and kneading his feet, followed these routines. Finally he would stretch his limbs and raise his arms. These exercises are not remarkable in themselves. This is a standard set of exercises practised by Chinese people for thousands of years. Millions of Chinese people still do these exercises on a daily basis. The significance of these exercises associated with Qianlong is the evident process of sinification. Whether he practised these exercises or not, he felt that he needed to be seen as a Chinese ruler, to his Chinese speaking subjects at least, if not to his Manchu, Mongol and Tibetan subjects.

Another version is presented to us, with research by the historian Wu Shizhou showing that Qianlong's schedule was at variance with the official record.²⁵ He recorded in detail one day, 28 January 1765, in the life of Qianlong. Wu claims this schedule as a very typical day in the emperor's busy life. There is no mention of exercises. Rather, Wu claims that Qianlong would get up before four. His first duty would be to commune with the ancestors. This was in accordance with Manchu shamanist beliefs. On this particular morning he prayed to his ancestors alone. On other days he would participate in Manchu shamanic rituals.

²⁵ Wu, 2006 or Barme, 2008, pp.72-75.

We cannot be sure which version is closer to the truth. The Wu version sounds more plausible, if we accept that Manchu shamanic rituals were important for the Qing emperors. This is not an activity that he would have advertised to his Chinese subjects, knowing their sceptical attitude to these rituals. In contrast, Kangxi looked askance at such Chinese exercises and openly preferred hunting and horseback riding.

Wu goes on to say that after the morning worship, a pig was sacrificed according to Manchu tradition. The slaughtered animal then had its blood drained, following which it was partially cooked and distributed among the members of the household. Having a share of the greasy unsalted meat was a Manchu rite jealously fought over. Gradually this practice died out as the Manchus lost their taste for almost raw pork. The Manchu imperial family, as patrons of the multi-ethnic empire, had shrines placed at various places in the Imperial Palace, with incense and candles a consistent feature. Qianlong was especially attentive to the Buddhist temples in the Palace.

The unofficial records, researched by Wu, show a Qianlong emperor as keen on Manchu shamanic rituals as was Kangxi. Crossley argues that Qianlong was as self consciously Manchu as Kangxi was, but that Qianlong mastered the art of politics with a keen sense that he needed to employ good public relations strategies in order to knit the many disparate strands of the empire together.²⁶ By appearing as a great fan of Chinese classical learning, including classical Chinese medicine, he could exert Manchu control of this field as well as win over the largest group in the empire and the one with arguably the most intellectual capital. This was a deliberate strategy that was likely to have been crafted in Qianlong's mind from a young age. He had seen that his father, the Yongzheng Emperor had been embroiled in the notorious Zeng Jing case. The failed scholar, Zeng Jing, had tried to incite a rebellion against Manchu rule, accusing Yongzheng of regicide and patricide among other crimes, and all of this, according to Zeng Jing, was due to the barbaric and uncouth mentality of the Manchus.²⁷ Yongzheng, in an extraordinary turn of events, pardoned Zeng Jing, and conducted an empire wide education campaign stressing that the Manchus had now joined the ranks of civilisation. When Yongzheng suddenly died, one of the first acts

²⁶ Crossley, 1999.

²⁷ Spence, 2001.

of the new emperor, his son, the Qianlong Emperor, was to execute Zeng Jing. Qianlong was not hesitant in employing brute force to consolidate Manchu rule, while employing a sophisticated public relations strategy, unrivalled in the world at the time.

Moving onto another area of *yangsheng* and Chinese medicine, cuisine and diet remain an integral part of the consideration for physicians and patients in general. We saw in an earlier chapter the central importance of the meal in the world of the cultivated Chinese. The other aspect to consider briefly is that all foods were determined to have particular medicinal properties. Food and drink in a complex symphony of combinations and scales of efficacy merged aesthetic sensibility with the pragmatism of a particular physical effect on the body. Used by a skilled physician, foods become, in effect, medicine.

Further research may reveal how this applied to the inner workings of the Qing Imperial Palace. What Qianlong, and any of the other emperors ate, is not known for certain. The records state what was prepared, but the emperors did not necessarily eat everything on the menu. Many aspects of palace life were top secret, which has meant there are many unofficial histories of the emperors. The official record *Ledger of the Imperial Kitchens* shows that before the Qianlong period the emperors were fond of deer, bear, chicken, beef and lamb. Pork was not mentioned, as it was part of ritual fare. By the time of Qianlong's reign, the Manchu diet had become more accustomed to Chinese tastes and swallow's nest and duck began to feature most often. Old Manchu favourites such as deer tail and deer tendon still retained their popularity, the menu growing in diversity.²⁸

Some recent research has found evidence that the later Qing emperors abstained from eating beef, while the general Manchu population continued to partake of that meat.²⁹ This was interplay of Manchu and Chinese values. The Manchus had no problem with eating beef. The Chinese refrain from eating beef was a moral issue, for a number of

²⁸ Barme, 2008, pp. 79-80.

²⁹ Again, I am grateful to Ye Xiaoqing, who found evidence of this while researching the Qing palace records.

Chinese farmers, buffaloes being considered as almost part of the family. An analogy could be the western aversion to Chinese eating dogs. The Manchu emperors' abstinence was part of their acceptance of their gradual acceptance of Chinese customs.

Qianlong did not avail himself of Jesuit physicians. His passing saw the end of the High Qing period. The Qing Empire began to encounter severe challenges following his reign. In terms of health and healing, Qianlong's passing was the end of the last period in which ideas in medicine in China would not be challenged by the west. Ideas such as *bazi*, and *kan mianxiang* would, in the following century, be gradually challenged as superstitious godless practices.

Qianlong, like Kangxi, paid attention to his personal health, but unlike Kangxi, he was not recorded as criticising Chinese medicine. He also paid attention to Manchu shamanic practices as well as Buddhist practices. An examination of Qianlong's face and physique show him to be of a weak constitution. Despite this, he appears to have been free from suffering and serious illness, in contrast to Kangxi. To reach the conclusion that Qianlong enjoyed much better health than Kangxi because of his proclivity for classical Chinese medicine may be simplistic. There may have been other factors and we must keep in mind that Qianlong had employed a deliberate strategy of sinification to present to his Chinese subjects.

The records of Kangxi and Qianlong are both replete with their opinions and views. While Kangxi had deep reservations about Chinese medicine he seemed not to complain. His writings evince a stoic acceptance of pain and suffering. In contrast, Qianlong promoted Chinese medicine, as he understood it. He was a keen advocate of ginseng among other herbs. Going further, he is recorded as assiduously and enthusiastically taking the medicine on an almost daily basis. Some may argue that there is no proof that Chinese medicine was the reason for his avoidance of serious illness and suffering. It may be that Chinese medicine helped him a lot in terms of disease prevention. The records also depict him as a good patient, living a disciplined and regular lifestyle. According to the medical records, despite the weakness of his physical constitution, Qianlong enjoyed the best health of the Qing emperors

discussed in this thesis. This is interesting, as historians generally attribute the Qianlong reign as being the zenith of the Qing.

Whether there was a connection between equanimity of mind due to attention paid to good health and a capacity to rule effectively cannot be proved. It may be so but there is also a possibility that the Qianlong records were constructed to portray enthusiasm for Chinese medicine. Even if this was the case, the evidence over many decades seems to show that Qianlong did enjoy the benefits of relatively good health combined with the discipline of being a good patient of Chinese medicine. The contrast with the headstrong and doubting Kangxi could not be starker. In popular belief it is common for Kangxi to receive praise for his openness to the west in contrast to Qianlong's disinterest in learning from foreign lands.

The conclusion reached by many is that this attitude of Qianlong laid the conditions for the demise of the Qing. The complexity of this debate defies any answers here, but it remains clear that Qianlong's interest in and support of Chinese medicine laid a clear foundation for the type of Chinese medicine that was practised well into the twentieth century and that is being globalised in the twenty first century. In this regard, the Qianlong reign was significant in medical terms and its effects still impact on the world today. I also believe that a conscious effort at sinicisation does not preclude being open minded to other cultures. The sophistication of Qianlong's strategy is yet to be appreciated by many historians.

The Qianlong reign saw conscious imperial patronage of Chinese medicine. The same could not be said for the reign of any other Qing emperors. The successors to Kangxi and Qianlong, though, are not recorded as displaying scepticism towards Chinese medicine. It appears that they accepted the template established by Qianlong as exemplified by the *Golden Mirror*.

Tongzhi

The records compiled by Chen Keji contain detailed discussion of the Tongzhi case.³⁰ While the palace records are my primary source, I also looked at the work of Chang Che-Chia for corroboration.³¹ This section looks at the case of the controversial death of the Tongzhi emperor.

Tongzhi was the only surviving son of the Xianfeng [咸 丰] Emperor and the Empress Dowager Cixi. Most historians wrote that the Tongzhi emperor died from syphilis as a result of a dissolute life spent mainly in brothels. He lived from 1856-1875. His reign started in 1861. Tongzhi's father, Xianfeng, while still in his twenties, often felt fatigued. The court physicians suggested he drink deer blood, which he took daily. While he was on the throne, the western powers' assault on Beijing forced him to flee with his court. Without his deer he fell ill and died. Some say that he died of grief, *shang xin* [伤 心], having to flee his Palace and to beat a hasty retreat being a shocking humiliation. It is said that Xianfeng's father, the Daoguang [道 光] Emperor, in a similar fashion, fell ill and went into a decline after the humiliation of signing the Treaty of Nanjing. Daoguang lived until age sixty-seven while Xianfeng was only thirty when he died.

The death of Tongzhi sparked decades of scurrilous rumour about the manner of his death. For an emperor to die of syphilis was scandalous. For the critics and enemies of the Qing it was a sure sign of the moral decay of the empire. The official announcement that Tongzhi died of smallpox was assumed by most to be a fabrication to preserve the reputation of the emperor.

A major source for the rumour of death from syphilis was Robert Hart, the Inspector General for Customs, working for the Qing court.³² The only scholars who believed that Tongzhi died of smallpox, and not syphilis, were the ones with access to the archives. With the recent publication of the records a majority of scholars now concede that Tongzhi did indeed die of smallpox. The detailed records are convincing

³⁰ Chen, 2006, pp. 1347-1368; pp. 2246- 2255.

³¹ Chang, 1998.

³² Seagrave, 1993, *Dragon Lady*, p. 134.

and are corroborated by a senior court official's diary, whom was believed to have been involved in the cover up.³³ Some have questioned whether this official collaborated with the court to write similar accounts of Tongzhi's fatal illness.

Following is a summary of Tongzhi's final case history.³⁴ Further investigation shows that Tongzhi's illness was quite sudden, fitting smallpox, while syphilis takes years to reach the point of death. Tongzhi suddenly fell ill in late 1874. His condition was acute with severe symptoms such as high fever, sore lower back and sore throat. He had dry purple pocks on his body. His pulse was recorded as floating, thready and rapid. He was very weak and felt nauseous. He was diagnosed as having an external wind invasion with a lack of *yin qi*. This description is typical of a case where an external pathogenic factor assaults and enters the body. It also describes a case where the patient lacks in fluids. It approximates the Chinese medicine diagnosis but does not do justice to the full depths of meaning embedded in Chinese medicine theory.

He was prescribed the following herbs.

Sheng Di [生地] Rehmannia; *Xuan Shen* [玄参] Ningbo Figwort Root; *Niu Bang Zi* [牛蒡子] Burdock seeds; *Lu Gen* [芦根] Reed.

The strategy was to nourish the *yin* fluids while releasing the exterior. In layperson's terms, these herbs could cool fever and repel the pathogen. This formula worked well. The pocks erupted which was the desired result. This meant the pathogen could be released from his body. His pulse changed to floating and flooding showing that the fever was not as dangerous. His recovery was not complete yet and on the second day he still felt unwell. He had constipation. His pulse was deep and rapid. His new diagnosis was heat in the lung and stomach. He continued taking the cooling and moisturising herbs and after a week his condition was much better, his skin blotches less purple.

³³ The official was Weng Tonghe, Chang, 1998, pp. 108-109.

³⁴ Refer to Chen, 2006, pp. 1347-1368 and pp. 2246-2255. Corroborated by Chang, 1998, pp. 84-122.

He had a team of court physicians treating him, the senior being Li Deli [李 的 立]. Li's diagnosis was that the emperor was very deficient in kidney *qi*, which was a cause for recovery being so difficult. Although feeling much more comfortable, he had not achieved complete recovery. His head was still sore although a lot better.

On the ninth day the emperor suffered a relapse. His pocks flared up again. He had terrible trouble sleeping. To add to the suffering, he caught a cold. The pocks began to fester. He had pains in the trunk of his body. He felt swollen. He could not even straighten his arms. Li Deli's diagnosis was that the disease had entered the channels and collaterals. He was critically ill. He had blood in his urine. The herbs he was taking to clear toxins were not working. His health then precipitated sharply. He had pustules over his body. Li Deli said he had not much hope.

On the nineteenth day a sore on his waist was pus-ridden and festering. He had three big pus filled sores. Over the next few days, these sores joined into one big festering sore. Some new doctors were brought in to apply an external paste.³⁵ This paste combination did not help. His fever grew worse. His gums were festering and bleeding. His breath was malodorous. His consciousness was clouded. His *qi* was almost gone. Finally he could not swallow, so he was not getting any fluids down. His mother, Cixi, agreed that the situation was hopeless. She agreed that Tongzhi's agony was unbearable and it was decided in consultation with the team of advisers and physicians to cease feeding and treatment. Tongzhi died an agonising lingering death after suffering for five days in this deteriorating condition. From this agonising account, it is no wonder that the Manchus had a horrible and morbid fear of smallpox.

This passage has been of most interest to historians for its quite convincing verdict that Tongzhi died of smallpox. The account in the records compiled by Chen looks

³⁵ It comprised the following herbal ingredients: *Mu Xiang* [木 香] Aucklandia; *Dang Gui* [当 归] Angelica; *Rou Gui* [肉 桂] Cinnamon Bark; *Fu Zi* [附 子] Aconite (lateral root); *Chuan Bei* [川 贝] Fritillaria; *Cao Wu* [草 乌] Aconite (main root); *Cang Zhu* [苍 术] Atractylodes; *Long Gu* [龙 骨] Fossil Bones; *Bai Zhi* [白 芷] Angelica Dahurica; *Shan Jia* [山 甲] Pangolin Scales; *Ru Xiang* [乳 香] Frankincense; *Tou Gu Cao* [透 骨 草] Speranskia.

quite clear and straightforward with the medical treatment being conventional and uncontroversial.

Of interest to scholars in this context is the work in English by Chang Che-Chia, who has a detailed analysis of this case. Chang examines the official records and other sources. Chang discusses in detail notes from the diary of Tongzhi's tutor Weng Tonghe [翁同和].³⁶ Weng went into a day-by-day account following his suspicions that the herbs prescribed by Li were on the wrong track. Weng's account of the herbs prescribed differs from the official records. Chang, in his thesis, correctly makes the point that Weng had no knowledge of medicine so could not speak with any authority. There are two major points to make about Weng's case notes and his complaints about the herbs prescribed which differ markedly from the official records. If the herbs prescribed by Li are the ones that Weng records then it is no surprise that Tongzhi's deterioration was so rapid. There is gross inconsistency in the logic applied and in my opinion, now speaking as a physician, just wrong. It is doubtful that these were the herbs given, it being more likely that Weng was confused.

The second point is that Weng's arguments about the herbs are plainly wrong. To give just one example of many, he complained that Li had stopped giving warming medicines and changed to cooling medicines such as cinnamon. Basic knowledge in Chinese medicine says that cinnamon is warming, not cooling. Weng was likely to have been confused by the complexity of the case and the treatments therein. Chang is closer to the mark in saying, 'the imperial physicians had no intention of explaining everything'. Medicine is a complex field by no means easy to explain to the layman. They would have found it difficult to explain the intricacies of their treatment strategies to Weng.

Also of interest to scholars, Chang put the argument forward that Tongzhi died of stomatitis, a sequelae of smallpox.³⁷ Chang claims that Li Deli did not understand the nature of bedsores. He suggests that Li should have prevented the bedsores by keeping the patient clean, encouraging him to move about and most importantly

³⁶ Chang, 2006, pp. 84-122.

³⁷ Chang, 2006, pp. 118-120.

preventing the patient from staying in bed. He claims that traditional doctrines did not pay attention to the care of bedridden acute patients. Chang claims the main lesions were drained and dressed but probably not kept clean. He claims the continued festering directly led to the systemic infection that allowed the stomatitis to develop and become lethal. He claims the limitation of the doctrine caused Li to miss the point and fail to achieve his goal, this ignorance allowing Tongzhi to die needlessly.

This argument is very surprising. Basic materia medica in China for centuries had recorded treatments for bedsores. Chang's otherwise excellent and informative analysis seems to be applying values of modernity. It is probably not that Li did not understand the emperor's condition, but that his whole medical approach differed from that of modern biomedicine. Biomedicine pays attention to what Li would have considered to be superficial factors in matters of health and healing. For Li, the internal factors, and in particular *qi* were crucial in his consideration. It is doubtful that Tongzhi would have survived even if he were moved around to try to relieve his sores. The signs in his pulse and other vital signs were very clear. His *qi* was devastated, the very reason why he and his defences succumbed and fell victim to the sores. Applying a biomedical approach is problematical if we are to assess the state of Tongzhi's *qi*. Kuriyama put it very nicely when he said that physicians in China perceived the world and the human body very differently to the positivist approach of biomedicine.³⁸

The numerous reports that Tongzhi frequented brothels and that this was where he contracted syphilis may remain inconclusive. If he were a keen patron of brothels, in the logic of Chinese medicine, this activity would have weakened his *qi* and spent his kidneys in particular. The question also arises of why he would need to frolic in brothels. He had his own harem. The apocryphal stories are more likely to have been rumours designed to discredit the Qing imperial house, vulnerable and limping as it was. The strong hint in the medical records was in Li's comment that the emperor's kidneys were spent. In *Inner Canon* theory one spends one kidney *qi* by over indulging in sex. This does not mean, though, that he had to leave the palace to satisfy his indulgences. If one has weak *qi*, one becomes a perfect candidate to fall ill or to

³⁸ Kuriyama, 1999.

pick up toxic *qi*, whether it is smallpox or something else like bedsores. The records show quite conclusively that Tongzhi died of smallpox. This does not rule out that he also had syphilis. Moreover, if the stories of carousal were true, this clearly would have been a precipitating factor in his succumbing to illness.

A final twist in Tongzhi's case is that Li Deli's great grand son Li Zhisui claimed in 1994 that Li Tingrui [李廷瑞], Li Deli's eldest son, once asked his father about this case, who said that Tongzhi had died of syphilis, not smallpox.³⁹ He claimed that Cixi forced him to record smallpox as the cause of death in the diagnosis reports and to treat him accordingly. He said that mistreatments caused Tongzhi's death. If this account is true, then all that Li recorded was falsified. This is the same Li Zhisui who was the court physician to the Chairman Mao Zedong, the modern emperor, and who would later publish the scandalous memoirs detailing Mao's large sexual appetite. Most scholars do not regard Li Zhisui as a reliable source.⁴⁰

The reliability of the medical records themselves has been called into question in the Tongzhi case. This creates a problem for the historian. My assessment, though, is that Tongzhi died of devastated *qi*. My assessment from the medical records is that he was weak and sickly and therefore very vulnerable to serious illness. Even though the records are confusing, there is enough evidence to conclude that Tongzhi was frail and lacking the physical ability to sustain a normal healthy life. Again, the evidence is in the pulse and other signs recorded by the physicians. His vulnerability and

³⁹ Chang, 2006, pp. 110-111.

⁴⁰ The modern day emperor of China, Mao Zedong, although not officially endowed with that title, suffered the indignity of having one of his physicians Li Zhisui publishing his hefty memoirs in *The Private Life of Chairman Mao*. These accounts supposedly reveal Mao in all his sordidness, ruthlessness and lasciviousness. Most scholars dismissed this as not a serious work, although some took to these supposed medical accounts with enthusiasm. One is reminded here of Chang Che- Chia's discussion on the reliability of medical records and the implicit prejudices loaded into any interpretation, medical or not. The Chairman may have been as so described by Li, and more, but the reality of any patient's case usually is that there are more nuances and it is not easy for any public account to achieve a good balance.

dissipated lifestyle made him an easy victim of smallpox. In contrast to Kangxi and Qianlong, it is likely that Tongzhi lacked the discipline and devotion to duty that enabled them to sustain lengthy life spans.

The image of the hardy Manchu took a severe battering with the death of Tongzhi, especially in the wake of the premature deaths of his predecessors, the Daoguang and the Xianfeng emperors. Had the Qing public relations machine of the Qianlong reign fallen into disarray? Images of Manchu robustness were in short supply. Or was it that the Qing had met equally wily adversaries in the emerging British Empire and its hangers on, skilled in the black arts of misinformation and destroying reputations? I suggest that due to a combination of internal factors coupled with the arrival of the wily British Empire builders, the Qing public relations machine had met its match. I argue that this thesis shows that by analysing the medical records, another angle is opened to further understand this problem.

Whereas the case of the Tongzhi emperor reveals the complexity, due to both political and medical reasons, of determining his final cause of death, the conclusion of Guangxu's reign was even more politically charged.

Guangxu

In November 2008, the Chinese government announced a verdict in a case that had puzzled historians for a century. Using new forensic technology, an examination of the Guangxu emperor's remains concluded that he had died from severe acute poisoning.⁴¹ This declaration reversed the verdict of a previous forensic examination of his remains, which was carried out in 1980.⁴²

The Guangxu emperor lived from 1871-1908. His reign lasted from 1889 until his death. These were the years of the Qing Empire's final agonising decline. As the Empress Dowager's nephew, he had become emperor at age four. Unlike previous

⁴¹ Fenby, 2008, *History of Modern China*, p. 112.

⁴² Again, the principal source is Chen, 2006, pp. 1483- 1811; pp. 2373- 2390. The major secondary source is again Chang, 1998, pp. 205-237.

child emperors, Guangxu never took a proper grip of the emperorship. His ancestor, Kangxi had assumed the throne at age seven. Upon reaching adulthood, with fierce will and determination, he took control for himself. He had his former mentor, Oboi, who found it hard to let go of the reigns of power, put to death for his obstinacy. In a previous period, the Ming emperor, Wanli took control for himself when he had his former tutor Zhang Juzheng's family arrested and the estates confiscated.

Guangxu was not endowed with the same qualities. His relationship with his aunt, the Empress Dowager Cixi was tenuous and problematical. Most historians blame Cixi for this sorry state of affairs. This is only telling one side of the story. A Kangxi type character would not have blamed Cixi for his own troubles. Guangxu is most well known for having launched the Hundred Days of Reform. Among most historians he receives sympathy for this failed attempt to wrench China into the so-called modern age. In the works of many historians he is described as being bullied and misunderstood by the imperial family. There is speculation that if he had his way he may have introduced a constitutional monarchy, along the lines of the British system.⁴³ That was not to be and we will never know what he would have ended up doing if he had survived and gone on to wield more power. The case of Guangxu dying just one day before Cixi, at the age of only thirty-seven, remains clouded with political intrigue and suspicion of murder.

There are voluminous case records of Guangxu from the archives. As in the Tongzhi case I use the primary sources to analyse his death while seeking corroboration from Chang. Guangxu's health has been extensively researched and commented upon in volume after volume. The records show him falling ill and dying over a few days. Guangxu's death coincided with his aunt, the Empress Dowager. Cixi died only twenty-two hours after Guangxu, at the age of seventy-four. It is commonly assumed that Guangxu was murdered. The evidence of Guangxu's personal assistant Yun Yuding [恽毓鼎] was an example of the reports that built the case that he was

⁴³ I base this suggestion on a discussion with Daniel Kane. He is working with Ye Xiaoqing on a forthcoming article on Guangxu's reading collection. Ye found detailed records of Guangxu's reading, perhaps reflecting his thinking at the time.

murdered.⁴⁴ Yun insisted that Guangxu was in excellent health and was seldom sick. Yun claimed that Cixi said that she could not die before Guangxu. Numerous others also testified that Cixi ordered eunuchs to assassinate Guangxu.

The last Qing emperor Puyi [溥仪] (1906-1967) claimed that he had heard a rumour from an old eunuch that Guangxu had been doing well, but deteriorated sharply after he took a medicine on November 14, and in a few hours he died.⁴⁵ According to this version of events, Yuan Shikai, the famous general and future President of the Republic of China, had supplied the medicine, or rather poison.

Four attending physicians offered contradictory accounts of this event.⁴⁶ It is difficult to assess what really happened. If we accept that these physicians were well-educated intelligent people, then it is reasonable to believe that something very suspicious

⁴⁴ Chang, 1998, pp. 205-206.

⁴⁵ Chang, 1998, p. 206.

⁴⁶ Chang, 1998, p. 207. Lv Yongbin [吕用宾] claimed that Guangxu had no serious health problems. He claimed that Cixi summoned a number of doctors from the provinces and asked each of them to prescribe herbs to Guangxu knowing that they would give conflicting herbs thereby causing his demise. Lu maintained that this was a deliberate plot hatched by Cixi. This claim sounds very far fetched. Arranging a number of doctors to prescribe herbs with the expectation that Guangxu would die, seems very unbelievable and a ridiculous way to commit regicide. If this really was Cixi's intention, this seems hardly an efficient method. The odds of Guangxu dying from random prescribing of herbs would have been remote. Qu Yongqiu [屈永秋] (1864-1954) had trained in Europe. He said that Guangxu was sick, but was getting better after being treated with western medicine. In 1936, he told a journalist that three days before Guangxu's death he found new symptoms, including a greenish hue on Guangxu's face and tongue. Guangxu also complained about acute stomach pain. He said this was inconsistent with his earlier symptoms. Qu's evidence could point to poisoning. A different version produced by Du Zhongjun [杜鍾骏] claimed that Guangxu had been suffering from some kind of illness. He claimed that this illness clearly killed Guangxu. He says Guangxu was badly ill in the fall of 1908, and that he predicted Guangxu's death four days in advance. Even more confusingly, Zhou Jingtao [周景涛] left three different versions of the event. One of his versions claims that Guangxu may have died of hunger.

probably occurred. Because the stories were so conflicting, there was obviously some deliberate fabrication. To lie in the official records is not something that people would do lightly, as it was the equivalent of the present day offence of perjury. It appears there was something to hide.

The official records say that Guangxu died suddenly of illness. Similarly, Chang Che-Chia, on the basis of official records and other sources, suggested that Guangxu was not murdered but died of illness. After an exhaustive examination of the records, Chang found no evidence of murder. The 1980 forensic examination that announced the verdict of no evidence of poisoning seemed to reinforce Chang's conclusion, although this was contradicted by the 2008 verdict. In any case, this raises questions about the reliability of the official records. Thus we may never know what really happened. If he really was poisoned, the three main suspects are Yuan Shikai [袁世凯], Li Lianying [李莲英] (Cixi's chief eunuch) and Cixi herself.

I fear to digress, but the point should be made, that in cases surrounding the deaths of rulers, the power of rumour in high politics is very evident. Whatever really happened, rumours are able to take grip in the popular imagination and be sustained over decades and crossing centuries. This was so with the Guangxu case and the Tongzhi case. The Dowager Empress Cixi, looked at in chapter four, is still the victim of persistent rumour, not only in Beijing and China, but also throughout the world.

We started with Guangxu's death. Turning to the records we now briefly look at his health history. During his time on the throne, Guangxu's health was the focus of attention of the western powers. The west and Japan had their own motives, jockeying for position, as they were, for a slice of Chinese proverbial pie, tasty morsel that she appeared to be.

Several western doctors also gave medical reports insisting that Guangxu suffered from terrible health problems. One western physician even examined Guangxu at

length.⁴⁷ The reports were quite conclusive from both Chinese and western physicians that Guangxu was very frail and chronically ill. It is no wonder that Chang concluded that Guangxu died from illness. He was so chronically ill that it is a surprise that he lasted for as long as he did. Looking at the case from this angle it could be very reasonable to conclude that Guangxu fell seriously ill and died when he knew of Cixi's illness. This verdict could still be possible, even in spite of their fraught relationship.

Furthermore, looking at Guangxu's case from this angle it is reasonable to conclude that, with regard to her handling of Guangxu, most historians have been unkind to Cixi. Simply put, Guangxu was so ill as to simply be incapable of ruling. The voluminous records indicate he was very sick for his whole life. Page after page of records describe his multiple illnesses in detail. To summarise his health in a paragraph is inadequate but one can capture the essence of it.

From a young age, he suffered from nervousness, being terribly fearful, and having constant nightmares and insomnia. The physicians attribute this to his neglect and maltreatment as a child. Cixi's sister, who was said to be quite mad, had brought him up, tormenting the young Guangxu. He had many other problems, such as being in constant pain. In modern biomedicine he would have been diagnosed with fibromyalgia. He had terrible digestive problems. He suffered from very weak sexual function, being impotent most of the time. He suffered from urinary leakage and constant leakage of semen. The list may go on. He was never a happy person, nor confident. His stammering in public hurt his confidence even more. It is no wonder that he could be bullied. Once on this cycle of depredation, it would require more than average courage to get out of this mire. How the mighty Qing emperors had fallen. It had come to this. A once apparently vigorous Qing palace was as prone and probably clueless. Other historians may debate how this happened.

Speaking from a physician's perspective, the *qi* had gone. The embodiment of the empire, the emperor was exhausted even as a child, spending days in bed. Could Chinese medicine not help? It kept him as stable as was possible, but keeping

⁴⁷ Chang, 1998, pp. 209-210. A Frenchman, Dr Detheve, examined Guangxu after pressure from the western powers.

Guangxu alive would have been a major challenge. According to the medical records, he was that sick.

For the physician trained not to discuss patient's cases in public there is always awkwardness in discussing patients' cases. Guangxu's case brings the most difficulty in this regard. Speculating on the available evidence, and from medical experience, Guangxu was weak willed, fearful, jealous and spiteful. This assessment was reached after careful examination of the medical records. To reiterate, it was normal practice to link physical symptoms with emotions and the psyche. It is known as the *shen*, linked to the heart/mind. A distinguishing feature of Chinese medicine, as discussed in the first chapter, is that the heart/mind [心] is key in the therapeutic encounter. This is as true for every person as it is for physicians. The *Inner Canon* reminds us that the heart/mind has a key role in determining physical health. It is interesting to note that there is so much unflattering evidence in discussing Guangxu. Keeping in mind the desire of the Qing emperors to project a persona of strength, this leads to the conclusion that the records were on the whole reliable with regards to his general health.

If we look back to the Emperors of the High Qing, Kangxi and Qianlong, neither was endowed with especially strong *qi*. Indeed, they were both quite physically frail. While being physically frail all the evidence points to their ferocious strength of character and their potency. As discussed earlier, Chinese medicine places great store on strength in sexual function as being roughly equivalent to general robustness of health. Despite fathering many children, the evidence in the records shows clearly that Kangxi and Qianlong were not great sexual athletes. Overcoming these difficulties, Kangxi and Qianlong led potent lives, exerting their wills in forging a powerful and exuberant Qing empire. The difference with Guangxu lay with the difference in his heart/mind. In Chinese medical theory it is said that his heart and kidneys were not communicating, in his case, causing mental instability. In the Chinese language he would be called *xiao xin yan er* [小心眼儿] which means he was petty and over-sensitive. The evidence is in his face and in particular his eyes. Chinese medicine places great store on making diagnosis by observing the eyes to assess the state of the

shen [神]. While Kangxi and Qianlong harnessed their will to triumph over physical weakness, Guangxu was not able to do so.

Guangxu was a different character from Kangxi and Qianlong, one that could arouse the sympathies of a west keen to see China prostrate and impotent. The symbolism is real. The ironies would be delicious if they were not so tragic. Abject and forlorn, upon the demise of Guangxu and Cixi, for the imperial house, it was all over. The Qing limped on pathetically until 1911 when the imperial system met its demise.

In sum, the records show that health and healing are not something in the background, but very much to the forefront in historical eddies and currents. Health and healing remain as crucial areas to consider in understanding aspects of history. The battles in high court politics swirled around questions of health and on images of potency. This section reinforces the importance of the primary sources, the medical case records, in analysing key political events.

Conclusion

This chapter has shown the contrast between the apparently sublime death of Qianlong with the problematic and controversial deaths of Tongzhi and Guangxu. It is apparent that Qianlong was largely able to control the circumstances of his death, unlike Tongzhi and Guangxu. The records indicate that Qianlong may have had dementia in his twilight but his demise was managed to be free of controversy. Qianlong's death was not the subject of debate and rumour. This contrast highlights the contrasts between different periods of Qing rule. The Qianlong period is regarded as a time of strength, while the late Qing, of Tongzhi and Guangxu, is regarded as a time of turmoil and growing weakness. Tongzhi and Guangxu were not able to control events before and after their deaths. The Qianlong story, to this day, remains one of potency and robustness but the medical records show that, on the contrary, he was not physically vigorous. Despite his physical frailties, he was able to project an image quite different to the reality. This was obviously related to political, social and historical factors. Nevertheless, study of the medical records demonstrates that realities are always more complex than mere constructed images.

Qianlong was an adherent of Manchu values and beliefs, as evidenced by his continuing practice of Manchu shamanism. While being a devoted practitioner of these rituals we see that he projected an image of sinification. Qianlong was able to inhabit the intellectual world of both the Chinese and the Manchu. The records provide evidence of this, while Crossley goes further and says that he was able to also inhabit the intellectual world of the Mongols and the Tibetans.⁴⁸ Kangxi, in contrast, while studying Chinese norms and elite culture, was more comfortable with Manchu customs and beliefs. The contrast between the two emperors displays evidence of the process of sinification of the Manchus. While other sources do exist, the medical records add unique evidence in the debate on this conundrum.

⁴⁸ Crossley, 1999.

Chapter Four

Cixi and the Menghe Medicine of Ma Peizhi

So far the thesis has featured a selection of emperors, following a chronological order. This chapter turns to Empress Dowager Cixi and examines her case in conjunction with the unique conception of medicine of the physician, Ma Peizhi (1820-1903).¹ The case of Cixi is of particular interest not only because it casts light on women's health in Chinese medicine, but also in so far as Chinese cosmological thinking sees the interdependent and fluctuating relationship between *yin* and *yang* rather than singularity as a starting point for understanding natural and social phenomena. The relationship between *yin* and *yang* is a basis for multiple perspectives. Humans symbolise this fluid and interdependent relationship with men as *yang* and women as *yin*. This paired relationship is then understood to form an interdependent and fluid whole.

Both chapter two and this chapter mainly focused on one ruler. Gender was an issue in both cases. In Kangxi's case, as seen in the medical records, his *yang* was very deplete. In other words, he was not as virile and robust as in the popular image. The gender issue is more pronounced in the case of Cixi. In this thesis she is the only woman who is featured. I chose to discuss Cixi's case file so as to contrast the differing approaches to women and men in Chinese medical diagnosis and treatment. Moreover, it was not the norm for a female to be in a position of open power in the Qing palace. She was unique in this regard.

Furthermore, this chapter differs from the previous ones in that I will examine the cases of one identifiable physician. For the emperors previously discussed, the records were mainly focussed on the patients, with it not being so easy to get a comprehensive picture of the physicians. Unlike other physicians, Ma Peizhi also assisted in this by writing his own journal that complemented the palace records.

¹ The primary source is Chen, 2006, pp. 2297- 2305. The main secondary source is Chang, 1998, pp. 123-159; pp. 205-237.

Turning to Cixi's case files, we see that, like her predecessors in the Palace, she did not enjoy good health. I continue to argue that the evidence is conclusive that the Qing emperors and Cixi suffered from poor health.² Speaking as a physician and after reading the physicians' reports, it is clear that none were robust. The counterargument is that these were medical records and that of course doctors' notes would chronicle sickness and pain. Those who doubt my argument would ask what else would one expect to find in medical records. I contend that medical records need not contain tales of sickness and woe. I also argue that these records were private records not intended for a public audience and were intended for an inner court imperial audience. While accepting that no records are free from bias and that some records may have been skewed, I argue that on balance there was no urgent need to doctor the records so as to grossly misrepresent reality. In the case of the Qing emperors, they were eager to present an image of strength and robustness. Therefore, the evidence of frailty builds a convincing case. We saw in the previous chapter that Guangxu only allowed himself to be examined by a western doctor when in a position of great humiliation and supplication. It was to the horror of the Qing court that the French then leaked details of Guangxu's case to the world's press.³

Cixi is recorded as being worried and anxious, as were many of the other women in the medical cases of the palace. This pattern is unmistakable. The clear implication of these medical records is that the women were depressed and irritable. This does not necessarily mean clinical depression, as understood in biomedicine. In the records it has the implication of melancholy. Let us look at one of the women, Empress Dowager Cixi.

Cixi was born in 1835. She was never the Empress or the official ruler of the Qing. A Council and the imperial family ruled the Qing Empire in the nineteenth century. Nevertheless, Cixi was at the centre of power in the Qing court in its dying days. As the consort of the Xianfeng emperor she managed to bear him his only surviving son,

² Qianlong was possibly an exception, although he was certainly not robust or physically vigorous. The evidence is that he was weakly but managed to stay reasonably well.

³ Seagrave, 1993, pp. 254-255. It was leaked to the world that Guangxu was impotent, a seemingly final nail in the coffin of an impotent Qing court.

the future Tongzhi Emperor. Of the Yehonala [叶赫那拉] clan, she was a Manchu girl of age sixteen when she entered the court as a consort. The lot of palace women was one of foreboding, a life of bitterness and tears being the norm.

The future Dowager Empress managed to catch the eye of the Xianfeng emperor, a son being a by-product of her relationship with the Son of Heaven. The future Cixi was not Xianfeng's favourite consort. Nevertheless, for bearing the heir to the empire she was promoted to consort of first rank, second only in prestige to the empress. Upon Xianfeng's death, Cixi took measures to ensure her son would not be pushed aside in the vicious political battles in the court. She secured backers at court for her cause and it is from this time onward that stories of her formidable will power began to circulate.

As noted earlier in the thesis, she is a much-maligned figure, attracting much of the blame from historians for China's sorry plight and the collapse of the Qing Empire. She receives sympathetic treatment from very few historians and her image in the public imagination is probably worse. She is usually portrayed as evil, idiotic, xenophobic and sex crazed. It is very clear that many of these stories were sheer fabrications. The Qing was struggling to avoid absolute humiliation at the hands of the imperialist powers. One of the tools of the trade in British Empire building was demonisation of one's adversaries. This was done deliberately and calculatingly in order to portray China as backward and cruel. Geremie Barme is one historian who has attempted to revise the established position of Cixi as a bumbling nymphomaniacal tyrant and has argued that she has been a victim of massive caricature and demonisation.⁴

This cause to malign Cixi was taken up enthusiastically by the Republican government established in 1911. The Sun Yatsen led Nationalist Party had a direct interest, needing to justify its violent revolution which coincided with vicious pogroms of Manchus that took place all over China. The new Chinese nationalism had an initial enemy- the Manchu.

⁴ Barme, 2008, pp. 91-113.

The truth of Cixi's role is likely to be more complex. Despite the uncertainty, the stories of Cixi's lasciviousness continue to be told in China. She makes an easy target, being a woman in a position of power and at the centre of a crumbling empire. Somebody had to be responsible for the sorry state of China's affairs, particularly in the second half of the nineteenth century. Furthermore, it is not hard to understand why she would have suffered so much from anxiety. Popular legend depicts her as being indifferent to the fate of the empire, playing with her dogs, while the subjects of the Qing starved. If we think back to Qianlong and his public relations exercise as the all-encompassing king, we can see that it was not considered good politics to have the palace seen in a state of melancholy and despair. Since it would have been unrealistic to resort to hubris, it is not surprising that Cixi was considered by popular legend to be indifferent to the fate of the empire.

Cixi as Patient

Cixi became particularly ill in 1875 during the succession crisis involving her son. She remained virtually incapacitated for several years, and was never the same again. In 1903, she suffered from a stroke that affected the musculature of her face. Upon perusing the Chen Keji records, a common pattern emerges. The Empress Dowager suffered from severe chronic stress and anxiety, as it would be described in contemporary parlance. She was in a state of physical and mental collapse for years. The stories and rumours of her sexual appetite look even more likely to be fantasy as it is hard to imagine her being in a fit state to conduct extraneous activities. Sexual promiscuity is well known as a means to denigrate and defame the character of women in power. The rumours of her libidousness served to cripple the image of the Qing court and bring it down to the position of a laughing stock. The reality of Cixi's life in the privacy of her chambers may be almost impossible to access on this matter.

Cixi's stress caused her to suffer from an array of ailments, not the least a propensity for nervous diarrhea. At this point, the lay reader would be justified in querying the efficacy of Chinese medicine. Cixi was a keen imbiber of Chinese herbs. It is not clear how much she was involved in Manchu shamanism. If physicians of Chinese medicine claim that Chinese medical therapy is efficacious, then how is it that these Manchu monarchical figures were so weak, especially when they had whole teams of

the best doctors in the empire waiting on them? To ask this question is reasonable. Since we were not there, we cannot speak with absolute certainty, but I would suggest that the treatments were efficacious. It is likely that the patients discussed in this thesis would have gone to their graves much earlier if not for medical support. At least their care was no worse and probably better than what was available in Europe at the same time.

We take up the story when she was forty-five years old. In 1880, Cixi was particularly ill, causing her to be bedridden. Chang Che-Chia also discusses this period in some detail.⁵ Before relating the accounts in the records edited by Chen, it should be noted that Chang's account differs substantially. Both Chang's and Chen's accounts concur that Cixi was ill, although the dates slightly differ. The physicians involved are the same, Ma Peizhi, Xue Fuchen [薛福辰], Wang Shouzheng [汪守正] and Li Deli. Both agree that the principal credit for Cixi's recovery at this stage should go to Ma Peizhi. That is where the accounts part ways. Chang relates the details of a labyrinthine and acute struggle among the physicians to receive the accolades deserving of a successful diagnosis and healing strategy. Any discussion of medicine in Chang's writing is merely superficial, his focus being on the complex political manoeuvrings among the physicians. Chen's records, rather, concentrate on the medical strategies of Ma Peizhi in this episode, leaving out the political struggle.

Ma Peizhi was a Menghe physician.⁶ His family were specialists in external medicine *waike* [外科], an aspect of medicine encompassing externally visible problems and associated with petty surgery. Inheriting the lineage of the Ma clan he received further training from the illustrious Fei Boxiong, thus equipping him with skills in internal medicine *neike* [内科]. Ma Peizhi became one of the most well educated physicians in Menghe. His surgery became so busy that he became a household name throughout Jiangnan in modern day Jiangsu province.

⁵ Chang, 1998, pp. 123-159.

⁶ Scheid, 2007, pp. 94-99. Menghe was a region in modern day Jiangsu province.

After nine months spent in the palace from 1880-1881, his fame spread from Beijing and throughout the empire. In 1883, Ma Peizhi moved his practice to Suzhou. From there he moved to Wuxi and then to Shanghai.

His leap to empire-wide prominence took place after Ma Peizhi was summoned to the imperial palace in 1880 to be part of the team to treat the Empress Dowager Cixi. The Palace records stress Ma Peizhi's prominent role in successfully treating Cixi.

Ma Peizhi's diagnosis of Cixi was that she had *er yang bing* [二阳病], meaning 'double yang disease'. Ma Peizhi cited the *Su Wen* from the *Inner Canon* as his inspiration for this conceptualisation. For Ma, double yang disease was one involving the heart and spleen. It meant deficiency of heart blood and spleen *qi*. It sneaks upon the unsuspecting patient surreptitiously. The symptoms include sudden amenorrhea or absence of menstruation. This is accompanied by difficulty in breathing. This condition is very difficult to treat successfully. According to the Palace records, before Ma Peizhi, there was no discussion of double yang disease. Another characteristic of this condition is that the patient suffers muscle wasting or loss of weight. As a general rule, the difficulty in breathing is accompanied by wheezing and cough. Ma interpreted the two *yang* in double *yang* as involving the heart and spleen. Physical motion is controlled by the spleen and internal motion, manifested in the vessels. His more detailed explanation follows in further passages.

Following are the case notes

26 July

Cixi's pulses: Both *cun* [寸] vacuous and fine. Left *guan* [关], deep, minute and stringlike. Right *guan* - deep, slightly stagnant, slippery. Both *chi* [尺] - deep and soggy.⁷ The pulse beat was irregular.

⁷ Pulse taking was a complex diagnostic method. The pulse was taken on both wrists at the radial pulse. On each wrist three adjacent positions were palpated. The multiple permutations were complex and defy detailed explanation here.

Ma noted that there was accumulation and depression. Cixi's heart and spleen were deplete.

The case notes continue.

The heart governs vessels. Spleen governs post-conception *qi*. The organs have come to a halt. The kidneys are not able to generate the wood. The spleen's function of transforming and transporting is not working. The blood is deplete. Cixi also had a sore lower back. Her limbs were sluggish. She had heat vacuity. She had a poor appetite. In order to cure the patient, the aim is to benefit the heart and spleen, and to nourish the blood and liver.

We notice the problem in translating terms from Chinese into other languages such as English. The lay reader needs to suspend their knowledge regarding the body organs such as heart and spleen while considering Chinese medicine. The organs in Chinese medicine are not merely physical mechanical parts of the body but also a range of intangible functions. For example, one of the functions of the heart is to govern the vessels. When it is said that the heart is deplete, it usually follows that the associated function has been affected. Ma Peizhi mentions one of the roles of the spleen as governing post-conception *qi*. This type of *qi* is related to the *qi* that is generated from eating food and taking drinks. Another function of the spleen is to transform food and drink into another type of *qi* that is meant to be transported around the body. In Cixi's case, this was not working.

When discussing blood, the lay reader also should suspend pre-existing knowledge of the nature of the blood while considering Chinese medicine. The blood in Chinese medicine is not the red substance that is generally considered to be blood in modern day terms. The blood in Chinese medicine is a type of *qi* that flows around the body as the *yin* aspect of *qi* and performs functions such as moistening parts of the body and more importantly, in this case, provides the basis for the spirit or mind. The 'kidneys not being able to generate the wood' is a reference to the five phase theory or *wu xing*. Wood is equivalent to the liver. In this case, Ma's interpretation is that the kidneys are not performing their usual role of nourishing the liver.

An analysis of these sparse and concise notes leads us to conclude that Cixi's pulses show clear and obvious deficiency of *qi* and blood. Vacuous, fine and deep are all qualities that indicate a deficit of *qi*. Stringlike and stagnant indicate some type of depression. I will not go into it here, but it should be noted that these different qualities meant different things at different times to different doctors.

In this case we also notice that Ma Peizhi's interpretation of Cixi's pulse is that as well as being deficient overall she had, within this overall pattern, a particular problem of heat vacuity. Ma does not specify why he came to this conclusion. This point is crucial as this was the major disagreement with the other doctors on the team. They did not agree that Cixi had any heat. I do not detail these arguments here. Chang shows that Xue and Wang believed that Cixi needed only warming herbs. I suggest that Ma reached his conclusion from the pulse. The reasoning would have been that Cixi's pulses were so deficient that she must have had deficiency of *yin* as well as *yang*. This would mean that she would have simultaneous heat vacuity as well as cold. The interdependence of *yin* and *yang* means that the one must affect the other. This complexity renders treatment difficult.

For the lay reader and even for some physicians this may all sound incredibly vague. For the non-initiated it could not be otherwise. The diagnosis does have layers of complexity. The herbal formula prescribed is not just doing one thing but aiming to address several issues all at once. As in the game of *weiqi*, or *go*, a practitioner like Ma Peizhi not only identifies several layers of malfunction in the *qi* and blood, but also tailors the prescription to act across several dimensions. In other words, the diagnosis is not single but multi- dimensional.

Another point to note is that when Ma Peizhi refers to Cixi's organs coming to a halt, we should not take it literally in the sense that she must be dead. In the cultural context, typical case studies were written poetically and alluding to meaning. This style of being indirect and using metaphors rather than being exact causes difficulties when being translated across cultures and into different languages. In this case, it would have meant that Cixi's *qi* was at a low ebb.

Ma had fierce disagreements with Xue and Wang on the issue of whether Cixi had vacuity heat or not, Ma insisting that she did. We see that he won the arguments. He included one or two cooling herbs, most notably *Sheng Di*, to address the vacuity heat among the array of moderately warming herbs. He prescribed the following herbs:

Dang Shen [党参] Codonopsis 1.5

Bai Zhu [白术] Atractylodes 1

Ou Zhi [藕汁] Lotus juice

Dang Gui [当归] Angelica 2

Shan Yao [山药] Yam 2

Bai Shao [白芍] White peony 1.5

Fu Shen [茯神] Poria 2

Sheng Di [生地] Rehmannia 3

Mu Li [牡蛎] Oyster shell 3

Xu Duan [续断] Dipsaci 1.5

Hong Zao [红枣] Red dates 3 pieces

This is a very elegant prescription illustrative of the Menghe style described by Volker Scheid in *Currents of Tradition*. The herbs are generally moderate and delicate. The dosage is light. There is no sense of direct attack on the problem. We see, rather, the subtle hand of a physician who is intent on activating the *qi* mechanism of the patient, with the touch as light as a feather. This is simplicity encapsulated and artistry personified, if one accepts that the style of prescribing herbs reveals much about the physician. Evident in this prescription is the acknowledgement of the patient being a female, therefore paying attention to the idea of Blood as the leader.

I will not go into the individual herbs in much detail, but to summarise, Ma has prescribed herbs such as *Dang Shen*, *Bai Zhu*, *Fu Shen*, *Hong Zao* and *Shan Yao* to strengthen *qi*. This is in line with the strategy of building *qi* to strengthen the blood. Each of these herbs addresses different aspects of the *qi* in subtle ways. *Fu Shen*, for example, directly addresses Cixi's anxiety problem.

To address the problem of vacuity heat, each in their own different way, Ma Peizhi included, *Sheng Di*, *Bai Shao* and *Mu Li*. *Sheng Di* and *Bai Shao* also tonify blood, as does *Dang Gui*. Moreover, *Mu Li* can also assist in calming Cixi's frayed nerves. Xu Duan was included to strengthen Cixi's kidney *qi*.

The notes of Cixi's consultation the next day are as follows.

27 July

- The records state that Ma Peizhi saw Cixi together with Xue Fuchen, Wang Shouzheng and Li Deli.
-

Both *cun* pulses had improved. The *guan* pulses were more stringlike. Both *chi* pulses were fine and weak. Liver *qi* was still rising. Cixi's menstrual period was still absent. Her sleep was poor. The middle *jiao* mechanism of fluid transportation was not working. Her stools were red with blood. (In other words, she had blood in her stools). Blood was spilling out from the stomach- this being connected to the spleen. The liver is supposed to store the blood. Since this was not working, then the lungs, kidneys and heart were all affected. *Zong qi* was not assisting. Cixi's *Shen* (spirit) mechanism was exhausted and injured. Too much thinking had hurt Cixi's liver. This in turn had hurt the kidneys. Therefore, the heart and kidneys were not communicating. Wood *qi* was depressed. Therefore the liver was not supporting the spleen. The spleen channel runs along the chest, liver channel along both flanks. These areas were subsequently blocked. Wood is like a thief taking from the earth. Liver takes from the spleen. Therefore the *qi* could not flow smoothly. If *qi* is not flowing smoothly then blood flow stops. If the flow of blood stops then it stops communicating with the *Chong* and *Ren* channels and the Sea

of Blood becomes empty. The channels become chaotic. The strategy should be to smooth the wood depression.

Again, these seemingly vague one-line descriptions may seem nebulous to the lay reader. In simple terms, the discussion takes a slightly different turn. The conclusion continues to be that the root of the problem is Cixi's mental anxiety. This passage describes the scenario where Cixi's anxiety has damaged her liver function that in turn has caused blockage throughout her body. Chang Che-Chia shows that Ma Peizhi was forced to compromise with the other doctors. It is very likely that this was the prescription that represented the compromise.

The reference to blood spilling out from her stomach should not be taken too seriously. This was a poetic way to say that there was bleeding. The reference to liver *qi* rising is the situation describing anxiety or perhaps anger. We notice that the heart/mind is still a central consideration. The *shen* mechanism referred to is Cixi's spirit or state of mind. Persisting with the same strategy, the resulting formula was not very different from the first; Ma Peizhi was still able to guide the strategy of treatment in the same direction. The strategy was still aimed at relieving Cixi's depression. The difference was in the slight shift to also targeting Cixi's liver rather than vacuity heat. As usual, one day is too short a time to have expected any recovery in Cixi's condition. She still had all kinds of problems. Nevertheless, it is remarkable that her pulses had improved. This was a very good sign that Cixi had responded well to treatment.

The records state that the formula used was *Yang Xin Gui Pi Tang* or Nourish the Heart and Restore the Spleen Decoction. The individual herbs were recorded as follows.

Dang Shen [党参] Codonopsis 3 qian

Bai Zhu [白术] Atractylodes 1.5

Ou Zhi [藕汁] Lotus juice

Fu Ling [茯苓] Poria 3

Dang Gui [当 归] Angelica 2

Bai Shao [白 芍] Peony 1.5

Xiang Fu [香 附] Cyperus 1

Di Yu Tan [地 榆 炭] Charred sanguisorbae 2

Cu Chai [醋 柴] Vinegar prepared bupleurum 1

Dan Pi [丹 皮] Moutan 2

Zhi Cao [炙 草] Honey prepared licorice 0.8

Then add *Zao Xin Tu* [灶 心 土] Earth from a cooking fireplace 3.

In this prescription, *Xiang Fu* had been added. This herb's traditional use was to relieve depression, especially when related to liver depression. *Di Yu Tan* and *Zao Xin Tu* were added to stop bleeding. Earth from a cooking fireplace was a substance commonly used to stop bleeding due to its warming property. In Chinese medicine, to refer to something as warming is not referring to the temperature. It is a concept referring to the nature of the *qi* of a substance. A substance with a warming property would likely to be related to having *yang* properties.

Again, the overall strategy was to nourish the blood by strengthening the spleen. This strategy was supplemented by the judicious balancing of cooling and warming herbs. It is noted that *Dan Pi* and *Chai Hu* were added to clear heat and to balance the warming earth from the fireplace.

At this point, Chen's records move away from Ma Peizhi as part of a team to discuss his personal style. The records refer to Ma Peizhi's own notes that he later published as *A Record of Being Marked By Grace* or *Ji En Lu* [纪 恩 禄]. The following account is a discussion of Ma Peizhi's own notes as chronicled in the Chen records.

The first comment is a reference to Ma staking a claim for the Wu style medicine of Jiangsu.⁸ The editor's comments say that *A Record of Being Marked by Grace* contained many cases of all kinds, including difficult cases. Ma was an expert in treating depression and fatigue. The reader here may start to suspect that this is some type of hagiography. Indeed, this is what both Chang and Scheid hint at.⁹ I believe it still useful to get a deeper sense of Ma Peizhi's thinking. Ma's writings are not merely of academic interest, but still hold practical relevance to modern day clinical practice.

Ma Peizhi, in his own notes, advocates the use of double *yang* disease theory, a term which the majority of modern day physicians do not use as their main style of practice. He is advocating that the chief strategy is to nourish the heart and to focus on the *shen* or the spirit as the main priority. To translate this into modern day parlance he is saying that physical disease has its root in psychological worries and unease (disease).

In a case like that of Cixi, many physicians who have received modern day training may think of the liver and kidneys as being primary. From examination of the Chang accounts it is seen that this was the argument that Ma was having with his counterparts. The other doctors in his team, Wang and Xue were arguing strongly for tonifying her kidneys. Ma was also arguing that women are different to men and needed to be prescribed herbs accordingly- concentrating on tonifying the blood.

In the records, Ma Peizhi gives an explanation for the term double *yang* disease. The heart governs the vessels – so controlling internal movement. The spleen controls post- conception qi, therefore external physical movement. The heart and the spleen in coordination are therefore crucial for the working of all the organs. He adds that the heart controls the *shen* or spirit, while the spleen controls the physical body and movement. These two then cover both the physical and mental aspects, being tightly connected and interdependent. The two *yang*, therefore, are motion and the vessels. By this, he means physical motion (controlled by the spleen) and internal motion (manifested in the vessels).

⁸ Wu is the old name for an area incorporating parts of modern day Jiangsu and Zhejiang provinces.

⁹ Chang, 1998, p. 245. Scheid, 2007, p.98.

In his notes, Ma Peizhi also discusses his favourite herbs. It is common knowledge that the Chinese medical repertoire contains hundreds, if not thousands of medicinal substances. In the spirit of simplicity, Ma most commonly used *Dang Shen*, *Bai Zhu*, *Shan Yao* and *Fu Shen* to benefit *qi*, nourish the heart and strengthen the spleen; *Dang Gui* and *Bai Shao* to nourish the blood and harmonise the Liver; *Sheng Di*, *Xu Duan* to benefit the water to restrain wood. This can ensure that the *qi* circulation is working. Another herb that Ma Peizhi liked to use was *Ou Pian* to moisten the lungs and tonify the spleen. These are all common herbs, with the exception of lotus *Ou Pian*, which is used occasionally by modern day physicians. Ma's point is his belief that simplicity is best, even in complex cases. This is in line with the Menghe style of the Wu area as it is remembered.

Ma argued that diseases may have a myriad of causes and even more manifestations but they can all be handled by using the method of working on the heart and spleen channels. Here is the central nub of Ma Peizhi's clinical ideas. He insists that most conditions can be treated using the double *yang* disease method. When he says all, it probably does not literally mean all, but a majority of conditions, as the writing style is descriptive, tending towards artistic exaggeration rather than being pared down to facts.

Modern day teaching of Chinese medicine takes the approach of matching formulas to patterns. Conversely, physicians such as Ma were able to use one or two formulas to deal with most diseases. This was possible by the skilful and delicate art of fine tuning or adjusting the original herbal formula to suit the condition.

In this passage from Ma Peizhi's notes, we see that, in line with the Chinese scholarly tradition, he was always careful to claim inspiration from classic texts of China's ancient past. Ma claimed his inspiration from the *Inner Canon*.

Moving on to further illustrate Ma Peizhi's approach, we briefly look at just two more of Cixi's cases, which are not dated. Cixi in this case is recorded to have had blood in her stools and irregular menstrual periods. Her upper flanks were sore. Ma saw this as

a problem of the blood. The notes record that his strategy was to nourish the heart and spleen and relax the liver depression.

To nourish the heart he advocated Restore the Spleen Decoction or *Gui Pi Tang*.¹⁰ Any practitioner of Chinese medicine will not fail to notice that this is a very well known formula to benefit the spleen *qi* and thereby restore its control over the blood. Ma Peizhi is affirming his preference for this strategy, in line with this formula's functions of tonifying blood and nourishing the heart. Perhaps more surprisingly, Ma Peizhi wrote that he also liked to use the earth from a cooking fireplace *Zao Xin Tu*. He explained that this warms the middle, strengthens the spleen, binds the intestines,¹¹ and stops bleeding.

In this case Cixi, in addition to the aforementioned symptoms, had bad sleep. Ma Peizhi prescribed *Gui Pi Tang*. He also asked her to take ginseng in the mornings on an empty stomach. This was to strengthen the effect of the treatment. After twenty nine days she felt a lot better. Her water had been nourished, her liver subdued. She had vitality or spirit *jingshen* [精神]. The heat in her spine had gone. Her throat, which had blocked *qi*, felt much relief. Her symptoms were all reduced. She was very happy. Her pulses were all good. She had been transformed, according to the final medical report. The rationale for the use of ginseng was to nourish the heart, to benefit *qi* and strengthen the spleen. This is Ma Peizhi's chosen example for using the double *yang* disease method.

Finally, to show that Ma Peizhi did use other methods in diagnosis and treatment, I discuss one more of Cixi's cases. In this case, Ma Peizhi discusses Withered Blood. No date is recorded. Before going into the notes, we note once again that Ma Peizhi was careful to cite the *Inner Canon* as his inspiration for this case. Here the notes become gushing with all kinds of praise for Ma Peizhi. It is said that Cixi bestowed on him gifts and paeons of praise. He was supposedly described as a sage. Chang Che-

¹⁰ For a detailed discussion of this formula see Scheid, Bensky, Ellis and Barolet, 2009, *Chinese Herbal Medicine: Formulas and Strategies*. (I referred to an unpublished version).

¹¹ This means to stop bleeding from the intestines or to stop diarrhea.

Chia does corroborate this, while showing that he was not the only one to be a recipient of praise.

The notes say that Cixi's chest and flanks were full. She had a poor appetite. She had foul smelling leukorrhea. The reference to feeling full means some kind of distension. She also had blood in her saliva. Her limbs were weak and almost immobile. She had dizziness. Again this was a blood problem. The name of the disease was withered blood. It is associated with exhaustion of the *qi*. This leads to damage of the liver function and then the decline of the menses.

In a change of style we see here that Ma Peizhi was keen on not only prescribing herbs, but also on using food as medicine. This was a common method among Chinese physicians. Ma Peizhi prescribed Cixi to eat cuttlefish bone *Wu Zei Gu* [乌贼骨], sparrow eggs and to drink abalone juice. He said these would benefit the intestines and prevent damage to the liver function.

Following this short précis, the records include an appendix or an analysis of this case:

The lungs govern the *qi*. The liver governs the blood. Why the smell? The *qi* cannot keep the liver calm. The liver and lungs have gone out of control. This has caused the *qi* to become turbid and muddy. The (lung) *qi* is not descending. The clear *qi* is not rising. Therefore, Cixi was vomiting clear fluid with blood mixed in her saliva. The blood was not staying in the channels. Her four limbs were weak and cold. Her *qi* could not circulate. She had dizziness. Her *qi* and blood were vacuous as well as being chaotic. Her *yin*, *yang* and blood were in a bad way. Her *qi* exhaustion and liver damage caused impairment of her period.

Ma asked her to take aloe vera *Lu Hui* [芦荟], and madder *Qian Cao* [茜草]. Madder can unblock the channels and invigorate the circulation of blood. Sparrow eggs can

tonify kidney *yang* and benefit *jing*¹² and blood. The *Ben Cao Gang Mu*¹³ spoke about this. Drinking abalone juice can help the blood and *jing* and can transform the source.

Finally, Ma Peizhi places himself in the lineage of those seminal classical texts *Cold Damage* (*Shang Han Lun*) [伤寒论] and the Warm Diseases (*Wen Bing*) [温病] while leaving the last citation to the *Inner Canon*. Ma's citation of the *Wen Bing* is significant for his acceptance of this relatively new current of medical theory. To this day, there are some physicians who negate the *Wen Bing* while positioning themselves as adherents of the *Shang Han Lun*.¹⁴

The notes imply that this was a successful treatment. The analysis will again appear vague to the lay reader. Nevertheless, the practitioner may find this passage of interest. It is notable that Ma Peizhi liked to explain every symptom and was quite clear that the continuous dynamic movement of *qi* and blood were the most important aspects to consider with their complex inter-relationships being considered as a totality. Of interest is the simplicity of the treatment. Again, this is an example of using simplicity to deal with complexity.

As throughout this thesis, the preceding cases of Cixi's were charged with significance beyond the bounds of the palace. On one level, this was high power politics at play, with the western powers eager to know how Cixi would fare. On another level, a battle was being waged to see which style of medicine would win out. The fate of the empire was enmeshed with struggles to protect and enhance careers and reputations.

Menghe Style Medicine and Ma Peizhi

The entire Ma Peizhi encounter was a significant incident in the palace. It attracted attention across the empire and was being followed closely in capital cities in a

¹² Essence related to the kidneys. [精]

¹³ *Compendium of Materia Medica* compiled by Li Shizhen in the Ming period.

¹⁴ Hanson, 1998, *Robust Northerners and Delicate Southerners: The Nineteenth Century Invention of a Southern Medical Tradition*.

number of countries whose diplomatic forces were circling like vultures over a limping Qing court. The Qing had suffered a number of military defeats at the hands of emerging European powers. Outsiders could not know the details but Cixi's health was an issue of attention.

The first thing to consider is Chang's assertion that the palace records have been doctored.¹⁵ Chang seems to be pointing the finger at the physicians and probably Ma Peizhi himself. He is not certain but he considers Ma to be the most likely candidate on this charge. Chang scoured various other sources such as diaries. Ma Peizhi was not accorded the principal credit for Cixi's successful treatment in this episode. Despite this, his fame spread through the empire rather than the other physicians in the team. It can be said that it was Ma Peizhi's skill at self-promotion that contributed to his fame, but in this case any self-congratulatory writing could not have deceived a whole empire. There must have been real skill in Ma's repertoire.

Chang himself accepts that it was Ma Peizhi's medical skills that were most crucial in saving Cixi's life on this occasion. Although the Chang accounts and the palace records differ, examination of the medicine prescribed provides evidence of the superior skills of Ma. Scrutiny shows that Ma differed markedly from the other doctors on the team in his approach. When the other doctors' approach was to prescribe strong warming herbs, Ma argued correctly that these herbs were harmful to Cixi. His was a more sophisticated approach characteristic of his southern style of light herbs and conscious of the need to gently clear deficient heat simultaneously while warming the patient. The other two physicians were primarily officials with some knowledge of medicine. They were literati physicians, not court physicians, but like Ma had been invited in especially for this case. Unlike Ma, they were not full-time practising physicians but literati amateurs. In comparison to Ma, their skills were lacking in the finesse required for such a serious illness as that suffered by Cixi. This was a highly politically charged episode with Chinese doctors jostling for position and favour from the Manchu court.

¹⁵ Chang, 1998, pp.244-245.

It has been shown that despite possible doctoring of the records, it was nevertheless Ma Peizhi's medical skills that were decisive in curing Cixi of this particular illness. It is then worth considering these cases of Cixi's to reflect on what these skills entailed. Ma Peizhi may be reasonably considered to be representative of elite physicians in the late Qing. He clearly enjoyed a reputation of a doctor of extraordinary skill. This case study gives us a glimpse of this imposing figure, and may perhaps offer more insight into the practice of medicine in China at its zenith of development, immediately prior to the influence of medicine from the west.

One thing that is striking is the irony of medicine of a distinct southern style that was being practised. We have seen that about a century earlier, the Kangxi emperor went out of his way to ridicule the doctors of Jiangnan. Marta Hanson has written about the north-south dichotomy.¹⁴ There is no hint in these records of resentment of so-called southern medicine, although the argument between Ma and the other doctors predominantly centred on the argument between his more gentle southern style approach and the so-called northern approach of using strong, warming herbs. Hanson has also shown that Qianlong incorporated the Cold Damage Current of learning from Zhejiang circles of doctors in Jiangnan medicine into court medicine.¹⁵ The style of the south had made its mark in the north and hence throughout the empire.

The next issue of note is the method of diagnosis. In a case such as this, many modern day readers would be at something of a loss in formulating a diagnosis with such limited information. All that is recorded are a few seemingly random symptoms. The focal diagnostic tool is the taking of the pulse. The accepted method was to feel the radial pulse on both wrists. A reading would be ascertained at three positions on each wrist, each position being felt by a respective fingertip. Much modern day case recording names one or two qualities of pulse in general rather than naming a quality at each of six positions. Ma Peizhi is careful to note the pulse quality at each of the six positions. Kuriyama has explained that for Chinese doctors feeling the pulse was a distinct experience from that of medicine in Europe. Feeling the pulse was feeling the

¹⁴ Hanson, 2006, *Northern Purgatives, Southern Restoratives: Ming Medical Regionalism*.

¹⁵ Hanson, 2003.

qi of a person, which in essence meant getting a deep sense of the person, both physically and psychologically.¹⁶

The question still stands of how physicians were able to diagnose so accurately. From the records we can see that not all physicians were so skilled, but the more capable could discern much from very little obvious information. Kuriyama also reflects on Chinese physicians ascertaining a large amount of information from observing a person's face.¹⁷ Merely observing the face and the pulse was a part of the process, but as Scheid,¹⁸ Chang¹⁹ and Zhang²⁰ emphasise, the clinical encounter necessarily had the human relationship of physician and patient sitting at the very centre of both diagnosis and treatment. This is not reflected in the records and never appears in modern day case records. This suggests that deeper comprehension of case records needs at least some acknowledgement of the role of the intangible but very real role of human interaction in healing.

One also notices that there is no record of tongue diagnosis. Modern day physicians generally inspect patients' tongues as a major plank of diagnosis. Nearly all contemporary literature assumes unreservedly that tongue diagnosis was always a key component of the diagnostic kitbag. This was not really the case. Observations of the tongue were not widely cited in case histories until at least the late Ming and early Qing. It is likely that Ma did not check Cixi's tongue. Nancy Holroyde-Downing argues that tongue diagnosis became important only with the advent of 'scientific' medicine from the west and its yearning for objectivity.²¹ The ever changing and subjective pulse was a ubiquitous cornerstone of diagnosis. For Ma Peizhi, at least, pulse diagnosis was a key aspect of diagnosis. This point is important. Orthodoxy has been imposed in modern practice without much historical evidence to show the

¹⁶ Kuriyama, 1999, pp. 17-60.

¹⁷ Kuriyama, 1999, pp. 153-194.

¹⁸ Scheid, 2007.

¹⁹ Chang, 1998.

²⁰ Zhang, 2007.

²¹ Holroyde-Downing, 2005, *Mysteries of the Tongue*.

importance of tongue diagnosis. This is not to belittle tongue diagnosis but to point out that physicians like Ma Peizhi did very well without it.²²

Needless to say, unlike much modern practice and especially in the west, acupuncture was not even considered for Cixi. That is another story. Like the habit of taking milk in tea that took hold after Europeans observed this Manchu habit who then assumed this to be the general habit of Chinese, acupuncture became Chinese medicine in the imagination of the west. At the point where Chinese medicine was transmitted to the west in a significant scale in the 1970s, acupuncture was the point of reference rather than any other therapy. A member of United States President Richard Nixon's entourage on his earth-shaking visit to China in 1972 received acupuncture. This was big news in the west. Acupuncture subsequently became generalised in the west as Chinese medicine. In Cixi's case she took herbal decoctions and followed dietary advice. Unlike the Song court, the Qing court did not like acupuncture. To this day, herbal therapies in China are much more popular and widespread than acupuncture.

As seen in the record, Ma Peizhi's diagnosis was double *yang* disease. This indicated that Cixi was suffering from exhaustion. Ma pinpointed the cause as worry and over thinking. For Ma, it was not a simple case but a complex one for which he adopted a simple strategy. The strategy he adopted of building *qi* and blood by gently targeting the heart and spleen was not adopted by the other doctors in the team. The other doctors insisted on warming as the principle strategy. Apart from exhaustion, a prominent symptom was amenorrhea. For Ma, this was one symptom of many rather than the disease itself.

Ma's approach was a whole of body and mind approach. He identified the need to focus on benefiting *qi* and blood. In this whole body and mind approach, it is analogous to finding the key to a problem that is the root cause of all other problems in the body and mind. For Ma the central issue was simply to stimulate the spleen to

²² The very successful and well-known acupuncturist in Sydney, Australia, Ross Penman, does not check patients' tongues, claiming that he is following a more 'traditional' style. This arouses puzzlement and even strong disapproval from others in the field for such a disregard for modern day orthodoxy. Similarly, the influential guru type figure in the UK, the late JR Worsley, insisted that his students not check patients' tongues.

produce blood. Because of the integral relationship between the *qi* and blood, tonifying one will have a direct effect on the other. The adage ‘*Qi* is the commander of blood, and blood is the mother of *qi*’ suggests that *qi* moves the blood and that blood nourishes the *qi*.²³ Ma calls this the Restore the Spleen or *Gui Pi Tang* [归脾汤] strategy.

It is likely that Ma Peizhi first learned this strategy from his Menghe networks. Related to this, Fei Lanquan [费兰泉] another Menghe physician related to Fei Boxiong, a teacher of Ma Peizhi, was known to use *Gui Pi Tang* to treat cases of female genital itching. He said that this method was transmitted in his family but that they had originally learned it from another family, the Jia.²⁴ This is significant because this method was not widely used. It is likely that Ma Peizhi was a beneficiary of learning this method through the Menghe network.

The Menghe method was simple but difficult to practise. It required a deep sophistication and grasp of the ever subtle nature of the flows of *qi* and other intangible qualities such as the heart/mind or *shen* or spirit. To use light dosages required a touch and a precise knowledge of the relationship of herbs in combination whose synergy enhanced the production and the flow of *qi* and blood as required. In his formula he also included other herbs to support the central thrust of the strategy. Regulating disease depends most of all on the capacity of a patient’s system for maintaining the *yin/yang* balance of the body. Using drugs in this way is what is referred to as a few ounces being able to shift a thousand pounds.²⁵ The physicians of Menghe, Ma Peizhi being an integral figure, regarded the medicine of harmonisation and gentleness as a distinctive tradition of medical practice. Complex issues were consciously tackled with very simple strategies, characterised as gentle, mild and slow acting that had as their aim returning the body to a normal state of harmony and balance.

²³ Scheid, Bensky, Ellis and Barolet, 2009 (I referred to an unpublished version).

²⁴ Scheid, 2007, p. 156.

²⁵ Scheid, 2007, p. 169.

This approach was inspired by Laozi's notion of non-interference *wu wei* [无为] , Sunzi's strategies of warfare emphasising the use of minimal force, Buddhist notions of mindfulness, and Confucian concerns for harmony and balance. To the outside observer this may seem like an unwieldy melange, but the writings of the Menghe physicians themselves show that these cultural roots, bedrocks of Chinese thought, provided succour and guidance in the very act of prescribing medicine and in healing.²⁶ This was a style that would later spread beyond Jiangnan but would soon encounter a clash of cultures with the advent of western medicine.

Fitting this style, we see that Cixi, who had amenorrhea and whom Ma Peizhi identified as requiring invigoration of circulation of blood, was not prescribed herbs that directly perform this task. We see that she was not prescribed herbs like lovage *Chuan Xiong* [川 芎], salvia *Dan Shen* [丹 参] or Leonuri *Yi Mu Cao* [益 母 草], herbs that would be commonly used by most physicians in similar cases to this. This can be likened to asymmetrical warfare.

Rather than adding something heavy into her body like strong herbs Ma emphasised herbs to stimulate the *qi* mechanism to do the job in a natural way. In this regard, any discussion on styles of Chinese medicine needs to make note of the Li Dongyuan [李 东 垣] school or the style of treatment that emphasised warming and tonifying of the spleen and stomach. This school has been very influential even into the twenty first century. One notes that Ma's style essentially differs in that he consciously saw the heart as crucial.

In *wu xing* theory, an integral part of Chinese medicine and emphasised repeatedly by Ma in his notes, the heart corresponds to joy. Ma's strategy aimed at nourishing Cixi's heart and therefore directly increasing her happiness. In this case directly aiming to enliven her spirit or her *joie de vivre* is not a by-product of a treatment but a central and immediate goal. The rationale was that the spirit or the mind was a key determinant in health and that this could be addressed by judicious and subtle

²⁶ Scheid, 2007, p. 161.

prescribing of herbal medicine. It could be described as being akin to *kaixin* [開心].

The Chinese word *kaixin*, meaning happy consists of two characters – open heart.

Opening Cixi's heart was a central strategy, not just in a metaphorical sense, but also in a literal sense.

It should be noted that this approach differs not just from modern western medicine but much contemporary practice of Chinese medicine. Ma's approach was to gently stimulate and open Cixi's heart. The approach of modern biomedicine differs in that Cixi would have been referred to a gynecologist for her amenorrhea and perhaps a psychiatrist for her depression or lack of *joie de vivre*. Common biomedical drugs aim to alter chemical responses in the brain, far from Ma's thinking. Biomedicine has no sense of the heart as the mind and no sense of promoting blood in the heart to make the patient happy. Most importantly, biomedicine has little sense that the amenorrhea was directly caused by Cixi's unhappiness as it was portrayed in Chinese medicine at that time.

Orthodox modern approaches to amenorrhea such as that suffered by Cixi would most likely place emphasis on the liver, rather than the heart and spleen. In *wu xing* theory the liver is related to anger. Much modern Chinese medicine, especially in the west has been informed by the idea that much modern day stressful living causes frustrations and resentment and above all anger which in turn blocks the liver which in this case could cause amenorrhea. This fits in with vague idea of an idealised 'traditional' China in which stress was relatively less. This notion satisfies constructed images of a past romanticised China. Modern strategies commonly aim to promote the flow of liver *qi* thus facilitating the flow of blood. This approach assumes that smoothing the liver *qi* will decrease the stress and anger. The aim may be similar but the approach has a different emphasis. One sees that Ma's approach is one of gentle stimulation while the common modern day approach is of unblocking. Texts often refer to calming the liver. This modern approach is closer to the approach of biomedicine, which is the idea of calming the patient. In Cixi's case we see that Ma does mention that the liver needs to be restrained, calmed and so on, but this still remained secondary to the chief strategy of benefiting the heart and spleen.

Modern approaches to Cixi's sickness would likely be guided strongly by the idea of tonifying the kidneys. Much modern Chinese medicine analysis of disease incorporates principles of biomedicine. Besides treating Cixi's liver many modern day physicians would reasonably judge that Cixi was approaching menopause, therefore suffering pre- menopausal symptoms.²⁷ In *wu xing* theory the kidneys are related to sexual function. Using the criterion of approaching menopause it may be reasonable to use the strategy of tonifying Cixi's kidneys. Again, Ma Peizhi mentioned the need to tonify the kidneys but it remained a second or third order priority. This is not to say that any strategy or approach is wrong or different. Modern day approaches have clearly been influenced by western biomedicine. To peruse the history of flows of knowledge during the twentieth century is to be clear that it could not have been otherwise.

It is interesting to note that the physicians record that Cixi suffered from kidney *yang* deficiency. Chang Che-Chia discusses the reluctance of her attending physicians to let her know of this diagnosis, often changing the wording on their reports. The reason for this was that in Chinese medicine the kidneys are associated with sexual function. Cixi feared that people would accuse her of sexual indulgence that had injured her kidney *qi*. The records imply that she must have known of the rumours in the Beijing *hutongs*.

We have seen that the emphasis in strategy has changed from the time of Ma Peizhi. I had a teacher when I was an undergraduate student who stressed repeatedly that in Chinese medicine one patient may be treated by many very different approaches simply because the *wu xing* enabled the possibility of multiple entry points. One patient may be viewed from multiple perspectives, physicians differing in which to approach to take a single patient. This was possible because of the fluidity of *qi* and the very fluid and interdependent relationship of *yin* and *yang* enabling a physician to see multiple complexities in one patient. The key, this teacher said, was to identify the simplest strategy by identifying a key entry point into the body, which may influence the whole in a continuous process. This approach is generally not taught in modern

²⁷ Scheid, 2006, *Not Very Traditional, Nor Exactly Chinese, So What Kind of Medicine Is It? TCM's Discourse on Menopause and Its Implications for Practice, Teaching and Research*.

day education but certainly characterised Ma's approach. Ma Peizhi's entry point of choice was the heart and spleen dynamic with the spirit or mind as the target.

The idea that several approaches are valid for a single problem runs counter to the modern trend in Chinese medicine education for standardisation but that is another story. In this connection, it is notable that Ma Peizhi insisted that his double *yang* disease could be used in most cases and that he had a relatively narrow range of herbs that he commonly used. For the outside observer it may seem ridiculous to just have one or two formulas to treat most conditions. The sophistication and skill lay in the slight additions and subtractions in the herbs. Just a slight change could alter the nature and the function of the treatment. To reiterate, in a whole of body/mind treatment, not any single disease is being treated, but the patient as a totality. Whereas biomedicine gives different medicines for different symptoms, while labelling each symptom as a disease, the Ma Peizhi approach was a strategy to aid the whole person with the one herbal mix, albeit slowly and gently.

This type of strategy, an approach to synthesise several complex problems into a single totality may be said to be illustrative of Chinese thinking in other fields of endeavour guided by the same influences as the Menghe physicians. It is an approach based on seeking connections and on seeing multiple phenomena as being related.

Ma's arguments on double *yang* are of significance. In essence, he argued that in cases of depression as suffered by Cixi, the physician should first consider the heart and spleen as the key organs of involvement. The irony is that the double *yang* approach that Ma Peizhi stressed is particularly apt for women. Women are said to be *yin* but he was working on *yang*. Women are *yin* in nature, but Ma saw addressing *yang* aspects as a solution for repairing *yin*. This shows clearly his thinking that *yang* resides within *yin* and vice versa. It is a thought pattern that allows for *yin* and *yang* to be interdependent and ever fluid.

It is also worth reiterating that, in his discussion, Ma Peizhi made no hint of sexual function. Modern physicians would commonly classify Cixi's problem as a gynaecological issue, choosing to single out amenorrhea as a key problem. Ma Peizhi, rather, saw the amenorrhea as the end product of a series of problems all linked and

caused by unhappiness. He saw blood as the most important factor in the process of restoring Cixi's heart and happiness to normality.

It needs to be made clear that I am not saying that the strategies of targeting the liver or the kidneys or perhaps both simultaneously did not exist in the Qing. They clearly did. What has happened is that in the twentieth century these strategies became dominant, especially in the west²⁸. These approaches were not dominant at any previous time in Chinese history. Ma Peizhi's double *yang* strategy is not taught in standard educational courses. There is no obvious reason why this should be so. It is a strategy that was successful and that makes a lot of sense. While the term double *yang* has disappeared from common usage, it would be wrong to suggest that no practitioners practise this style. Some doctors do use this style. The Menghe style did not fade away completely. I am suggesting that it is clearly not a mainstream practice and is not emphasised within institutionalised Chinese medicine.

Scheid, and other scholars have traced the vicissitudes that Chinese medicine physicians faced in adapting to the new environment in the twentieth century where western medicine became politically dominant. Using Nathan Sivin's cultural manifold it is also possible to link changes in Chinese society in general to the change away from Ma Peizhi's double *yang* strategy.

First, the circumstances of Chinese society were much different in the twentieth century than during the Qing. Notions of the quest to seek harmony and balance were openly challenged and even condemned. Both the Nationalist and the Communist Parties in China were avowed revolutionary parties intent on overthrowing hitherto existing orders and long accepted norms. I suggest that the psychological frame of mind required for this spirit of militant action fits well with the notion of targeting the liver. Ma Peizhi himself described the liver as a thief, but he used indirect strategies to deal with this problem. His preference was a positive approach of nourishing the heart and restoring the spleen. For Ma, strategies of suppression were secondary.

²⁸ Refer to most modern day textbooks of Chinese medicine.

To reiterate once again, the strategy of targeting the liver was not new and has been espoused clearly by Zhang Zhongjing, along with his liberal use of the herb bupleurum *Chai Hu*. What I am suggesting is that with a progression to militancy in society it became the logical course of action to target a thief, an enemy that needed to be suppressed or restrained. I am suggesting that China in the second half of the twentieth century was a nation with a heightened consciousness of perceived enemies that needed to be kept at bay. The People's Republic's enemies were real, creating an atmosphere where the inner search for tranquillity and harmony was easily perceived as self-indulgence. I further suggest that the strategy of finding a target to keep in check fits in well with western desires to conquer nature and to conquer potential foes. The search for harmony and balance was somewhat skewed. I am suggesting that in the second half of the twentieth century conditions in Chinese society were such that militancy and being adversarial were pronounced norms, in line with the theory and strong advocacy of class struggle followed by a switch to commercialism. The social conditions created the climate for similar types of strategies in Chinese medicine- that is to target thieves and enemies.

I also suggest that as Chinese society becomes less 'militant', with calls for a harmonious society [和谐] we may very well see a return to strategies in medicine emphasising gentleness and harmony. Scholars now debate whether China is becoming stronger. That is another debate, but for the purpose of this discussion, it is clear that China has become a more confident society and there is much less evidence of fierce militancy. Undoubtedly, other factors need to be considered, but already we are seeing an incipient backlash against dogmatic styles of practice.²⁹

If physicians begin to return to a style seeking to *kaixin* one reason is that social factors in general no longer places obstacles to such whimsical notions as the quest of seeking inner happiness or joy [乐]. The irony is that most physicians in the west practise a style that they believe to be based on fixed or standardised protocols.

²⁹ Fruehauf, 1999, *Chinese Medicine in Crisis; Science, Politics and the Making of TCM*.

In this discussion on social factors, the second point is that women's treatment has largely been reduced to matters of gestation. Charlotte Furth's study suggested that the sex difference in medicine in China had been more or less wiped out by the time of the Qing.³⁰ Furth terms this as androgynous medicine. She has shown that in the Song there had been a clear distinction in medical approaches to men and women, whether related to gestation or not. Ma Peizhi's approach hints strongly at the idea of women's distinctive nature with blood as the leader. Western biomedicine is clearly androgynous in nature, there being no concept of *yin* and *yang*. Chinese society from the 1950s until the 1970s saw androgyny throughout the society. In other words, clear distinctions between men and women were blurred. It is therefore easy to understand why working on the liver or the kidneys in cases like that of Cixi were accepted as the norm.

The androgynous approach tries to rectify a gynaecological problem targeting the specific mechanical workings. Ma's approach by contrast did not even mention Cixi's problem as being gynaecological in nature. He saw Cixi as a woman who was in need of targeting the blood and her *qi*. Ma was intent on treating her as a whole person. With androgyny less evident in Chinese society it is possible that this may also be a factor in a return to more gentle strategies keenly aware that the *qi* of women and men is different.

The discussion of Cixi's case cannot be left without raising the question of depression. Ma Peizhi adjudged that Cixi's *qi* was depressed. If one was forced to translate this to modern every day parlance, he meant that Cixi was depressed. If a similar patient were to seek treatment from a biomedical doctor today she would almost certainly be prescribed anti-depressant pharmaceutical medication or perhaps sleeping tablets.

Ma Peizhi used the commonly used Chinese word *yu* [郁] to describe Cixi's depression. While really not wishing to engage in this debate in this thesis, I would like to raise the issue of depression or *yu*. *Yu* can also mean stagnation. One or two generations of practitioners in the west, lacking Chinese language skills, have relied

³⁰ Furth, 1999.

on translations of terms. Notwithstanding debate, a large number of practitioners understand *yu* as meaning stagnation. This reading leaves no concept of the possibility that it also means depression. Depression and stagnation carry different meanings. Using the word stagnation omits any implication of psychological involvement. *Yu* in its meaning has no clear separation of the mind and body. Using the word stagnation leaves this unspoken. It can be explained but without any explanation one can be left with the perception that there is merely some kind of blockage or sluggishness. If the meaning of *yu* is interpreted as just blockage or sluggishness we are left with the commonsense strategy of clearing the blockage or dispersing sluggishness. Clearing stagnation, especially of the liver, is a very common diagnosis among modern day physicians, especially in the west. The problem is that *yu* means something more than stagnation. Ma Peizhi certainly saw the need to gently stimulate Cixi's *qi* and blood mechanism. It was not primarily a case of clearing stagnation but one of lifting depression. The accepted mainstream understanding of *yu* and its modern orthodox treatment certainly needs to be questioned if not challenged.

At the very least it needs to be accepted that the idea that any patient who declares that they are feeling depressed or stressed has liver *qi* stagnation is a modern development. Ma Peizhi's work shows clearly that there were other approaches to treating patients with depression. Ma's approach, in line with the idea of seeking harmony and balance, and in consciously aiming to treat patients' *shen* or spirit by benefiting *qi* and blood is one worth consideration.

Cixi's Last Days

Chang Che-Chia, in his study of the palace, discusses Cixi's medical cases in detail, although concentrating on the dynamics of the personal relationships among the physicians and Cixi. One issue that is also discussed in detail, and a problem that would eventually cause her death, is that she often suffered from diarrhoea. The physicians in the palace agree that her diarrhea was caused by stress and worry. The case records go into a lot of detail of the herbs prescribed. The main strategy again was to strengthen Cixi's *qi* and blood. Upon her death a western doctor, Dr Gray, reported that she had suffered from an attack of weakness and caught cold. On her birthday she ate more than unusual and ate some fruit that was over ripe. By the next

day she was suffering from dysenteric symptoms, and the acute diarrhea with loss of blood soon brought her into a debilitated state. She did not recover from this attack.³¹

The Emperor died at about 8pm. This may have distressed her and she became too weak to speak. She died the next day, her dysenteric symptoms persisting to the end. We notice that Cixi overate on her birthday. The physicians in the Qing records also hint that Cixi was keen on eating, also contributing to her frequent bouts of diarrhea.

As Sterling Seagrave writes, popular legend has it that her breakfast was a bowl of hot milk and lotus root porridge.³²

Meals were taken wherever she happened to be. Her ladies brought a portable table with dried fruits and nuts. About one hundred and fifty dishes were placed in long rows. A eunuch brought a pot of honeysuckle (*Jin Yin Hua*) tea. There were trays of pork, mutton, fowl and vegetables. Pork was served as meatballs; sliced with bean sauce or fish sauce; chopped with bamboo shoots; cooked with cherries or onion, with cabbage, with turnips; or minced with pancakes.

We cannot be certain of the veracity of this report but it looks close to the mark. Unlike Kangxi and Qianlong, Cixi lacked discipline in her daily habits. Her erratic and undisciplined eating habits would most certainly have contributed to this chronic problem of diarrhea.

Finally with regards to Cixi, and not to be taken as absolute truth, her facial diagnosis again confirms her health problems, according to the records and context of that time. Her face tells us she was a very emotional and volatile person. While earlier arguing for some balance in our assessments of Cixi, it needs to be said that her face does reveal some aspects of her personality, which may perhaps vindicate some of the negative rumours. Her eyes tell us that her emotions were never settled. This would be described as *xi nu ai le*, her emotions swinging from one extreme to the other. She was not one to stay quiet and she would always fight to get her own way. She would

³¹ Chang, 1998, pp. 226-229. Seagrave, 1993, p. 436.

³² Seagrave, 1993, p. 101.

not be pushed around. Ma Peizhi has shown that Chinese medicine has as its central belief that erratic emotions directly cause damage to physical health. If there was one role of a physician it was to soothe troubled souls while being as non-judgemental as possible. Behind the terse nature of the records lay layers of unhappiness, worry and suffering. Being an emperor or a dowager empress did not mean being spared ignominious endings to life.

Conclusion

In contrast to the cases in previous chapters, this chapter focused on a female patient, the Empress Dowager Cixi. Significance lay in the unique conceptualisation in which Chinese medicine regards the nature of women's *qi* to be different from men. While men and women shared the obvious qualities such as *qi*, blood and so on, women were conceptualised as requiring unique treatment approaches. This could be characterised by the concept of recognising blood as the leader in treating women.

The physician featured in this chapter, Ma Peizhi, in a paradox infused with the concept of the interdependence of *yin* and *yang* used his double *yang* disease theory to treat a female patient, regarded to be *yin*. In his treatment strategy he identified the heart and the spleen as the key to successful treatment. This approach had its roots in his belief that physical disease stemmed from mental unease.

The paradox in the palace was that in the popular imagination, Cixi was seen to be wielding political power, placing her in a position traditionally occupied by males. Cixi, as the Dowager Empress, symbolising qualities of *yin* was placed in a position charged with *yang* displays of naked power.

Despite seeming to be wielding overt political power Cixi was the target of rumours relating to her alleged promiscuity. Alleging promiscuity in women in power has always been a common method used by political enemies to weaken their legitimacy and reputation. It is almost impossible to ever to know the truth of Cixi's private life, but the medical records do help to build the case that most of the stories were sheer fabrications. The rumours abound with stories of excess and unbounded cavorting.

The medical cases show that these stories at least are extremely unlikely to be true. Cixi was sick and bedridden for years. In this case, at least, medical case records can provide valuable evidence and open angles from which to understand historical events.

In the case of Ma Peizhi and Cixi, politics was seen at its most intense. Ma Peizhi and the other doctors were not only charged with treating Cixi, but also found themselves in the swirling torrents of personal animosity and competition. This case demonstrates that even in seemingly straightforward medical cases, politics is always present in some form. How people are remembered or imagined by future generations is so often influenced by the way records are compiled, how they are written and whether the accounts are doctored at any time. This problem haunts all historians and was most evident in the very complex case of Cixi. Evidence is always partial, distorted and nebulous. This case shows that despite these limitations, the historian's best sources are the archives.

It is difficult to discern from the records any clear difference between Cixi as a female patient and her male counterparts. From the records it is clear that Kangxi, Yongzheng and Qianlong all liked to pontificate. The emperors of the High Qing liked to present themselves as men in control, commenting on matters aplenty. This is most true of Kangxi. The later emperors appear in the records as diffident. Cixi, who was alive in the late Qing, appears in a similar vein. Chang shows that Cixi grumbled quite a bit and was capricious. The records show as her being volatile and alternatively being prone to bouts of deep depression. She did not seem in control. Unlike Kangxi and Qianlong she was also undisciplined in her eating habits. In fact, the records show conclusively that she fell ill and died after a bout of over eating. Combined with her chronic depression, she died after an attack of diarrhea. This was an ignominious death. The records show that, rather than being the formidable figure in the public imagination, she was frail, extremely anxious and vulnerable. It is likely that her bouts of volatility became her Achilles heel with which her enemies could attack her.

The records show conclusively that Cixi was not the figure as portrayed to the world at large. While Qianlong managed to hide his frailties and sadness behind the image of the wheel turning king and all benevolent lord of all under heaven, Cixi was found

instead as Empress Dowager at a time of Qing weakness. Finding herself at or near the centre of power when the Qing was weak and vulnerable, the image she would have liked to portray to the world was out of her hands. The image making had spun out of control. Her enemies would distort her image. The once radiant image of the wheel turning king had turned into a nightmare. The once mighty power of the Qing had spun out of control. It is not surprising that Cixi spent many of her final years on her sickbed.

Conclusion

This thesis set out to examine some cases from the Qing medical case records edited by Chen Keji. I set out to see if there was anything of interest in those weighty tomes for scholars of Chinese medicine and for historians of China. The records proved to contain not only interesting episodes but also potentially useful discussion on the way medicine is thought of and the way it is practised. As this was my first foray into the arcane world of Chinese medical history I was at times overwhelmed by the enormity of the vast records and its seeming mysteries. Even as an experienced practitioner, my experiences are dwarfed a thousand fold by the experiences of those medical adepts of China's past.

Not only was I thrilled by some discoveries but it was proved to me that the task of going to the archives is fruitful not only in helping us to understand medical practice of the past but in guiding medical practitioners into the future. Most modern day medical research either operates on unexamined assumptions or on ignorance. There exist huge gaps in medical knowledge, especially with regards to the past. The modern day assumption that old knowledge can be easily discarded is negligent at best and destructive at worst. Practical wisdom resides in the records.

For non-medical historians, the thesis showed that going to the old medical records can add to historical analysis and offer insights from another angle. For medical scholars the thesis analysed the style of practice of Menghe physician, Ma Peizhi. This style of practice also offers the possibility of a change in the emphasis in modern day approaches to medicine, not only for Chinese medicine, but also for medicine in general. This style offers the idea that ways to healing with a whole of body and mind approach are worth considering. Ma Peizhi's focus on the heart/mind is not restricted to merely curing diseases by defeating enemies of the human race such as viruses or bacteria. This approach is one that seeks to strengthen and balance the person by nourishing the heart/mind, which is not separate from the physical body.

Medical analysis offers perspectives on human psychology and behaviour with attendant motivations guiding decisions and actions. This thesis discusses significant figures in Qing history such as Kangxi, Yongzheng, Qianlong, Tongzhi, Guangxu and Cixi at different stages in their lives. This thesis has not provided a life history of any of these monarchical figures, this task being beyond the realm of this investigation. Rather, this thesis, by examining the health of each of these patients, showed that medical records do reveal insights not found in other sources or in other histories. If this is true of these records, it should also be true of any other characters in history. Using Chinese medical analysis, the whole of body and mind approach, examination of medical records, can open up areas in understanding of the thinking and motivations of patients and people in general.

These possibilities move the realm of the claims of this thesis into the question of the ability of adepts as skilled as Ma Peizhi to offer speculative analysis of contemporary living figures. In other words, this type of analysis of people's psyche need not be confined to people who have passed away or even to medical patients. Kuriyama showed that medical physicians in pre- modern China paid acute and detailed attention to people's faces to ascertain information and psychological make up. Much information is to be ascertained by observation of a person's eyes gauging the state of the *shen* [神] , thus embracing the heart/mind. While sceptics may claim that this type of analysis cannot be scientific, it is no less rigorous than modern day psychiatry and its speculative claims based on ever changing theories and ideas. Whether or not mainstream scientific belief accepts the reasoning behind the approach of examination, highly skilled practitioners continue to use this approach. They just do not write about it.

The records show conclusively that very few of the Qing monarchs enjoyed robust health. It is clear that many suffered. The Kangxi Emperor spent years suffering in pain. He suffered from swelling in his legs. He had a constant cough. To some historians, this may not be significant, but it shows that the favoured image of Manchu robustness was clearly manufactured and more related to an attitude which placed importance in horse riding and hunting. Kangxi's attitude towards his sickness also demonstrates his attitude. He adopted an attitude of being seen to distance

himself from Chinese medicine. This demonstrates that he was not as sinicised as most people still believe.

Kangxi's suspicion of Chinese medicine also led him to construct an image of himself as a keen advocate of so called western medicine. Even though the succeeding emperors of the High Qing, Yongzheng and Qianlong, did not follow his example in this regard, Kangxi's desire to discredit Chinese medicine, nevertheless, laid the basis for this path to be developed by twentieth century cultural and political leaders in China such as Lu Xun and Sun Yatsen.

Kangxi's enthusiasm and advocacy of cinchona powder also laid the basis for the preference of future purveyors of western biomedicine to seek a single medicinal product as a cure all or a 'magic bullet'. Ma Peizhi showed that successful treatment required a sophisticated and complex mixture of medicinal substances that was regularly adjusted and modified. This approach differs from the biomedical approach that seeks to isolate single substances to take as a medicine. Cinchona would be later developed and processed as quinine.

On the question of cinchona powder, the records also showed that some modern day historians who work in English have made an assumption that Kangxi suffered from malaria and recovered by taking quinine. This is a possibility but there is a problem with this assumption. The term *nue* had a wide meaning in Chinese while the concept of malaria, as understood today, did not exist in China during the Qing. Furthermore, cinchona powder came from Peru, not Europe. Jesuits took to the use of cinchona with enthusiasm, bringing a supply to the Kangxi court. Discussion on *nue* and cinchona leads into the question of the difficulty of translating concepts into different languages and cultures. This question has not been solved, if it ever will be.

The records show that Cixi was not as formidable as depicted in the popular imagination. She was frail in health, nervous, while maintaining a steely determination. The records show that Ma Peizhi was one doctor who was able to administer effective medical treatment. Ma was of the Menghe style, as it later came to be known, named after the area in Jiangnan, which is partly in modern day Jiangsu province.

When the sophistication of Chinese cultural achievements are referred to, fields like calligraphy, poetry or even opera are mentioned. Others speak glowingly of martial or political heroes. The pinnacle of sublime sophistication in Chinese artistry reached by the time of the Qing is perhaps personified by the refined subtlety of prescribing herbs by people like Ma Peizhi and his ilk. The view of the world, embodied in subtle manifestations of ineffable *qi* and the desire to balance people's relationships with the external environment and the people thereof and the desire to balance inner human turmoil finds expression in the exquisite balancing of herbs prescribed by Ma Peizhi and his ilk. This deep aesthetic quality of Chinese medicine merges with its profound and pragmatic usefulness in curing illness and saving life.

Further to this utilitarian value, Wang Jun has also pointed out that many of these physicians were excellent calligraphers in their own right wielding the brush while prescribing herbs. Ma Peizhi himself enjoyed fame across China for his achievements in helping so many people and training so many students with his deft style of medicine, this reputation lasting well into the twentieth century. Medicine was entwined with artistry.

Chinese medicine is difficult to understand, let alone to master. Therein lies its weakness. It is easy to brand as being elitist and therefore open to dismissal. Current research focuses on methodology and on herbs and not on the self-cultivation pursued so assiduously by physicians like Ma Peizhi that enabled precise and refined healing. The idea that it was the personal qualities of the physicians that mattered rather than any chemical properties of herbal substances receives little attention. One current challenge continues to be the difficulty of reconciling the elitist obscure tendencies in Chinese medicine with the apparent need to integrate into modern health systems. The problem is that modern health systems demand simple and clear-cut explanations and definitions, something that is difficult if kept within 'Chinese' thinking. The difficulty lies in translating ideas and concepts that just have no equivalent in alien western communities.

In line with modern egalitarian ideals it is assumed that Chinese medicine can be taught to hundreds, if not thousands of undergraduate students in universities every

year. The problem of the elitist nature of the medicine practised by Ma Peizhi and others like him, sits uncomfortably with modern day educational arrangements. The precise and sublime nature of Ma's healing abilities was such that only a small minority were capable of replicating his efficacy. Chen Keji has selected some of Ma Peizhi's case records with the implication that he embodied the best of physicians in the Qing Empire. This is an implicit recognition that individuals have different levels of ability.

This discrepancy is not acknowledged in modern day education of Chinese medicine. Students are taught in classrooms listening to lectures. The issue of self-cultivation so valued by not only the Menghe physicians, but also by many who identified with the elite scholarly class, is absent in modern day education. The problem seems to be that many of the qualities that have been mentioned again and again in this thesis are ones that just cannot be taught in a classroom situation. Further, taking an examination paper cannot test the human qualities referred to in this thesis.

Human qualities such as compassion, benevolence, love, patience, kindness and so on, require concomitant actions, the absence of which deems any verbal pronouncements of virtue as empty rhetoric. Discussion of Ma Peizhi and his advocacy of nourishing the heart necessarily delves into the vexed question of what really is self-cultivation. If self –cultivation was a necessary quality for the sensitivity required to perceive and feel the pain of patients, the question still remains, how was this taught?

In the military it is accepted that there are elite forces that receive specialist training that the ordinary soldier just could not bear. This is accepted by society because it is considered that defence of the nation from attack is necessary. Yet, in Chinese medicine it is not accepted that there are elites who are capable of levels of sophistication in skill and artistry that others cannot achieve. Yet health is one area that concentrates the mind of all people when questions of life, death and survival arise. What is more important than one's health, life being so tenuous?

By discussing the question of self- cultivation and its role in medicine and healing, this thesis has inadvertently touched on issues close to the heart of Chinese

civilisation itself. The issue of the nature of the elites in Chinese society occupied much intellectual space in the Chinese conscience during most of the twentieth century. Those who persisted in aspirations or in pursuits perceived as elite were largely discouraged in various ways from doing so. Many of these elites participated in this evisceration of so-called traditional values by a form of self-laceration. While being mindful that this thesis concerns medical history, I argue that discussion of Ma Peizhi and Chinese medicine is analogous to discussing changes in Chinese society. This is because the study of medicine is the study of society. Medical ideas reflect trends in thinking in society as a whole.

With the abolition of the imperial exam system in China in 1905, it was thought that a more egalitarian approach would do better in providing education. The problems of the examination system were perceived to be many. One issue relevant to medicine is that one cannot examine wisdom, sensitivity and compassion by sitting an examination paper. Examinees would write about these qualities with great depths of expression, yet not necessarily practise them. It was thought that this system produced hypocrisy and cant. The paradox is that in the modern day system it is not necessary to even bother with these intangible qualities, whether by memorising them for a written examination or in practice.

It is for these reasons, among others, that the present day society does not have the general conditions to produce the medical approach of a Ma Peizhi. The conditions are not ripe or rather past in another time and place. During Ma Peizhi's lifetime, the conditions were ripe to at least produce a crop of physicians who saw self-cultivation as important with its concomitant intangible skills such as empathy and compassion. It is hard to find evidence of conditions, in current times, to produce physicians who aim for a path of self-cultivation and virtue as understood in the Qing.

In the light of these arguments, the question raised earlier in the thesis assumes greater importance. If it is true that with China becoming more confident in economic and financial terms, it becomes more Chinese, will we see its medicine also become more Chinese? This is not certain, but is likely. In this context, there will be different interpretations of what being Chinese means, just as there are different interpretations of Chinese medicine. One interpretation could be the quest to nourish the heart, the

Menghe path of Ma Peizhi. This quest necessarily entails self-cultivation and the awareness that human health is directly related to one's own actions and to one's own thoughts. It is the quest for gentleness and balance.

Appendix i

Yongzheng

Missing from this thesis on the emperors of the High Qing is a section on Kangxi's son and successor Yongzheng. Compared to Kangxi, the medical cases and primary sources for Yongzheng are limited. For this reason, I decided to not include a full section on Yongzheng, but a few paragraphs. Just a few cases of Yongzheng appear in the records, which makes it difficult to provide much analysis. Despite the scarcity of his cases, there is some interesting material, which I make note of.

Yongzheng's cases include an episode of clogged ears, toothache and general tiredness.¹ Of some interest is a case of premature ejaculation. This was surely a state secret at the time. It is hard to make any conclusions from Yongzheng's problem of premature ejaculation as it is a common enough male problem. Of interest is that it reinforces the argument that the emperors were human with frailties like anyone else.

Finally, in the records appears a case where Yongzheng used herbs to blacken his hair. He used a type of herbal hair colour. In comparison, the historian Meng Zhaoxin claims that Kangxi was recorded as refusing to use hair dye.² At the age of fifty-seven his hair had gone quite grey. Declining offers from physicians to dye colour his hair black, he declared that he would follow the natural ways of his ancestors and remain grey. It is very likely to be true that Kangxi's hair turned grey at an early age. Even though it is not mentioned in the Chen records, according to Chinese medical commonsense, grey hair would typically fit in with the set of symptoms suffered by Kangxi. It is also interesting that Kangxi was not portrayed as having grey hair in any of his portraits. This provides evidence that, even though Kangxi was following the ways of his ancestors, he was self-conscious enough to portray a different image to the public. In keeping with his desire to appear to the public as robust, he would have been aware of the Chinese belief that grey hair was related to decline of the kidneys

¹ Chen, 2006, pp. 53-72.

² Meng, 1993, *The Kangxi Emperor* (in Chinese), p. 466.

associated with virility and potency.³ A conflict existed between his desire to remain true to his steppe ancestors and his desire to appear as a potent ruler of a large Chinese population.

Yongzheng's proclivity for colouring his hair was in contrast to Kangxi. In the wake of the Zeng Jing case, Yongzheng argued that the Manchus had evolved from their previous barbaric state to join the ranks of civilisation and fine culture. It is not conclusive, but this is evidence that Yongzheng did not cling to the strictures of following the ways of the ancestors of the steppes as avidly as Kangxi. It should be noted that in elite Chinese culture, to colour one's hair was not just a sign of vanity, as would be assumed in the west, but a sign of respect for others. This was in keeping with the habits of refinement, stipulating that one should present a groomed, neat and tidy appearance.

Even just a few cases from the scanty Yongzheng file show the importance of going to the primary sources. In the Yongzheng case, we have further evidence that the image of the hardy and robust Manchu emperors was more myth than reality. This image was a necessary one. A relative handful of Manchus had conquered a vast Chinese population and every weapon in their arsenal was needed. Rather than merely being good at military combat, it appears that the Manchus had mastered the art of projection of power with imagery. Towards the end of the Qing, the Manchus would meet their match in practitioners of the arts of disinformation in the form of the British, the precursors of the modern day Anglo-American empire. Were the Qing

³ It is worth noting that all of Yongzheng's ailments that I have mentioned would be considered as key signs of deplete kidneys. In Chinese medicine, the ears and the teeth are both related to the kidneys. Yongzheng suffered problems with his teeth, with his ears, with greying hair and premature ejaculation. Even though the notes are not comprehensive, a picture is being built of deplete kidneys. It is also interesting that the notes say that Yongzheng lacked sexual stamina. All of this evidence adds to my case that the Qing emperors were particularly frail, rather than robust. Images of strength and vigour look rather pale when the medical cases are taken into account. The counter-accusation that doctor's records are sure to record illnesses is not a strong argument. These cases were not in the biomedical framework. In the Chinese framework, it was normal to record that patients were doing well and were robust. In the case of the imperial physicians, they would have been delighted if they were able to do so for their royal patients. In the case of Yongzheng, like all of the Qing emperors I have looked at, virility was lacking.

emperors the original progenitors of soft power? If this art did not originate with the Qing, at least the rulers of the High Qing were masters of the game.

In going to the primary sources, this thesis shows that medical records can provide another angle from which to understand history.

Appendix ii

Kang Youwei

The demise of the Qing saw the attempt to invent ‘China’ as a nation. For the scholars of this new modern imagining, classical Chinese civilisation was defunct at best and to be attacked at worst. Obviously, there also still remained those scholars not so keen on these new concepts of ‘revolution’ and nation building. As discussed earlier, Chinese medicine embodied the classical beliefs of imperial China. The youngsters who imagined a New China imagined a China without Chinese medicine, western medicine taking its stead. Kang Youwei is a figure of the time known by all educated Chinese even now. He advocated reform of the political system while embarking on a crusade for technological utilitarian advancement. It appears that he may have ended his own life, albeit unwittingly, in the process of acting out his dream in a very personal way.

The lengths to which people may go in spending of kidney *qi* may not surpass that of Kang Youwei. In Chinese medicine, kidney *qi* is related to the genito-urinary system as understood today, encompassing sexual performance. The scholar whose ideas were associated with Guangxu’s renowned Hundred Days Reform was keen to build ‘modern technological medicine’ in China. He went to comical extremes. The reported events of 1927 may be scandalous gossip, but in a study of *guoxue* [国学] or national learning, published in 2006, Tong Dao, claims that the famous reformer Kang did not die of poisoning as reported at the time.¹ Tong claims that Kang heard of a German surgeon who was experimenting with an operation to transplant the testicles of a large ape to humans. Tong claims that Kang volunteered enthusiastically. In the first few days after the operation he felt vigorous and potent. Shortly afterwards, complication set in and he soon died. Tong claims that Kang, in his enthusiasm for western medicine and his wish to see the demise of the supposedly backward Chinese

¹ Tong, 2006, *Guoxue Dashi Zhe Se Deaths of Guoxue Leading Scholars*, pp. 4-5.

medicine, asked before his death that his misfortune be covered up, so that his dream of the so-called modernisation of medicine in China could be fulfilled. Even if the facts of this case are false, it still remains true that scholars of Kang's generation placed their faith in the medicine of the west. Rather than harmonising his body and strengthening his health with some herbs he sacrificed his life for his belief in practical scientific experimentation.

Medicine is not a universal singularity. Its nature is hybrid and ever changing. The conceptualisation of medicine is linked to conceptualisation of the world. It is rooted in the way people think about the world. Vigorous emperors, such as Kangxi and Qianlong, offered many ideas and opinions on medicine. There are endless cases records of Guangxu but we only hear comments from him about this or that physician and not any larger vision of what medicine should be.

Reflections on medicine are a mirror of reflections of human society. With limited power over life and death the very vulnerability of the physicians' craft and the perennial suspicion of healers lies in the fact that human life is finite, fragile and often full of suffering and pain. Physicians, using limited resources, and limited powers engage in the act of attempting to prolong life, albeit for a limited time, and to alleviate suffering. These limited abilities mean that physicians can always be blamed for not doing enough. Fierce polemic against Chinese physicians in republican China was symbolic of an assault on 'Chinese' thinking itself by people in China who perceived themselves as weak. Guo Yingjie has suggested that China will become more 'Chinese' with a resurgence of cultural nationalism. Does this presage that medicine in China will become more Chinese and if western countries are taking to Chinese medicine are they becoming more 'Chinese?'

Long after the events of the Qing, we have seen the pain and suffering of some of the emperors. This reminds us that no one may escape the inevitable decline of one's physical powers. The area of healing is enmeshed in the issue of human mortality and the story of what it is to be human. This is linked with the human effort to remain happy and healthy. For this reason reflections on medicine and health can offer perspectives on history that do not appear in many studies.

Bibliography

Ames, Roger and Hall, David, 2001, *Focusing the Familiar*, University of Hawaii Press, Honolulu.

An, Yanming, 2004 'Western sincerity and Confucian 'Cheng', *Asian Philosophy*, vol.14, no. 2, pp. 155-169.

Andrews, Bridie, 1996, 'The Making of Chinese Medicine, 1895-1937', PhD thesis, Cambridge University, Cambridge.

Attwell, William, 1988, 'The T'ai-ch'ang, Ti'en-ch'i and Ch'ung-chen reigns' in Twitchett, Denis and Mote, Frederick, *The Cambridge History of China*, volume 7 part 1, *The Ming Dynasty*.

Barlow, Tani E, 1989, *I Myself Am a Woman: Selected Writings of Ding Ling*, Beacon, Boston.

Barme, Geremie, 2008, *The Forbidden City*, Harvard University Press, Cambridge, Massachusetts.

Barme, Geremie R., 2005, 'Towards a New Sinology', *Chinese Studies Association of Australia newsletter*, no 31.

Barme, Geremie, 2008, 'Worrying China and New Sinology', *China Heritage Quarterly*, No 14, viewed 21 August 2009.
<http://www.chinaheritagequarterly.org/articles.php?searchterm=014_worryingChina.inc&issue=014>

Bartlett, Beatrice, 1991, *Monarchs and Ministers: The Grand Council in Mid- Ch'ing China, 1723-1820*, University of California Press, Berkeley.

Becker, Jasper, 2008, *The City of Heavenly Tranquility: Beijing in the History of China*, Oxford University Press, USA.

Becker, Joseph and Kleinman, Arthur, (eds), 1991, *Psychosocial Aspects of Depression*, L. Erlbaum Associates, Hillsdale, New Jersey.

Bensky, Dan and Gamble, Andrew, 1986, *Chinese Herbal Medicine Materia Medica*, Eastland Press, Seattle.

Blofeld, John, 1985, *The Chinese Art of Tea*, Shambhala, Boston.

Blofeld, John, 1961, *City of Lingering Splendour; A Frank Account of Old Peking's Exotic Treasure*, Shambhala, Boston.

Brand, Eric 2009, *Amazing Stats on Jia Wei Xiao Yao San*, Blue Poppy Blog, Blue Poppy Enterprises, viewed 18 August 2009.
<<http://www.bluepoppy.com/blog/blogs/blog1.php?blog=1&paged=2>>

Brand, Eric, 2009, *How much is in a qian?*, Blue Poppy Blog, Blue Poppy Enterprises, viewed 25 February 2009.
<<http://www.bluepoppy.com/blog/blogs/blog1.php/2009/02/11/how-much-is-in-a-qian>>

Bray, Francesca, 1995, 'A Deathly Disorder: Understanding Women's Health in Late Imperial China', in Bates, Don (ed.), *Knowledge and the Scholarly Medical Traditions*, Cambridge University Press, Cambridge.

Bridges, Lillian, 2003, *Face Reading in Chinese Medicine*, Churchill Livingstone, New York.

Brook, Timothy, 2008, *Vermeer's Hat and the Dawn of the Global World*, Bloomsbury Press, New York.

Brook, Timothy; Bourgon, Jerome; Blue, Gregory, 2008, *Death by a Thousand Cuts*, Harvard University Press, Cambridge, Massachusetts.

Brook, Timothy and Wakabayashi, Bob Tadashi, 2000, (eds), *Opium Regimes: China, Britain and Japan 1839-1952*, University of California Press, Berkeley.

Buell, Paul D., Anderson, Eugene N, 2000, *A Soup for the Qan*, Kegan Paul, London.

Butler, Judith, 1990, *Gender Trouble, Feminism and the Subversion of Identity*, Routledge, New York.

Cao, Xueqin, 1992, *A Dream of Red Mansions*, trans. Yang, Hsien-yi and Yang, Gladys, Foreign Languages Press, Beijing.

Chang, Che-chia, 1998, 'The Therapeutic Tug of War- The Imperial Physician-Patient Relationship in the Era of Empress Dowager Cixi (1874-1908)', PhD thesis, University of Pennsylvania, Philadelphia.

Chao, Yuan-ling, 1995, 'Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou', PhD thesis, University of California Los Angeles.

Chen Keji, 1992, 'From Emperors to Fisheyes: A Conversation about Chinese Medicine with Dr Chen Keji, *Heaven Earth, The Chinese Art of Living*, vol. 2, no. 1, May 1992.

Chen, Keji and You, Benlin, 1996, *Imperial Medicaments, Medical Prescriptions Written for Empress Dowager Cixi and Emperor Guangxu*, Foreign Languages Press, Beijing.

Chen Keji, (ed.) 2006, *Qing Gong Yi An Yanjiu (Medical Cases of the Qing Imperial Palace)*, Ancient Chinese Medical Texts Publishing House, Beijing. 陈可冀 (主编) 2006 *清宫医案研究*, 中医古籍出版社, 北京。

Chin, Annping, 2002, *Four Sisters of Hofei: A History*, Scribner, New York City.

Chinese Medical Institute and Register, 2006, *Prof. Chen Keji*, viewed 12 July 2009, <<http://www.cmir.org.uk/index.php?page=prof-chen>>.

Cho, Phillip, 2005, 'Ritual and the occult in Chinese medicine and religious healing: The development of zhuyou exorcism', PhD thesis, University of Pennsylvania, Philadelphia.

Cohen, Myron L, 1994, 'Being Chinese', in Tu, Wei-ming (ed.), *The Living Tree The Changing Meaning of Being Chinese Today*, Stanford University Press, Stanford.

Croizier, Ralph, 1968, *Traditional Medicine in Modern China*, Harvard University Press, Cambridge, Massachusetts.

Crossley, Pamela Kyle, 1997, *The Manchus*, Wiley-Blackwell, Cambridge MA and Oxford.

Crossley, Pamela Kyle, 1990, *Orphan Warriors: Three Manchu Generations and the End of the Qing World*, Princeton University Press, Princeton.

Crossley, Pamela Kyle, 1999, *A Translucent Mirror: History and Identity in Qing Imperial Ideology*, University of California Press, Berkeley, CA.

Dalrymple, William, 2003, *White Mughals*, Flamingo, London.

Dardess, John W, 2002, *Blood and History in China: The Donglin Faction and its Repression 1620-1627*, University of Hawaii Press, Honolulu.

Davies, Gloria, *Worrying About China*, 2007, *The Language of Chinese Critical Inquiry*, Harvard University Press, Cambridge, Massachusetts.

Di Cosimo, Nicola, 1984, 'A Manchu Fragment on the Medical Treatment Given by the Italian Jesuit', *Proceedings of the 27th Meeting of the Permanent International*

Altaistic Conference, in *Religious and Lay Symbolism in the Altaic World and Other Papers*, Walberberg, Federal Republic of Germany, June 12th to 17th 1984.

Di Cosimo, Nicola, 1999, 'Manchu Shamanic Ceremonies at the Qing Court' in McDermott, Joseph (ed.), *State and Court Ritual in China*, Cambridge University Press, Cambridge.

Dikotter, Frank; Laamann, Lars and Zhou, Xun, 2004, *Narcotic Culture: A History of Drugs in China*, University of Chicago Press.

Dutton, Michael; Lo, Stacy; Wu, Dong Dong, 2008, *Beijing Time*, Harvard University Press, Cambridge, Massachusetts.

Ebrey, Patricia, 1993, *Inner Quarters: Marriage and the Lives of Chinese Women in the Sung Period*, University of California Press.

Edwards, Louise, 2001, *Men and Women in Qing China; Gender in the Red Chamber Dream*, University of Hawaii Press, Honolulu.

Elliott, Mark, 2009, *Emperor Qianlong: Son of Heaven, Man of the World*, Longman, London.

Elliott, Mark, 2001, *The Manchu Way: The Eight Banners and Ethnic Identity in Late Imperial China*, Stanford University Press.

Elman, Benjamin A, 1990, 'From Philosophy to Philology: Intellectual and Social Aspects of Change in Late Imperial China', MA thesis, Harvard University, Cambridge, Massachusetts.

Elvin, Mark, 1973, *The Pattern of the Chinese Past*, University of California Press, Stanford.

Farquhar, Judith, 2002, *Appetites*, Duke University Press, Durham.

Farquhar, Judith and Zhang Qicheng, 2005, 'Biopolitical Beijing: Pleasure, Sovereignty and Self-Cultivation in China's Capital', *Cultural Anthropology*, vol. 20, no. 3, pp. 303-327.

Farquhar, Judith, 1994, *Knowing Practice: The Clinical Encounter in Chinese Medicine, Studies in the Ethnographic Imagination*, Westview Press, Boulder.

Fenby, Jonathan, 2008, *History of Modern China*, Allen Lane, London.

Feng, Jianhua, 2006, 'East or West: Which is Best?' *Beijing Review*, vol. 49, no. 46, Nov 16, 2006.

Fiammetta, Rocco, 2004, *The Miraculous Fever-Tree*, Harper Collins, London.

Fingarette, Herbert, 1998, *Confucius The Secular as Sacred*, Waveland Press, Long Grove, Illinois.

Finnane, Antonia, 2004, *Speaking of Yangzhou*, Harvard University Press, Cambridge, Massachusetts.

Fitzgerald, John, 2005, 'The New Sinology and the End of History', *Chinese Studies Association of Australia newsletter* no. 32, Nov 2005.

Fletcher, Joseph, 1978, *Ching Inner Asia c. 1800*, in Twitchett, Denis and Fairbank, John, *The Cambridge History of China Volume 10 Late Ch'ing, 1800-1911, Part 1*, Cambridge University Press, Cambridge.

Flowers, James, 2006, 'What is Qi?', *Evidence-based Complementary and Alternative Medicine*, vol.4, no. 3, viewed 21 August 2009.
<<http://ecam.oxfordjournals.org/cgi/content/full/3/4/551>>

Foreman, Amanda, 2001, *Georgiana Duchess of Devonshire*, Modern Library, New York.

- Frank, Andre Gunder, 1998, *Reorient*, University of California Press, Berkeley.
- Fruehauf, Heiner, 1999, 'Chinese Medicine in Crisis: Science, Politics, and the Making of "TCM"', *Journal of Chinese Medicine*, no. 61.
- Furth, Charlotte, 1988, 'Androgynous Males and Deficient Females: Biology and Gender Boundaries in Sixteenth and Seventeenth Century China', *Late Imperial China*, vol. 9, no. 2, pp. 1-31.
- Furth, Charlotte, 1999, *A Flourishing Yin: Gender in China's Medical History, 960-1665*, University of California Press, Berkeley.
- Furth, Charlotte, 2006, 'The Physician as Philosopher of the Way: Zhu Zhenheng (1282-1358)' *Harvard Journal of Asiatic Studies*, vol 66, no 2.
- Furth, Charlotte, 1994, *Rethinking van Gulik: Sexuality and Reproduction in Traditional Chinese Medicine* in Gilmartin, Christina; Hershatter, Gail; Rofel, Lisa; White, Tyrene (eds), *Engendering China: Women, Culture and the State*, Harvard University Press, Cambridge, Massachusetts, p. 125.
- Furth, Charlotte; Zeitlin, Judith T; Hsiung, Ping-chen, 2007, *Thinking with Cases: Specialist Knowledge in Chinese Cultural History*, University of Hawaii Press, Honolulu.
- Geiss, James, 1988, 'Jiajing', in Mote, Frederick and Twitchett, Denis, Cambridge *History of China*, volume 7 part one, *The Ming Dynasty*, Caves Books, Taipei.
- Gier, Nicholas, 2004, 'Whitehead, Confucius and the aesthetics of virtue', *Asian Philosophy*, vol. 14, no. 2, pp.171-190.
- Golding, Roisin, *Time, Space and the Dao: The Inner Core of Acupuncture*, Churchill Livingstone, London.

Goldschmidt, Asaf, 2009, *The Evolution of Chinese Medicine Song Dynasty, 960-1200*, Routledge, London.

Goldschmidt, Asaf, 2005, 'The Song Discontinuity: Rapid Innovation in Northern Song Dynasty Medicine', *Asian Medicine*, Vol.1, no.1, pp. 53-90.

Goldschmidt, Asaf, 1999, 'The Transformations of Chinese Medicine during the Northern Song Dynasty (960-1127)', PhD thesis, University of Pennsylvania, Philadelphia.

Guo, Yingjie, 2004, *Cultural Nationalism in Contemporary China*, Routledge Curzon, London.

Graber, Cynthia, 2007, 'Strange but True: Whale Waste is Extremely Valuable', *Scientific American*, April 26, 2007, viewed 13 February 2009.
<<http://www.scientificamerican.com/article.cfm?id=strange-but-true-whale-waste-is-valuable>>.

Graham, AC, 1973, 'China, Europe and the Origins of Modern Science: Needham's The Grand Titration' in eds, Nakayama, Shigeru and Sivin, Nathan, *Chinese Science*, The MIT Press, Cambridge, Massachusetts, pp. 45-69.

Grant, Joanna, 2003, *A Chinese Physician: Wang Ji and the Stone Mountain Medical Case Histories*, Routledge Curzon, London.

Guy, Kent, 1987, *The Emperor's Four Treasuries; Scholars and the State in the Late Ch'ienlung Era*, Harvard University Press, Cambridge, Massachusetts.

Hall, David L and Ames, Roger T, 1995, *Anticipating China*, State University of New York Press, Albany.

Hall, David L and Ames, Roger T, 1998, *Thinking from the Han*, State University of New York Press, Albany.

Hall, David L and Ames, Roger T, 1987, *Thinking through Confucius*, State University of New York Press, Albany.

Hanson, Marta, 2003, 'The Golden Mirror in the Imperial Court of the Qianlong Emperor, 1739-1742', *Early Science and Medicine*, Vol.8, No.2, pp. 111-147.

Hanson, Marta, 1997, *Inventing a tradition in Chinese Medicine: From universal canon to local medical knowledge in South China, the seventeenth to the nineteenth century*, PhD dissertation, 1997.

Hanson, Marta, 2007, Medicine and Culture: Chinese-Western Medical Exchange (1644-ca 1950), *Pacific Rim Report*, no 43, viewed 27 August 2009.
<<http://www.pacificrim.usfca.edu/research/pacrimreport/pacrimreport43.html#Hanson>>.

Hanson, Marta, 2006, 'Northern Purgatives, Southern Restoratives: Ming Medical Regionalism', *Asian Medicine*, vol.2, no.2, pp. 115-170.

Hanson, Marta, 1998, 'Robust Northerners and Delicate Southerners: The Nineteenth Century Invention of a Southern Medical Tradition', *positions, Empires of Hygiene*, vol. 6, no.3, pp. 515-550.

Hawes, Colin SC, 2005, *The Social Circulation of Poetry in the Mid-Northern Song*, State University of New York Press, Albany.

Hawkes, David, 1989, 'Chinese: Classical, Modern and Humane', in, Minford, John and Wong Siu- Kit (eds), *Classical, Modern and Humane: Essays in Chinese Literature*, Chinese University Press, Hong Kong, pp.3-23.

Haynes, Alan, 1992, *The Elizabethan Secret Services*, Sutton Publishing, Stroud, UK.

Hendrischke, Hans, 2006, 'Looking back as we move forward', *Chinese Studies Association of Australia newsletter*, no. 33.

Hinrichs, TJ, 2003, 'The medical transforming of governance and southern customs in Song dynasty China (960-1279)', PhD thesis, Harvard University, Cambridge, Massachusetts.

Hinrichs, TJ, 1998, 'New Geographies of Chinese Medicine', in Low, Morris (ed.) *Beyond Joseph Needham: Science, Technology, and Medicine in East and Southeast Asia*, Osiris, New York, pp. 287-325.

Ho, David Yau-fai, 1976, 'On the Concepts of Face', *American Journal of Sociology*, vol.81, pp.867-884.

Ho, Ping-ti, 1967, 'The Significance of the Ching Period in Chinese History', *Journal of Asian Studies*, no. 2, pp.189-195.

Ho, Ping-ti, 1998, 'In Defence of Sinicisation, A Rebuttal of Evelyn Rawski's Reenvisioning the Qing', *Journal of Asian Studies*, vol. 57 no. 1, pp 123-155.

Hobsbawm, Eric, 2009, 'Era of Wonders, Mandarin Science', *London Review of Books*, Vol, 31, No 4.

Hobson, John M, 2004, *The Eastern Origins of Western Civilisation*, Cambridge University Press, Cambridge.

Hofer, Theresia, 2004, 'Learning Sowa Rigpa and being an Amchi, The Case of Tibetan Medicine in Contemporary Ngamring', PhD thesis, Brunel University, London.

Holroyde-Downing, Nancy, 2005, 'Mysteries of the Tongue', *Asian Medicine*, vol.1, no.2, pp. 423-461.

Hsu, Elisabeth, 1999, *The Transmission of Chinese Medicine*, Cambridge University Press, Cambridge.

Hu, Hsien Chin, 1944, 'The Chinese Concepts of Face', *American Anthropologist*, vol. 46, no. 1, pp.45-64.

Huang, Ray, 1981, *1587 A Year of No Significance: The Ming Dynasty in Decline*, Yale University Press, New Haven and London.

Huang Yong, 2005, 'Confucian love and global ethics: how the Cheng brothers would respond to Christian criticisms', *Asian Philosophy*, vol.15, no.1, pp.35-60.

Hwang, Kwang-Kuo, 1987, 'Face and Favour: The Chinese Power Game', *American Journal of Sociology*, vol. 92, no.4, pp.944-74.

Hymes, Robert P, 1987, 'Not Quite Gentlemen, Doctors in Sung and Yuan', *Chinese Science*, no. 8, pp. 9-76

Janz, Stephen, 2004, 'Evidence Based Practice: What is it? Its relevance and consequences for Traditional Chinese Medicine and Complementary Medicine', *World Federation of Acupuncture and Moxibustion Societies 6th World Conference on Acupuncture*, Gold Coast, Australia, unpublished.

Jullien, Francois, 2004, *Detour and Access: Strategies of Meaning in China and Greece*, MIT Press, Cambridge, Massachusetts.

Jullien, Francois, 2007, *In Praise of Blandness; Proceeding from Chinese Thought and Aesthetics*, Zone Books, Cambridge, Massachusetts.

Jullien, Francois, 1997, *The Propensity of Things*, Zone Books, Cambridge, Massachusetts.

Kahn, Harold, 1971, *Monarchy in the Emperor's Eye: Image and Reality in the Ch'ien Lung Reign*, Harvard University Press, Cambridge, Massachusetts.

Kane, Daniel, 1993, 'Irrational Belief among the Chinese Elite', in Lee, Mabel and Syrokomla-Stefanowska AD (eds), *Modernisation of the Chinese Past*, University of Hawaii Press, Honolulu, pp. 152-165.

Kates, George, 1989, *The Years that were Fat: The Last of Old China*, Oxford University Press, Oxford.

Kerridge, Ian; Jordens, Christopher; Sayers, Emma-Jane (eds), 2003, *A Miles Little Reader, Restoring Humane Values to Medicine*, Desert Pea Press, Sydney.

Kleinman, Arthur, 1989, *The Illness Narratives: Suffering, Healing and the Human Condition*, Basic Books, New York.

Kleinman, Arthur, 1974, *Medicine in Chinese Cultures*, US Department of Health, Education and Welfare, Washington DC.

Kleinman, Arthur, 1980, *Patients and Healers in the Context of Culture*, University of California Press, London.

Kleinman, Arthur, 1988, *Social Origins of Distress and Disease, Depression, Neurasthenia and Pain in Modern China*, Yale University, New Haven, Connecticut.

Kleinman, Arthur and Good, Byron, (eds) 1986, *Culture and Depression: Studies and Anthropology and Cross Cultural Psychiatry of Affect and Disorder (Culture and Depression)*, University of California Press, Berkeley.

Kleinman, Arthur and Kleinman, Joan, 1985, 'Somatization: The Interconnections in Chinese Society among Culture, Depressive Experiences, and the Meanings of Pain', in Kleinman, Arthur and Good, Byron (eds), *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*, University of California Press, Berkeley.

Ko, Dorothy, 2005, *Cinderella's Sisters: A Revisionist History of Footbinding*, University of California Press, Berkeley.

- Ko, Dorothy, 1995, *Teachers of the Inner Chambers: Women and Culture in Seventeenth-century China*, Stanford University Press, Palo Alto, California.
- Krader, Lawrence, 1975, *The Asiatic Mode of Production: sources, development and critique in the writings of Karl Marx*, Van Gorcum, Assen, The Netherlands.
- Ku, Hung-Ming, 1915, *The Spirit of the Chinese People*, The Peking Daily News, Peking.
- Kubin, Wolfgang, 2005, *Die chinesische Literatur im 20 Jahrhundert*, Munchen.
- Kuriyama, Shigehisha, 1999, *The Expressiveness of the Body*, Zone Books, New York.
- Lai, Karyn, 2006, *Learning from Chinese Philosophies, Ethics of Contextualised and Interdependent Self*, Ashgate Publishing, Aldershot, UK.
- Lampton, David, 1974, 'The Politics of Public Health in China: 1949-1969', PhD thesis, Princeton University, Princeton, US.
- Lao Tzu, 1963, *Tao te ching*, Penguin Classics, London.
- Lau DC, 1979, *Confucius: The Analects*, Penguin, London.
- Lau DC, trans, 1970, *Mencius*, Penguin, Harmondsworth UK.
- Lee, Sing, 1999, 'Diagnosis Postponed: Shenjing Shuairou and the Transformation of Psychiatry in Post-Mao China', *Culture, Medicine and Psychiatry*, Vol. 23, No. 3, pp. 397-399.
- Lei, Sean Hsiang-lin, 1999, 'From Changshan to a New Anti-malarial drug: Re-networking Chinese Drugs and Excluding Chinese Doctors', *The Social Studies of Science*, vol. 29, no. 3, pp. 323-358.

Lei, Hsiang-Lin, 1999, 'When Chinese Medicine Encountered the State: 1910-1949', PhD thesis, University of Chicago.

Leung, Angela Ki Che, (ed.) 2006, *Medicine for Women in Imperial China*, Brill Academic, Leiden.

Leung, Angela, 1987, 'Organised Medicine in Ming-Qing China: State and Private Medical Institutions in the Lower Yangzi Region', *Late Imperial China*, vol.8, no.1, pp.134-166.

Leung, Big, 2008, *Traditional Chinese Medicine The Human Dimension*, Verdant House, Maleny.

Leys, Simon, 1988, *The Burning Forest*, Paladin, Glasgow.

Li, Gertrude Roth, 2001, *Manchu A Textbook for Reading Documents*, University of Hawaii Press, Honolulu.

Li Zhisui, 1994, *The Private Life of Chairman Mao*, Random House, London.

Liscomb, Kathlyn, 1993, *Learning From Mount Hua*, Press Syndicate of the University of Cambridge, New York.

Little, Reg, 2006, *A Confucian-Daoist Millenium*, Connor Court Publishing, Bacchus Marsh, Australia.

Louie, Kam, 2002, *Theorising Chinese Masculinity*, Cambridge University Press, Cambridge.

Lin Yutang, 1961, *Imperial Peking: Seven Centuries of China*, Elek Books, London.

Liu, Guohui, 2001, *Warm Diseases A Clinical Guide*, Eastland Press, Seattle.

Liu, Lydia, 2004, *The Clash of Empires*, Harvard University Press, Cambridge, Massachusetts.

Lloyd, Geoffrey E., and Sivin, Nathan, 2002, *The Way and the Word: Science and Medicine in Early China and Greece*, Yale University Press, New Haven.

Lock, Margaret, 2003, 'Globalisation and Cultures of Biomedicine; Japan and North America', in Selin, Helaine (ed), *Medicine Across Cultures, History and Practice of Medicine in Non-Western Cultures*, Kluwer Academic Publishers, Dordrecht, Germany, pp. 155-173.

Lu Yixu, 2006, 'German Colonial Fiction on China: The Boxer Uprising of 1900', *German Life and Letters*, vol. 59, no.1, pp. 78-100.

Mann, Susan, 1997, *Precious records: women in China's Long Eighteenth century*, University of California Press, Stanford.

Mann, Susan, 2007, *The Talented Women of the Zhang Family*, University of California Press, Stanford.

Martyn, Trea, 2008, *Elizabeth in the Garden: A Story of Love, Rivalry and Spectacular Design*, Faber and Faber, London.

Meng, Zhaoxin 1993, *The Kangxi Emperor*, Jilin Literature and History Publishing House, Changchun, China. 孟昭信, 1999, *康熙皇帝*, 吉林文史出版社, 长春市。

Millward, James and Newby, Laura, 2005, 'The Qing and Islam on the Western Frontier', in Crossley, Pamela Kyle; Siu, Helen F.; Sutton, Donald S. (eds), *Empire at the Margins: Culture, Ethnicity and Frontier in Early Modern China*, University of California Press, Berkeley, pp.113-134.

Millward, James, 1994, 'A Uygur Muslim in Qianlong's Court: The Meaning of the Fragrant Concubine', *Journal of Asian Studies*, Vol. 53, No 2, pp. 427-458.

Mitchell, Craig; Ye, Feng; Wiseman, Nigel, 1999, *Shang Han Lun On Cold Damage*, Paradigm Publications, Brookline, Massachusetts.

Mote, Frederick W, and Twitchett, Denis (eds) 1988, *Cambridge History of China, Volume 7, The Ming Dynasty, 1368-1644, Part 1*, Caves Books, Taipei.

Nakayama, Shigeru, 1984, *Academic and Scientific Traditions in China, Japan and the West*, University of Tokyo Press.

Naquin, Susan and Rawski, Evelyn Sakakida, 1987, *Chinese Society in the Eighteenth Century*, Yale University Press, New Haven.

Needham, Joseph, *Science and Civilisation in China*, 1954, Cambridge University Press, Cambridge.

Needham, Joseph, 2004, *Science and Civilisation in China*, Sivin, Nathan (ed) vol. 6, Cambridge University Press, Cambridge.

Nisbett, Richard, 2004, *The Geography of Thought: How Asians and Westerners think Differently ...and Why*, Free Press, New York.

Normile, Dennis, 2003, 'Asian Medicine: The New Face of Traditional Chinese Medicine', *Science*, vol. 299, no. 5604, pp.188-190.

Ou, Ming; Wang, Ningsheng; Li, Yanwen; Chen, Xianqing; Liu, Xinchun; Luo, Hesheng; Lu, Xian (eds), 1992, *Chinese-English Manual of Common-Used Herbs in Traditional Chinese Medicine*, Guangdong Technology Publishing House, Hong Kong. 欧明 ; 王宁生 ; 李衍文 ; 陈先清 ; 刘心纯 ; 骆和生 ; 鲁咸 (编者) 1992 , 汉英常用中药手册, 广东科技出版社 , 香港。

Perdue, Peter, 2005, *China Marches West: The Qing Conquest of Central Eurasia*, Harvard University Press, Cambridge MA and London.

Peterson, Willard (ed) 2001, *The Cambridge History of China, Vol 9: The Ching Dynasty, Part 1*, Cambridge University Press.

Porter, Roy, 1999, *The Greatest Benefit to Mankind: A Medical History of Humanity* WW Norton and Company, New York.

Rawski, Evelyn S, 1998, *The Last Emperors, A Social History of Qing Social Institutions*, University of California Press, Berkeley.

Rawski, Evelyn, 1996, 'Reenvisioning the Qing: The Significance of the Qing Period in Chinese History', *Journal of Asian Studies*, vol. 55 no 4, pp. 829-850.

Reiter, Paul, 2000, 'From Shakespeare to Defoe: Malaria in England in the Little Ice Age,' *Emerging Infectious Diseases*, Vol 6, no 1, viewed 22 August 2009.
<<http://www.cdc.gov/ncidod/EID/vol6no1/reiter.htm>>

Rhoads, Edward JM, 2001, *Manchus and Han: Ethnic Relations and Political Power in Late Qing and Early Republican China, 1861-1928*, University of Washington Press.

Rogaski, Ruth, 2004, *Hygienic Modernity: Meanings of Health and Disease in Treaty Port China*, University of California Press, Berkeley.

Rossi, Elisa, 2007, *Shen, Psycho-Emotional Aspects of Chinese Medicine*, Churchill Livingstone, Oxford, UK.

Ryckmans, Pierre, 2008, 'The Chinese Attitude Towards the Past', *China Heritage Quarterly*, No. 14, viewed 22 August 2009.
<http://www.chinaheritagequarterly.org/articles.php?searchterm=014_chineseAttitude.inc&issue=014>

Said, Edward, 1978, *Orientalism*, Random House, New York.

Scheid, Volker; Bensky, Dan; Ellis, Andrew; Barolet, Randall, 2009, *Chinese Herbal Medicine: Formulas and Strategies* (2nd Ed.), Eastland Press, Seattle.

Scheid, Volker, 2002, *Chinese Medicine in Contemporary China*, Duke University Press, Durham and London.

Scheid, Volker, 2007, *Currents of Tradition: Continuity and Change in Chinese Medicine, 1600-2000*, Eastland Press, Seattle.

Scheid, Volker, 1999, 'The Globalisation of Chinese Medicine', *The Lancet*, 354, (Supplement 4).

Scheid, Volker, 2002, 'Kexue and Guanxixue: Contemporary Chinese Medicine and the Origins of Plurality' in Ernst, Waltraud (ed), *Plural Medicine: Tradition and Modernity 1800-2000*, Routledge, London, pp.130-152.

Scheid, Volker, 2006, 'Not Very Traditional, Nor Exactly Chinese, So What Kind of Medicine is It? TCM's Discourse on Menopause and Its Implications for Practice, Teaching, and Research', *Journal of Chinese Medicine*, no 82.

Scheid, Volker, 2002, 'Remodelling the arsenal of Chinese Medicine: Shared Pasts, alternative futures', *Annals of the American Academy of Political and Social Science*, vol. 583, no.1, pp. 136-159.

Scheid, Volker, 2004, 'Restructuring the Field of Chinese Medicine: A Study of the Menghe and Ding Scholarly Streams, 1600-2000', *East Asian Science, Technology and Medicine*, no. 22, pp 10-68.

Scheid, Volker, 2007, 'Traditional Chinese Medicine- what are we investigating? The Case of menopause', *Complementary Therapies in Medicine*, vol.15, no. 1, pp 54-68.

Scheid, Volker 2002, 'Wujin Medicine Remembered: Memory, Networks and Social Identity in Chinese Medicine, 1800-2000', *Taiwanese Journal for Studies of Science, Technology and Medicine*, no.2, pp. 121-184.

Scheid, Volker and Bensky, Dan, 1998, 'Medicine is Signification- Moving Towards Healing Power in the Chinese Medical Tradition', *European Journal of Oriental Medicine*, vol 2, no 6.

Science Daily, 4 August 2009, *Drug-Resistant Malaria Emerges in Cambodia*, viewed 2 September 2009.

<<http://www.sciencedaily.com/releases/2009/07/090729181502.htm>>

Scorzoni, Cinzia, 2002, 'The role of acumoxa textbooks in teaching and learning Chinese Medicine in Contemporary China', MSc thesis, University of Wales, Cardiff.

Seagrave, Sterling, 1993, *Dragon Lady*, Vintage Books, New York.

Selden, Mark, 2009, 'East Asian Regionalism and its Enemies in Three Epochs: Political Economy and Geopolitics, 16th to 21st Centuries', *Asia Pacific Journal: Japan Focus*, viewed 22 August 2009, <<http://www.japanfocus.org/-Mark-Selden/3061>>.

Shapiro, Hugh, 2003, 'Chinese and Western Medicine', in Selin, Helaine (ed), *Medicine across Cultures, History and Practice of Medicine in Non-Western Cultures*, Selin, Helaine, Kluwer Academic Publishers, Dordrecht, Germany, pp.351-372.

Sivin, Nathan, 2007, 'Drawing Insights from Chinese Medicine', in Lai, Karyn (ed) *New Interdisciplinary Perspectives in Chinese Philosophy*, no.34, pp. 43-55.

Sivin, Nathan, 2008, *Granting the Seasons: The Chinese Astronomical Reform of 1280, With a Study of its Many Dimensions and a Translation of its Records*, Springer, New York.

Sivin, Nathan, 1995, *Medicine, Philosophy and Religion in Ancient China*, Ashgate Publishing, Guildford.

Sivin, Nathan, 2005, 'A Multi-dimensional Approach to Research on Ancient Science', *East Asian Science Technology and Medicine*, No. 23, pp. 10-25.

Sivin, Nathan, 1989, 'On the Limits of Empirical Knowledge in Chinese and Western Science', in Biderman, Shlomo and Scharfstein, Ben-Ami (eds), *Rationality in Question: On Eastern and Western Views of Rationality*, EJ Brill, Leiden, pp. 165-189.

Sivin, Nathan, 1978, 'On the Word "Taoist" as a Source of Perplexity', *History of Religions*, no. 17: 303-330.

Sivin, Nathan, 1995, *Science in Ancient China: Researches and Reflections*, Variorum, Aldershot.

Sivin, Nathan, 1978, *Shen Kua (1031-1095)* in *Dictionary of Scientific Biography*, vol. XXII, Charles Scribner's Sons, New York, pp. 331-356.

Sivin, Nathan, 1995, 'Text and Experience in Classical Chinese Medicine', in Bates, Don (ed), *Knowledge and the Scholarly Medical Traditions*, Cambridge University Press, pp. 177-204.

Sivin, Nathan, 1990, 'Science and Medicine in Chinese History', in Ropp, Paul (ed) *Heritage Of China: Contemporary Perspectives on Chinese Civilisation*, University of California Press, pp. 164-196.

Sivin, Nathan, 1982, 'Why the Scientific Revolution Did Not Take Place in China- or Didn't It', *Chinese Science*, no. 5, pp. 45-66.

Spence, Jonathon, 1975, *Emperor of China: Self Portrait of Kang-hsi*, Vintage Books, New York.

- Spence, Jonathon, 2001, *Treason by the Book*, Penguin, New York.
- Spence, Jonathon, 1988, *Ts'ao Yin and the Kang-hsi Emperor*, Yale University Press, New Haven, Connecticut.
- Steiner, Robert, 2003, 'Cultural Perspectives on Traditional Tibetan Medicine', in Selin, Helaine, (ed), *Medicine across Cultures, History and Practice of Medicine in Non-Western Cultures*, Kluwer Academic Publishers, Dordrecht, Germany, p. 85.
- Strickmann, Michel, 2002, *Chinese Magical Medicine*, Stanford University Press, Stanford.
- Taylor, Kim, 2005, *Chinese Medicine in Early Communist China, 1945-63*, Routledge Curzon, Abingdon, UK.
- Taylor, Kim, 2004, 'Divergent Interests and Cultivated Misunderstandings: The Influence of the West on Modern Chinese Medicine', *Social History of Medicine*, Vol. 17 No. 1, pp 93-111.
- 30000 Years of Art*, 2007, Phaidon Press, London.
- Tong Dao, 2006, *Guoxue Dashi Zhe Se*, 国学大师之死, Beijing Contemporary China Publishing House.
- Tu, Wei-ming, *Humanity and Self-Cultivation: Essays in Confucian Thought*, Berkeley, Asian Humanities Press, 1979.
- Tu, Wei-ming, (ed) 1994, *The Living Tree The Changing Meaning of Being Chinese Today*, Stanford University Press, Stanford.
- Unschuld, Paul U, 1998, *Chinese Medicine*, Paradigm Publications, Brookline.

Unschuld, Paul U, 1980, 'Concepts of Illness in Ancient China: The Case of Demonological medicine', *Journal of Medicine and Philosophy*, vol 5, no. 2, pp. 117-132.

Unschuld, Paul U, 1991, *Forgotten Traditions in Chinese Medicine: A Chinese View from the Eighteenth Century*, Paradigm, Brookline.

Unschuld, Paul, 2003, *Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text*, University of California Press, Berkeley.

Unschuld, Paul U, 1979, *Medical Ethics in Imperial China: A Study in Historical Anthropology*, University of California Press, Berkeley.

Unschuld, Paul U, 1985, *Medicine in China A History of Ideas*, University of California Press, Berkeley.

Unschuld, Paul U, trans., 1986, *Nan-Ching The Classic of Difficult Issues*, University of California Press, Berkeley.

Wakeman, Frederick Jr, 2006, video recording, *The Last Millenium of Chinese History*, three-part film of lecture series: 1. *China's Longue Duree and Mongol Occupation*. 2. *Ming Nativism and the Local Turn*. 3. *Qing Culturalism and Manchu Identity*. Lectures delivered at University of California, San Diego, unpublished.

Wang, Eugene Y, 2005, *Shaping the Lotus Sutra Buddhist Visual Culture in Medieval China*, University of Washington Press, Seattle.

Wang, Jun, 2003, 'A life history of Ren Yingqiu; Historical Problems, mythology, continuity, difference in Chinese medical modernity, PhD thesis, University of North Carolina, Chapel Hill.

Wang, Shuo, 2004, 'Selection of Women for the Qing Imperial Harem', *The Chinese Historical Review*, Vol. 11, No. 2, pp. 212-222.

Wang, Yiyan, 2003, 'Mr Butterfly in Defunct Capital: "soft" masculinity and (mis) engendering China', in Louie, Kam and Low, Morris (eds), *Asian Masculinities; the meaning and practice of manhood in China and Japan*, Routledge Curzon, London, pp. 41-58.

Wilms, Sabine, 2008, *Bei Qi Jian Yao Fang Prescriptions worth a Thousand in Gold for Every Emergency*, Chinese Medicine Database, Portland, Oregon.

Winchester, Simon, 2008, *The Man Who Loved China: The Fantastic Story of the Eccentric Scientist Who Unlocked the Mysteries of the Middle Kingdom*, Harper Luxe.

World Health Organisation, 2008, *Traditional Medicine Fact Sheet* No. 134, viewed 13 July 2009, < [http: www. who.int/ mediacentre/ factsheets/ fs 134 /en/ >](http://www.who.int/mediacentre/factsheets/fs_134/en/)

Woo, Deborah, 1991, 'China's importation of western psychiatry: Cultural relativity and mental disorders', *Theoretical Medicine and Bioethics*, vol.12, no.1, pp. 24-43.

Wright, Arthur F., 1959, *Buddhism in Chinese History*, Stanford University Press, Stanford.

Wright, Arthur F. and Twitchett, Denis (eds) 1962, *Confucian Personalities*, Stanford University Press, Stanford.

Wu, 2005, *Yellow Emperor's Canon Internal Medicine*, (trans), China Science and Technology Press, Beijing.

Wu, Cuncun, 2003, 'Beautiful boys made up as beautiful girls': anti-masculine taste in Qing China' in Louie, Kam and Low, Morris (eds), *Asian Masculinities: the meaning and practice of manhood in China and Japan*, Routledge Curzon, London, pp.19-40.

Wu, Shizhou, 2006, *Qianlong Yiri (One Day in the Life of Qianlong)*, Shandong Pictorial Publishing House, Jinan, China. 吴十周, 2006, *乾隆一日*, 山东画报出版社, 济南, 中国。

Wu, Yili, 2000, 'The Bamboo Grove and Monastery and popular gynecology in Qing China', *Late Imperial China*, vol. 21, no. 1, pp. 41-76.

Wu, Yiyi, 1993, 'A Medical Line of Many Masters: A Prosopographical Study of Liu Wansu and His Disciples from the Jin to the Early Ming', *Chinese Science*, vol. 11, pp. 36-65.

Xiang, Lanxin, 2003, *The Origins of the Boxer War*, Routledge Curzon, London.

Yang, Yifan, 2002, *Chinese Herbal Medicines*, Elsevier, Amsterdam.

Yates, Robin, 2005, 'Medicine for Women in Early and Medieval China', in *Nan Nu, Men, Women and Gender In Early and Imperial China*, Vol. 7, no. 22, pp. 127-181.

Yeh, Wen-Hsin, 2003, 'Historian and Courtesan: Chen Yinke and the Writing of Liu Ruishi', *Morrison Lecture, Australian National University*, viewed 22 August 2009, <<http://rspas.anu.edu.au/ccm/morrison/morrison03.pdf>>.

Yen, Yuehping, 2005, *Calligraphy and Power in Contemporary Society*, Routledge Curzon, New York.

Yoshihiro, Ishikawa, 2003, 'Anti-Manchu Racism and the Rise of Anthropology in Early 20th century China', *Sino-Japanese Studies*, vol 15, pp. 7-26.

Yu, Shen, 2005, *A Heart Approach to Gynecology*, trans., Paradigm Publications, Brookline, Massachusetts.

Zamoyski, Adam, 2000, *Holy Madness Romantics, Patriots and Revolutionaries 1776-1871*, Viking, New York.

Zhang Yanhua, 2007, *Transforming Emotions with Chinese Medicine: An Ethnographic Account from Contemporary China*, State University of New York Press, Albany, New York.

Zhang, Yongle, 2008, 'No Forbidden Zone in Reading, Dushu and the Chinese Intelligentsia', *New Left Review*, no. 49, viewed 27 August 2009.
<<http://www.newleftreview.org/?view=2704>>.

Zhang, Zhongjing, 1987, *Synopsis of Prescriptions of the Golden Chamber*, trans. Luo Xiwen, New World Press, Beijing.

Zhongguo kexue jishu xiehui (China Science and Technology Association), (eds) 1999, *Summary Biographies of Chinese Science and Technology Experts. Medicine*, vol. 1, People's Medical Publishing House, Beijing. 中国科学技术协会 , 1999 , 中国科学技术专家传略 : 医学 ; 卷 1 , 人民卫生出版社 , 北京。

Zhu Jianfei, 2003, *Chinese Spatial Strategies: Imperial Beijing*, Routledge, New York.