

Wujin Medicine Remembered: Memory, Identity and Social Networks in Chinese
Medicine 1800 – 2000

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Abstract

The present article examines by means of a case study approach how four different medical traditions that originated in Wujin County, Jiangsu Province, in late imperial China have been remembered since. The study shows that representations of Wujin medicine and the social networks in which these representations circulate change over time as a variety of social agents participate in the shaping of social memory. These agents include physicians competing for patients, fame and status, who exploit their relation to medical resources for both clinical and non-clinical ends; patients, who seek physicians in order to cure their afflictions but also to engage with them in a social dialogue; politicians, who import ideological struggles into the field of medicine; scholars, who use medicine as a tool in status competitions between regions and localities; and others related to the above through reciprocal social obligations of various kinds. Drawing inspiration from an interdisciplinary range of sources that include genealogical approaches in Western philosophy, actor-network theory in the cultural studies of science, and work on social memory in anthropology and area studies, the interaction between these various agents is described as an ongoing labour that conjoins the formation of social identities to the shaping of the clinical practice, doctrinal content and institutional organization of medicine in such a manner that they mutually determine each other. As a result of this labour diverse memories of Chinese medicine circulate in networks of different shapes and sizes that are more or less enduring. Elements of one network can be assimilated into another and thereby brought into its memory of itself, but also dis-assimilated and thereby forgotten. The value of this approach is, first and foremost, that it allows for a mode of analysis that grasps medicine as intrinsically plural and unstable. Furthermore, it links work in the social history of Chinese medicine to that in a variety of other fields and thereby hopes to benefit all through increased cross-fertilization.

*The struggle of people against power
is the struggle of memory against forgetting*

Milan Kundera

On 4 May 1979 the Ministry of Health in Wujin County, Jiangsu Province, convened a Symposium for Senior Physicians of Chinese Medicine 老中醫座談會. The Symposium was attended by twenty physicians from local hospitals and commune health stations as well as doctors trained in Western medicine who had studied Chinese medicine 西學中 during the 1950s and 60s. It passed a resolution, which declared that “inheriting and developing” 繼承發展 should constitute the twin pillars for the future advancement of Chinese medicine in the county.¹

¹Notes on Names and Transliteration

For transliteration of names and technical terms I have used the Pinyin system throughout. To increase the readability of my essay I generally do not transliterate terms for which Chinese characters are given. For persons that feature prominently in the narrative I give both their proper 名 and style 字 names. In my narrative I use the name by which the person is most commonly referred to in the secondary literature. In cases where this is their style or hao 號 name I indicate their proper name also on the instance of their first citation in the text. In the bibliography I use proper names followed by style names in brackets.

This formulaic statement rehearses the reaffirmation of Chinese medicine as an independent medical tradition enshrined at the national level during the 11th National Health Conference in September of the same year.² While remaining faithful to the teleology of progress that has been the credo of all Chinese formations of modernity, the language of inheriting and developing significantly redefines its vision and scope. For it conceives of progress not as an ongoing overturning of the past but as a more gradual unfolding of knowledge in the light of accumulating experience. In the political context of the late 1970s and early 1980s, the language of “inheriting and developing” thus signified a shift of power away from the propagandists of a new medicine 新醫學 (a medicine whose vision was to absorb and thereby destroy Chinese medicine) and into the hands of more traditionally minded physicians.

Leading these physicians were the *laozhongyi* 老中醫, the “venerated senior physicians of Chinese medicine,” many of whom had suffered considerable personal hardship during the preceding years of the Cultural Revolution. In Wujin County alone, a total of 156 physicians had been sent down to the countryside or victimized in the ten years between 1966 and 1976. Of these, more than twenty died of illness, while five had died from the results of actual physical attacks. Of the remainder, 41 had to be retired

武進衛生局編史修誌零道小組編著, 《武進衛生誌：1879-1983》（武進：武進衛生局內部資料, 1985）：196-197。 [Hereafter WJWSZ].

² 中華人民共和國衛生部中醫司, 《中醫工作文件匯編》。(北京：中華人民共和國衛生部中醫司, 1985)。 The “three paths” 三道路 policy regarding the development of the health sector developed at the conference states that “Chinese Medicine, Western Medicine and Integrated Chinese and Western Medicine constitute three great powers which all need to be developed and which will coexist for a long time.” 王致譜, 蔡景峰, 編著, 《中國中醫藥50年》(福州: 福建科學技術出版社, 1999), 17。

by 1978 due to their incapacity to carry out previous work duties.³ The politics of “inheriting and developing” now opened up a space in which *laozhongyi* could attempt to regain some of the pride and status of which they had been stripped. Farquhar has described how this need on the side of the *laozhongyi* was matched by the yearning of younger physicians for genealogies through which they could reconnect themselves as individuals to Chinese medicine as a living tradition. The result was a series of often intimately personal accounts and histories written by *laozhongyi* and their students of Chinese medicine not as an abstract medical system but as embodied in the life and work of its most senior physicians.⁴

Such autobiographical writings have been complemented since the 1980s by other genres of writing seeking out the roots of Chinese medicine.⁵ These include the personal experience of individual physicians transmitted in case records 醫案 or medical essays 醫話; the republication of medical classics 經典; and research into local medical traditions and scholarly currents 學派. This literature juxtaposes the state promoted view of Chinese medicine as a universal national tradition (Mao’s famous treasure house) with perspectives emphasizing personal, regional and institutional diversity. Not surprisingly, it re-emerged at a time when the Maoist vision of state socialism began to retreat and no new unifying discourse had yet emerged to replace it.⁶

³ WJWSZ: 196-197.

⁴ Judith Farquhar, “Re-writing Traditional Medicine in Post-maoist China.” In Donald Bates, ed. *Knowledge and the Scholarly Medical Traditions*, (Cambridge: Cambridge University Press, 1995).

⁵ The reference to the “root searching” 尋根 movement that became an important literary force in 1980s China is intentional. I do not claim that there was any direct connection between the two. While drawing on very different roots they did take place within the same historical context.

⁶ Linking this modern literature to the invention of the warm [pathogen] scholarly current 溫病學派 during

The authors and publishers of this literature and their motivations for writing it are diverse. They include individual physicians, their students and families, interested in promoting or enhancing an image or reputation; publishing houses on the lookout for new market niches in an increasingly competitive market; and historians in state institutions frequently working under the direction of national, regional and provincial political bodies. The hagiographic tone that frequently characterises even these latter works suggests that nationalism, regionalism and localism as important factors shaping their topic and content.

In Wujin County, for instance, the state sanctioned development of Chinese medicine was overseen by the Wujin County Medicine and Pharmacology Institute 武進縣醫藥學會 established in May 1979. The Institute was composed of practising Chinese medicine physicians, academics and bureaucrats, some of whom had a background in Chinese medicine. Meeting quarterly around the County between 1979 and 1983 the Institute published two hundred and eleven articles and books, of which sixty (or 28.4%) were included in officially sponsored campaigns aimed at promoting the academic achievements of the region.⁷

The single most important publication produced by the Institute is the *Anthology of Medical [Writings] by Four Menghe Families* 《孟河四家醫集》 published at the end of 1983.⁸ This book, totalling more than the Qing, Marta Hanson, *Inventing a Tradition in Chinese Medicine: From Universal Canon to Local Medical Knowledge in South China, the Seventeenth to the Nineteenth Century*, (Ph.D. dissertation, Philadelphia: University of Pennsylvania, 1997), identifies local genealogies of medical knowledge as motivated by desires for augmenting a region's national reputation and reinforcing local identities. In her view, local traditions of medicine thus tend to be invented precisely during those periods in time that universal discourses associated with a powerful state are effectively challenged.

⁷ WJWSZ, 195-197.

⁸張元凱，編著，《孟河四家醫集》（南京：江蘇科學技術出版社，1985）。See also 張元凱，王同卿編著，《孟河四家》（手稿：無出板日子）。

1300 pages, is a collection of works by six physicians belonging to four families of hereditary physicians from the small town of Menghe in the Northwest of Wujin County. These physicians, their ancestors, students and disciples are collectively referred to today as the Menghe scholarly current 孟河學派 in Chinese medicine. During the same period, scholars from the nearby Nanjing College of Chinese Medicine 南京中醫學院 also published a number of monographs on the Menghe scholarly current.⁹ Collectively, these writings did much to establish this current as an important branch of Chinese medicine among both Chinese and foreign scholars.¹⁰ Menghe medicine is regularly deployed today in order to project the county's cultural genius onto a wider national stage and its physicians are placed on par with famous Wujin

⁹ 陳道瑾, 〈略談孟河四名家〉, 《江蘇中醫雜誌》1 (1981) : 42-45。黃煌, 〈孟河名醫學術特點簡介〉, 《江蘇中醫雜誌》4 (1983) : 37-39。黃煌, 〈江蘇孟河醫派的形成和發展〉, 《中國醫學史》142 (1984a) : 65-71。Huang carried out his work on the Menghe current for his master's degree. His supervisor was Professor Ding Guangdi 丁光迪, head of the Department for the Doctrines of Schools of Chinese Medicine 中醫各家學說. According to Ding's biography he is an eighteenth generation physician from Wujin County. 項平編著, 《南京中醫藥大學中醫家轉集》, (北京: 人民衛生出版社, 1999)。

¹⁰ The Menghe medical current features prominently in recent histories of Chinese medicine such as 鄧鐵濤, 《中醫近代史》(廣州: 廣東高等教育出版社, 1999) and 鄧鐵濤, 程之范, 編著, 《中國醫學通史: 近代卷》(北京: 人民衛生出版社, 2000)。The material in these histories is copied directly from the earlier work of Huang and Chen. Besides the references cited in note 9 see also 任勉芝, 〈孟河醫派的遺風〉, 《中國醫學史》II (1984) : 72-74。On the basis of the same articles, Nathan Sivin, "Science and Medicine in Imperial China: The State of the Field," *The Journal of Asian Studies*. 471 (1988): 41-90, had argued that Menghe would constitute a useful subject for the examination of local medical traditions in late imperial China.

intellectual and artistic traditions.¹¹

The present essay is a different kind of root searching to that carried out by my Chinese peers. I intend to look underneath the apparently objective descriptions of medicine and its development presented in these hagiographic accounts of individual merit and collective achievement. My purpose is not to discredit but to explore in a series of case studies how Chinese medicine in Wujin County has come to be remembered today in the way it has. In doing so I shall focus on the social labour through which these memories have been constructed, the fields of practice in which remembering has taken place, and the historical contingencies that have directed and channelled it. I will show how individual physicians, families and groups used the space provided by local and national politics in order to compete with each other for status and influence, while local, regional and national institutions have attempted to co-opt them into larger political projects.

The construction of genealogies - a process by which the present is connected to the past for the purpose of imagining a future - will be shown to assume a place of central importance. I discuss in more detail elsewhere how placing genealogy at the heart of inquiry in the history and anthropology of Chinese medicine may help to advance our understanding of continuity and change without succumbing to the ever-present dangers of unwarranted reifications or periodizations.¹² The present article should therefore be understood as part of a wider project intended to document the value of a genealogical perspective for the

¹¹ 時雨蒼, 《孟河名醫簡介》(常州: 中國人民政治協高會議江蘇省武進縣委員會文史資料研究委員會, 1993): 81-83。朱達明, 《清代常州五學派》(江陰: 海南出版社, 1999)。

¹² Genealogy has been diversely emphasised and elaborated in the Western intellectual tradition. The seminal text is Friedrich Nietzsche, *The Genealogy of Morals*, Translated by H. B. Samuel, (New York: The Modern Library, 1918). Two influential but different later texts are: Michel Foucault, *The Archaeology of Knowledge* (London: Tavistock, 1972) and *The Birth of the Clinic: An Archaeology of Medical Perception* (London: Tavistock, 1976); Raymond Williams, *Keywords: A Vocabulary of Culture and Society Revised and Expanded Edition*. (London: Fontana, 1983 [1976]).

history of Chinese medicine.

The production of genealogies, of course, has always been an important concern for social agents in Chinese culture, where emphasis on descent and filiality links social order with moral behaviour, and thus with feeling and affect. Genealogies also imply ideologies of reciprocity that filter out from kin based descent groups into larger society and link physicians and their patrons into synchronic and diachronic networks that construct and embody Chinese medicine as social memory. Hence, as some sinologists argue, these social relations and the emphasis on locality they imply - rather than formal institutions - should form the central focus of any sociology of knowledge in China. My essay is a contribution to this intellectual tradition.¹³

Chinese Medicine in Wujin County

Wujin County 武進縣, located about halfway between Shanghai 上海 and Nanjing 南景, is an administrative subdivision of Jiangsu Province 江蘇省. It surrounds the city of Changzhou 常州, presently an independent administrative area, but for most of its history the cultural and economic centre of Wujin

¹³ The many and varied influences that have shaped my thinking are too numerous to list here. They include: Fei Xiaotong, *From the Soil: The Foundations of Chinese Society*. A Translation of Fei Xiaotong's Xiangtu Zhongguo with an Introduction and Epilogue by Gary G. Hamilton and Wang Zheng (Berkeley, University of California Press, 1992) is a key figure. Judith Farquhar and James L. Hevia, "Culture and Postwar American Historiography of China." *positions* 12 (1993): 486-525, present a cogent critique of Western scholarship on China, while Prasenjit Duara, *Rescuing History from the Nation: Questioning Narratives of Modern China*. (Chicago: London, University of Chicago Press, 1995) is a more recent model. I am more explicit on the sources of my own thinking in Volker Scheid, *Contemporary Chinese Medicine: Plurality and Synthesis* (Durham: Duke University Press, 2002).

and capital of Changzhou Prefecture 常州府. As part of the wider Jiangnan 江南 region, Changzhou and Wujin partook in the wider economic and social transformations that from the Ming onward established Jiangnan as the economic and cultural centre of China. Gradually, Wujin County rose to a position of influence rivalling that of more widely known centres such as Suzhou 蘇州, Hangzhou 杭州, Nanjing 南京 and Yangzhou 揚州.

During the Qing Wujin County was seventh in the empire for local communities of outstanding academic success. Its number of 265 *jinshi* degree holders was exceeded only by the Suzhou municipal area with 504.¹⁴ In fields reaching from Confucian scholarship to classical poetry, from painting to philosophy scholars, artists and scientists from Wujin County achieved national prominence and influence. In the domain of Confucian scholarship, for instance, the Changzhou [New Text] School 常州學派 of evidential scholarship, for instance, established itself as the dominant intellectual tradition in the country during the eighteenth and early nineteenth centuries. The Yanghu Literary School 陽湖文派, the Changzhou Poetry School 常州詞派, and the Changzhou School of Painting 常州畫派 equally gained national renown.¹⁵

In the social environment of the late Qing, where elite medicine had increasingly become integrated into gentry culture, it is therefore not at all surprising that Changzhou and Wujin County established themselves also as centres of medical learning (See Table 1). The crest of this wave can be located during the mid-nineteenth century lasting well into the Republican and even the contemporary period. From the late

¹⁴ The history of Changzhou Prefecture is usefully summarized in Benjamin Elman, *Classicism, Politics, and Kinship: The Ch'ang-chou School of New Text Confucianism in Late Imperial China*. (Berkeley: University of California Press 1990): appendix 1, 325-330. The data is based on Ping-T'i Ho, *The Ladder of Success in Imperial China: Aspects of Social Mobility, 1368-1911* (New York: Columbia University Press, 1962): 246-254 and Elman (1990): 95 - 97.

¹⁵ 朱達明 1999.

nineteenth century onwards increasing numbers of physicians from Wujin migrated to Shanghai, either escaping political turmoil at home or being attracted by the potential for fame and fortune offered by China's new economic and cultural powerhouse. Once they had established themselves in this new environment, Wujin physicians came to constitute one of the most powerful and influential group of physicians in Shanghai, whose activities decisively influenced the development of Chinese medicine during the course of the twentieth century.

Local scholars commenting on the emergence of Wujin medicine during the Qing clearly link it to the flourishing of scholarly learning in the county as a whole.

“Wujin is located in Jiangnan, a hub of land and water. For a long time it has been known throughout the country for its concentration of cultured people. During the Qing the reputation of various schools became especially strong. Chinese medical scholarship also followed [this general trend] and famous physicians came forth in large numbers.”¹⁶

Biographies of physicians in official histories and local gazetteers plus individual recollections of various kinds have been the main sources for my understanding of medical practice in Wujin County during this time.¹⁷ Although these records focus on the elite medical tradition and thereby tend to exclude the many

¹⁶ 錢今陽, 《錢氏兒科》 (上海: 上海蒼庵講舍, 1942): 謝觀序, 1

¹⁷ These sources are: WJWSZ。【1843】黃冕等, 《武進陽湖合誌》(1886 刻本: 上海圖書館) [hereafter WJYHHZ]。蔣毓銑等修, 薛紹元等纂, 《武陽誌餘》(團練紀實附, 1888) [hereafter WYZY]。【1879】董似穀修, 湯成烈等纂, 《光緒武進陽湖縣志》(陽湖縣民國時併入武縣, 1906) [hereafter WZYHXZ]。【清】張愚直, 《武進陽湖縣合誌人物傳》(鈔本: 上海圖書館) [hereafter WJYHXRWZ]。張維驥, 《清代毗陵名人小傳》(上海: 常州旅滬同鄉會, 1944a)。

other medical practices that made up medicine in China at the time, they still present us with a picture of a vibrant and heterogeneous medical field, rooted socially within established family traditions and local scholarly networks. Altogether I have found records for a total of one hundred sixty-one physicians who practised in Wujin during the Qing.¹⁸

Of these 161 physicians surveyed one hundred and three (64%) practised within a family tradition. At least ninety-seven (59.5%) had scholarly affiliations whether by way of publication, erudition or examination success. The latter was, in the main, modest. Twenty-seven physicians (16.6%) held a degree, but only five (3.1%) of these were at the higher *juren* 舉人 or *jinsi* 進士 levels. While some historians have employed scholar physicians 儒醫 and hereditary physicians 世醫 as distinct social categories, my data suggests a considerable overlap between both groups. As we shall see, many of the most noted scholar physicians in Wujin belonged to established medical families, while of the twelve family traditions that can be tracked over more than four generations ten contain physicians with scholarly credentials. Even if we look all family traditions this number still is twenty-two out of thirty-four (64.7%).

Perhaps one of the reasons why Wujin medical traditions, like the philosophical, literary and artistic schools that flourished in the county during the Qing, came to exert a wider influence lay in this interpenetration of scholarly learning and experience accumulated within family traditions. This certainly appears to be the

費子彬。《明清以來之孟河醫學》，費碧漪編著，《費子彬全書》（香港：古玉虹樓，1984）：

30-38。江蘇武進縣武進縣誌編纂委員會編著，《武進縣誌》（上海：上海人民出版社，1988）

[hereafter WJXZ]。常州市衛生誌編纂委員會，《常州市衛生誌》（常州：常州市衛生部，1989）

[hereafter CZWSZ]。黃元裕編著，《常州市誌》（北京，中國社會科學出版社，1995）[hereafter CZSZ]。

¹⁸ Note that this number is slightly higher than the number of 90 given by 陳道瑾，薛渭濤，《江蘇歷代醫人誌》（南京：江蘇科學技術出版社，1985）。This may be due to different sources consulted.

view of Xie Guan 謝觀 (1880~1950), styled Liheng 利恆, who himself belonged to a family of scholars and physicians from Wujin and who thus could claim first-hand knowledge of medicine in the county. In commenting upon one of these families of scholar physicians, the Qian 錢 from Changzhou, Xie notes:

“From their first ancestor in the Qing they gained a reputation in paediatrics and [also] as experts in adult medicine. In each generation [there were physicians to whom this learning] was transmitted so that for over two hundred years it has never lain fallow. ... And thus, the standards of formula composition in Wujin were largely taken up as models in the neighbouring counties.”¹⁹

The influence of Wujin physicians manifested itself most visibly in Shanghai during the early years of the Republican era, when individually and as a network they exerted a decisive influence on the development and content of national medicine 國醫. Three of the six member committee sent to Nanjing in 1929 to petition parliament against the proposed abolition of Chinese medicine, for instance, came from Wujin while a fourth was the disciple of a Wujin medical family.²⁰ The foundation of the Shanghai Technical College of Chinese Medicine 上海中醫專門學校, the most influential Chinese medicine school of its time,

¹⁹ 錢今陽 (1942): 謝觀序, 1.

²⁰ The five delegates were Xie Guan; Jiang Wenfang 蔣文芳 (1898-1961), an eighth generation physician from Wujin; Chen Cunren 陳存仁 (1908-1990) from Shanghai but a disciple of the Ding family from Menghe; Zhang Mei'an 張梅庵 and Sui Hanying 隧翰英. They were accompanied by two secretaries: Zhang Zanchen 張贊臣, a student of Xie Guan who also came from Wujin and Cen Zhiliang 岑志良. See 鄧鐵濤 (1999): 285 for a summary account.

was centred on physicians and businessmen from Wujin.²¹ And when an influential summary of important medical currents of the modern era was published in Shanghai in 1994, seven (30.4%) of its twenty-three chapters were devoted to physicians who claimed Wujin as their ancestral home.²²

Physicians, Families, Currents

In his essay Xie Guan also makes some further important observations regarding the coexistence of competing currents 派 of physicians in Wujin County.

“Summing up the essence [of Wujin medicine] one can more or less divide it into a urban and a rural current. The rural current [was concentrated] predominantly on the banks of the Menghe [canal] with the [various physicians] named Chao 巢 and the Fei

²¹ The key figure in founding the college was Ding Ganren from Menghe in Wujin. His partner Xia Shaoting 夏紹庭 (1871-1936), styled Yingtang 應堂, had his ancestral home in Jiangdu 江堵 in Jiangsu but was closely connected with other Menghe physicians such as Chao Songting 巢松亭 (1869-1916), proper name Jun 竣, and his son Yuchun 雨春 (1904-1971), who became his student. See 上海市中醫文獻研究館編著, 《中國歷代醫史》(上海: 上海市中醫文獻研究館, 1959): 319。施杞編著, 《上海歷代名醫方技集成》(上海: 上海科學技術出版社, 1994): 804-808。Initially, most teachers at the college came from Menghe and its surroundings, while Ding Ganren raised the necessary funds through his connections to the Shanghai commercial elite. For a detailed history of the school see 裘沛然編著, 《名醫搖籃-上海中醫學院上海中醫專門學校校史》(上海: 上海中醫藥大學出版社, 1998)。

²² 上海中醫學院編著, 《近代中醫流派經驗選集》(上海: 上海科學技術出版社, 1994)。

費 and Ma馬 families outstanding. Within the urban current the Qian 錢 occupied first position.”²³

Xie here suggests that competition within the field of medicine was, to some extent at least, centred on scholarly currents 學派 rather than individual physicians or even families. I have argued elsewhere that these currents - defined as lineage-like networks of physicians tied to each other through a variety of reciprocal relationships - constitute a key conceptual category for the social history of Chinese medicine during the late imperial and modern periods.²⁴ During this time currents are often centred on family medical traditions but also encompass their students and disciples, some of these recruited to medical families via agnatic ties. The situation is not unequal to Qing dynasty scholarly traditions in Wujin and Changzhou. These, too, were associated with a small number of elite families such as the Zhuang 莊 and their agnates, the Liu 劉 and Sun 孫.²⁵ My subsequent discussion will therefore focus on these currents as both objects and mediators for the way in which Chinese medicine is socially constructed through the process of selective remembering.

Xie’s account itself justifies this strategy. Throughout his life, Xie sought to assimilate himself to the Menghe scholarly current, and he was connected with Qian Jinyang 錢今陽, a prominent member of the

²³ 錢今陽 1942: 謝觀序, 1

²⁴ Scheid (2002).

²⁵ Elman (1990) and 朱達明 (1999) provide detailed summaries of intellectual schools and artistic traditions in Wujin

Qian family, through a variety of professional ties.²⁶ His portrait of these two currents as the most important in Wujin County must thus be considered to be at least tendentially biased. This suspicion is confirmed by an examination of other sources (Table 2). Here we find that various commentators differ amongst themselves as to which currents and physicians they view as worthy of attention and thus of remembering.

Table 2 summarizes the treatment of eight Wujin family based currents in different historical sources from the late Qing to the present. These include the four families conventionally taken today as constitutive of the Menghe scholarly current: the Fei 費, the Ma 馬, the Chao 巢 and the Ding 丁. I have furthermore included the Qian's 錢 cited by Xie as dominant in Changzhou; the Fa 法 family, originally from Menghe but later settling elsewhere; the Xie 謝 family from Luoshuwan 羅墅灣, a hamlet in the vicinity of Menghe; and the Wu 吳 family current from Yinshu 印墅 in Yanghu 陽湖. Two conclusions can be drawn from this comparison. First, the Menghe scholarly current (and here in particular the Fei family) is the only one that is consistently remembered in all sources examined. Second, the importance accorded to various currents differs significantly from account to account.

The second of these conclusions supports the findings of previous scholars. These scholars show that the publication of biographies of famous physicians in Chinese historical sources to be motivated by the political goals of publishers and therefore as being tied to and indicative of wider social trends. Wu, for instance, claims that the physicians, whose biographies appear in the *Draft of Qing History*, were selected on the basis of their literary achievements in order to project an ideal of medicine as a learned tradition. Local gazetteers, on the other hand, included physicians because of their therapeutic success or exemplary virtuous conduct. In doing so they provided a stage for the achievements of local know-how, while

²⁶ Both Qian and Xie were actively involved in Chinese medicine politics in Shanghai during the late 1930s and 1940s and shared many acquaintances. See also Case 4 below.

simultaneously impressing on readers their elite views on morality.²⁷

Other biases in the selection of biographies arise from a variety of different factors. The most recent Changzhou Gazetteer, published in 1999, documents the recent history and achievements of the County. As such it focuses predominantly on physicians who actually practised in Wujin and tends to exclude those who claimed it as their ancestral residence or who trained in Wujin but then moved away.²⁸ Histories of medicine and articles in modern medical journals, on the other hand, tend to base themselves on written sources and thereby disregard physicians who have not contributed to the archive of Chinese medicine in this particular way.

Closer inspection reveals, however, that such generalisations provide at best partial explanations for the observed biases. Several physicians of the Wu current, for instance, appear to have been amongst the most famous physicians in Wujin during the nineteenth century. Yet, they are all but forgotten today and not included in the otherwise comprehensive contemporary Gazetteer. Likewise, even though the Qian family produced numerous medical texts that constituted - in the eyes of their contemporaries - significant contributions to the medical archive, these have not stimulated any modern research.

Filling in the missing links in the above explanations will thus require of us to examine for each individual current its construction within a wider process of social remembering. This task is the purpose of the following case studies. Each case study will examine the process whereby a particular current has come to be remembered or forgotten. My intention is not to survey in detail the social landscape of Chinese medicine in Wujin county throughout the last century. Many more physicians, family medical traditions and

²⁷ Yili Wu, *Transmitted Secrets: The Doctors of the Lower Yangzi Region and Popular Gynecology in Late Imperial China*. in the *Department of History*. (Ph.D. dissertation: Yale University, 1998): 25-27. See also Hanson (1997) and Yuanling Chao, *Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou*. (Ph.D. dissertation: University of California at Los Angeles, 1995).

²⁸ See CZSZ III: 601 ff.

scholarly currents existed and contributed to the shaping of Chinese medicine in the period under consideration. In some instances, such as that of the well-known Republican scholar physician Yun Tieqiao 恽鐵樵 (1878~1935), their influence rivalled or even transcended that of those discussed here. If I ignore these other physicians and traditions this is because my main intention is analytical rather than descriptive. It is to explore new ways of thinking about Chinese medicine rather than describing it in greater detail. For that purpose I consider the judicious selection of appropriate cases sufficiently detailed and different from each other to allow for comparison and for the drawing of more general conclusions an appropriate research strategy.

Case I: The Menghe Scholarly Current

Menghe 孟何 is the name of a small town in the North-western corner of Wujin County. Strategically located between the larger cities of Changzhou and Zhenjiang 鎮江 and as a garrison town providing a certain degree of safety in often troubled times, Menghe established itself during the Qing as a smaller centre in the Wujin hinterland, attracting wealthy merchants, scholars and naturally also physicians.²⁹ Current knowledge about medical practice in Menghe begins in the late Ming with the Fa and Fei medical families. By early Qing the Fa were an established line of scholar physicians practising in Menghe in at least the fifth generation. Their members wrote medical treatises on a wide range of topics including internal medicine, pulse studies, cold damage 傷寒 and paediatrics. For unknown reasons - perhaps to cash in on a growing reputation in larger neighbouring centres, perhaps due to internal family disputes - the Fa family split and moved out of Menghe. Different segments settled in Changzhou, Yixin and Kunshan 昆山,

²⁹ On the history of Menghe see 巢義山., 〈孟鎮清代駐兵防守情況〉, 中國人民政治協高會議江蘇省武進縣委員會文史資料研究委員會編著, 《武進文史資料》 (武進: 武進印刷廠, 1993) :

125-126。包樹森編著, 《常州掌故》 (北京: 方誌出版社, 1998) : 255。

where they established veritable medical traditions.³⁰

The Changzhou line of the family continued to practice medicine for over three hundred years. An eighteenth generation physician is currently teaching at the Nanjing University of Chinese Medicine, where he contributed to the compilation of important modern medical textbooks.³¹ However, having left Menghe early, the Fa unlike the Ding, who as we shall see left Menghe before they actually started to practise medicine but after Menghe had become a famous medical centre, are not identified by modern historians as belonging to the Menghe scholarly current. As a consequence, their books have not been reprinted and remain accessible only in a few libraries.³²

The Fei, on the other hand stayed in Menghe and became the nucleus of the local medical current. They were descendants of an elite family from Jiangxi whose members occupied high-ranking positions in the Ming government, where they were aligned to the philosopher-statesman Wang Shouren 王守仁. A branch of the family settled in Menghe during the disorders of the Ming Qing transition, most likely turning to

³⁰ Biographies of Fa family physicians are contained in WJYHHZ, 卷：2717B - 18B. See also 李云編著, 《中醫人名辭典》(北京：國際文化出版公司, 1988)：607-609. Their medical works are listed in 張維驥, .《清代毗陵書目》(上海：常州旅滬同鄉會, 1944b), 卷3: 12-13.

³¹ 史宇廣編著, 《中國中醫人名辭典》(北京：中醫古籍出版社, 1991)：391. CZSZ III: 601.

³² 薛清錄編著, 《全國中醫圖書聯合目錄》(北京：中國古籍出版社, 1991) lists only one title by Fa Weilin: *Worthy Essentials of Medicine* 《醫通要賢》. 張維驥 (1944b), on the other hand lists ten titles by the Fa Family.

medicine because it afforded a better income than teaching.³³ Over subsequent generations the Fei emerged as the most influential medical family in town, playing an instrumental role in the rise of Menghe as a medical centre of local and then national repute. A later commentator has described the growth of this reputation in vivid images:

“Word went around the world that Menghe had many excellent physicians so that famous and powerful officials reversed their steps [to consult them]; at times there was the awesome noise of a convoy of ships stretching for many miles.”³⁴

The list of officials and members of elite society travelling to Menghe for treatment or calling on its physicians is indeed most impressive. It apparently included the family of Lin Zexu 林則徐 (1785~1850), one time governor of Jiangsu Province;³⁵ and the empress dowager of the *Daoguang* 道光 emperor as well

³³ 【1869】費伯雄 (晉卿)，《費氏宗譜》(Salt Lake City: Genealogical Society of Utah Microfilm no 9124044/5-10, 1976)。【1897】馬文植 (培之)，《孟河蔣氏宗譜》(Salt Lake City: Genealogical Society of Utah Microfilm no 1211206/5-7 and 1211207/1, 1979). For summary histories of the Fei family see 費子彬 1984 30-31; 楊研君，〈孟河醫學源流〉，費碧漪編著，《費子彬全書》(香港：古玉虹樓，1984)：2。See also 何時希編著，《中國歷代醫學轉鑪》(北京：人民衛生出版社，1991b)：II / 925.

³⁴ 余景和 (聽鴻)，《外証醫案匯編》：(江蘇綠蔭堂，1891): 趙賓詳序。

³⁵ CZWSZ, 394 notes that Lin held Fei Boxiong in high regard; 張元凱 (no date): 84 states that he was received by Lin; 陳雷樓編著，《中國歷代名醫圖傳》(南京：江蘇科學技術出版社，1987)：235 and 時雨蒼 (1993) state that Fei treated Lin. When I interviewed Fei Jixiang 費季翔, a professor at the

as the emperor himself.³⁶ It definitely included Li Lianxiu 李聯繡 (1820~1878), the educational supervisor of Jiangsu;³⁷ imperial general Xiang Rong 向榮 (1788~1856), who was stationed in the Great Garrison at

Anhui University of Chinese Medicine and a 12th generation physician in the Fei family he confirmed to me this treatment episode. There is, however, no mention of either incident in biographies of Lin himself based on his diaries, e.g. 來新夏, 《林則徐年譜》 (上海: 上海人民出版社, 1981)。揚國楨, 《林則徐傳》 (北京: 人民出版社, 1981)。張令靜, 〈林則徐和中醫〉, 上海中醫學院編著, 《中醫年鑒》, (北京: 人民衛生出版社, 1985) : 442-43。張令靜, 〈林則徐和中醫〉, 上海中醫學院編著, 《中醫年鑒》, (北京: 人民衛生出版社, 1985) : 442-43 also does not mention this connection.

³⁶ Once more, I have not been able to find direct evidence for this. Both treatment episodes and records of the inscriptions Fei is supposed to have received as rewards cited as facts in contemporary historical works, e.g.: 上海市中醫文獻研究館編著, 《中國歷代醫史》 (上海: 上海市中醫文獻研究館, 1959)。戴祖銘, 〈翁同和與孟河名醫〉, 《浙江中醫雜誌》 8 (1996) : 375-377。【1857】陸以湑, 《冷廬醫話》 (上海: 上海中醫藥大學出版社, 1993) : 47 n.1。張元凱 (no date): 84。李云 (1988): 676。何時希 (1991): II/924。鄧鐵濤 (1999): 380-81. Fei Jixiang (2000) claims to have seen the inscription in his youth and that it was destroyed or taken away during the Cultural Revolution.

³⁷李聯繡 (季瑩), 《好云樓初集》 (恩萱堂: 1862), 卷33; 9B - 11A has left an account of his visit to Menghe, which he also summed up in a poem donated to Fei. The poem was later used as foreword to Fei's main work *The Refined in Medicine Remembered* 《醫醇臞議》. The episode is also recounted by 【1857】陸以湑, 朱偉常編著, 《冷廬醫話》 (上海: 上海中醫藥大學出版社, 1993) : 46-48.

nearby Danyang during the Taiping Rebellion;³⁸ Zeng Guoquan 曾國荃 (1824~1890), the brother of Guofan 國藩 (1811~1872) and government general who retook Nanjing from the Taiping;³⁹ Weng Tonghe 翁同和 (1830~1904), the personal teacher of the Tongzhi 同治 emperor;⁴⁰ the influential scholar and educator Yu Yue 俞樾,⁴¹ and finally empress dowager Cixi 慈禧 (1835~1908).⁴²

³⁸ Weng Tonghe, who was also treated by Fei, confirms this in an entry to his diary that “Mr. Fei’s father was extremely skilled, his [nick]name was “One Prescription Fei” 費一貼. This gentleman is also a brilliant scholar who became famous after treating General Xiang.” 趙中浮編著, 《翁同和日記排印附索引》 (臺北: Chinese Materials and Research Aids Centre, 1970)。 See also 費子彬 (1984): 32 for a more detailed account passed down in the Fei family.

³⁹ Recounted by 費子彬 (1984): 32

⁴⁰ Weng consulted Fei Boxiong in 1872 for chronic seminal emission as well as for the epilepsy of his nephew Zengyuan 曾源, style Zhongyuan 仲淵, who had to retire from the Imperial Academy due to his illness. Weng’s diary entry provides a description of Fei’s practice and details the prescription he received. See 趙中浮 (1970). For an analysis of this episode in context see 戴祖銘 (1996). Weng returned to Menghe in 1877 for a consultation with Ma Peizhi, which also is described in his diary. See 趙中浮 (1970): 936. Weng remained a close friend of Ma. When Ma was called to Beijing in 1880 the two men often visited each other. Weng was Ma’s main ally at court, interceding for him when the latter wanted to return home in spring of the next year. See 趙中浮 (1970): 1064 - 1106.

⁴¹ 蔡冠絡, 〈清代七百名人傳〉, 周駿富編著, 《清代傳記叢刊》 (臺北: 明文書局, 1985)

194-196 : 315。 CZWSZ: 395.

During this time Menghe boasted more than ten pharmacies and was home to considerable numbers of medical practitioners encompassing the entire spectrum of medical practice from wealthy scholar physicians to pharmacists versed in medical prescriptions, from well-known experts of petty surgery to peasants who had learned some medicine through self-study or who possessed a few secret remedies or special techniques. Socially and intellectually, the medical field in Menghe was dominated, however, by just three families related to each other through kinship ties, master disciple relationships and the informal sharing of information. Of these the Fei were the most eminent, followed by the Ma and Chao. A few other medical families and individual physicians also enjoyed distinct reputations at various times, though their lack of integration into the dominant Menghe network have limited their subsequent influence.

Quite early people were puzzled by the emergence of not one but several famous physicians from what was, after all, a provincial backwater. They regularly claimed that the stars and the favoured geomancy of Menghe predestined it to produce famous physicians.⁴³ Modern scholars cite commerce and culture as key factors, though this does not account for the fact that the reputation of Menghe medicine eclipsed, for a

⁴² A detailed account of the treatment of Cixi in 1880/81 can be found in Chang, C-C., *The Therapeutic Tug of War: The Imperial Physician-Patient Relationship in the Era of Empress Dowager Cixi 1874-1908* (Ph.D. dissertation: University of Pennsylvania, 1998): 123-164. Chang discusses in detail the machinations between various physicians, officials and Cixi herself, as well as the role of Ma Peizhi.

⁴³ The importance of geomancy is stressed by 【1863a】 費伯雄 (晉卿), 《費氏全書》 (孟河費氏耕心堂, 1912), 卷 1 (沙王先序): 1B。【1863b】 費伯雄 (晉卿), 《醫醇臆義》, 張元凱編著, 《孟河四家醫集》 (南京: 江蘇科學技術出版社, 1985: 3-87) : 7。 The most complete account can be found in 費子彬 (1984): 31.

time at least, its much larger and more important neighbouring cities.⁴⁴ If we follow accounts given by members of the Fei family themselves, then patronage by well-connected members of the national elite is revealed as the most decisive factor.

Two events of particular significance are remembered in the Fei family. The first of these was the visit to Menghe of imperial physician Wang Jiufeng 王九峰 (1753–1815), proper name Zhifeng 之政, sometime after his retirement in 1809. Wang Jiufeng was then living in Dantu 丹徒 about 50 km East of Menghe where he maintained friendly relationships with men from the highest levels of society such as Fei Chun 費淳 (1739~1811), governor of Jiangsu and Zhejiang Provinces and former head of Changzhou Prefecture, and Tao Shu 陶淑 (1779~1839), a member of Hanlin Academy and high official in the administration of Jiangsu and Zhejiang. Wang had been called to Menghe to treat a rich merchant named Chao Baiwan 巢百萬, who had previously been in the care of Fei Wenji 費文紀 (1767~1840), style Gongxuan 公宣, the fifth generation Fei family physician then practising in Menghe. Apparently, Wang not only approved of Fei's previous therapeutic strategy but also continued its use to successfully cure Chao.⁴⁵

This endorsement by one of the most famous and well-connected physicians in Jiangnan significantly enhanced the reputation for Fei Wenji and thereby of Fei family medicine. It also connected the Fei and Ma to Wang and his social networks. Fei Wenji is reported as frequently having exchanged views with Wang, some of Wang's case records are included among those of Fei and Ma physicians and his style of formula

⁴⁴ For examples of such explanations see 陳道瑾, 薛渭濤編著, 《江蘇歷代醫人誌》(南京: 江蘇科學技術出版社, 1985) and 黃煌 (1984a).

⁴⁵ 費子彬 (1984: 31). A biography of Wang is included as foreword to 王頌如編著, 《王九峰醫案》(振江: 江蘇鎮江國藥公館, 1936)。The volume also reprints the biography from the *Dantu County Gazetteer* 《丹徒縣誌》.

composition can be traced in their prescriptions.⁴⁶

The second notable event for the Fei's was obtaining the patronage of Lin Zexu. Wenji's son Fei Boxiong 費伯雄 (1800~1879), style Jinqing 晉卿, was educated originally for an official career but never succeeded to go beyond the lowest level *xiucai* 秀才 degree. According to Fei family history, Boxiong made the acquaintance of Lin, who was at the time the governor of Jiangsu Province, during the provincial examinations in 1932. He successfully treated a member of Lin's family and subsequently became their protégée.⁴⁷ Provided with such backing - and blessed with an obvious talent for medical practice - Fei became, in the opinion of the compilers of the *Draft Qing History*, the most outstanding of all Jiangnan physicians during the late Qing.⁴⁸

The Fei medical line was carried on from there by Boxiong's grandson Fei Shengfu 費繩甫 (1851~1914), proper name Chengzu 承祖, who worked together with his grandfather from an early age and later inherited his practice. Shengfu's reputation was established when he successfully deputised for his grandfather in treating Zeng Guofan's 曾國藩 brother Guoquan 國荃. He subsequently gained the support of Liu Kunyi

⁴⁶李經偉編著，《中醫人物詞典》（上海：上海辭書出版社，1988）。陳道瑾，〈略談孟河四名
家〉，《江蘇中醫雜誌》（1981）1: 42-45.

⁴⁷ As stated in note 35 above, I have been unable to find first-hand evidence for this treatment episode. However, it is transmitted in the Fei family according to an interview with Fei Jixiang 費季翔（Hefei : 2000. 5. 15-16). Professor Fei was quite frank about the fact that many patients would have consulted Fei Boxiong in order to obtain his goodwill and to profit through his connections. The exceedingly good social connections that the Fei and Ma enjoyed would not have been possible without some such relationships.

⁴⁸ 【1928】趙爾巽編著，《清史稿》（北京：中華書局，1976），卷 5021；3883.

劉坤一 (1830~1902), governor of Zhejiang and Jiangsu and protégée of Zeng Guofan, after successfully treating his mother. Liu's support and that of other well-connected clients enabled Fei to establish a successful practice in Shanghai where he had moved in 1894.⁴⁹ Physicians in the Fei family continued in medical practice in Menghe, Shanghai, Suzhou and Hong Kong and a twelfth generation practitioner is currently teaching at the Anhui University of Chinese Medicine.⁵⁰

More important, however, in establishing the wider reputation of Menghe medicine, were several other physicians related to Fei Boxiong via both master disciple relationships and family bonds. The most important of these by far is Ma Peizhi 馬培之 (1820~1903), proper name Wenzhi 文植. The Ma were a medical family specialising in external medicine who had come to Menghe from Anhui via Changzhou. The biography of Peizhi's grandfather Ma Shengsan 馬省三, style Wu'an 吾庵, who enjoyed a local reputation as a specialist in treating abscesses and wounds, and of several other physicians in the family practicing in Menghe during the first part of the nineteenth century are recorded in local gazetteers.⁵¹ Ma Peizhi's father Boxian 伯閑, also known as Jiang Hanru 蔣漢儒, had died young. He was a close friend, fellow student and sworn brother of Fei Boxiong, who subsequently married his daughter to Ma Peizhi to

⁴⁹ WJYHXRWZ : 費伯雄。費子彬 (1984): 35。余明, 〈記醫師費子彬〉, 《費子彬全書》 (1984): 11-13。張元凱 (no date): 84。

⁵⁰ For a detailed genealogy see Volker Scheid, *From Menghe to Beijing: Chinese Medicine in Transformation, 1600-2000* (in preparation).

⁵¹ The original name of the family was Jiang: 馬文植 (1979 [1879])。WYZY, 卷 14: 3A。

WJYHXRWZ: 馬省三。張元凱 (no date) : 87..

and passed on to him his skills in internal medicine.⁵² Drawing on the clinical experience of two different family traditions and positioned at the centre of Menghe medical networks, Ma Peizhi gained a reputation as an excellent clinician throughout Jiangnan, culminating in his appointment to the palace in 1880 in order to treat the empress dowager Cixi.⁵³

The fame of Fei Boxiong and Ma Peizhi attracted many students, several of whom succeeded in establishing themselves as famous physicians in their own right. In this they were helped to no small extent by the affiliation to their famous teachers and the reputation that Menghe medicine was acquiring. Conversely, the reputation of these students, and of the students they themselves taught in turn, widened and enlarged the network by which all of them could be tied to each other, thereby consolidating the reputation and influence of Menghe medicine in a steadily widening circle. Rather than listing these students in their entirety I shall limit myself to three examples that will demonstrate the enduring influence of these networks up to the present time.⁵⁴

The first example is the Wujin County Medicine and Pharmacology Institute, whose central role in the compilation and thereby remembering of the Menghe scholarly current during the 1980s has already been acknowledged. At least two members of the Institute, Zhu Yanbin 朱彥彬 (1909~) and Zhang Yuankai 張元凱 (1916~), were personally linked to Menghe medicine via master disciple networks. Zhu Yanbin was a student of Chao Weifang 巢渭芳 (1864~1927), proper name Chuntian 春田, a Menghe physician adopted

⁵² 費伯雄 (1863a) : 〈留云山館文抄：蔣漢儒先生傳〉, 13A-15B。

⁵³ WJYHXRWZ : 馬培之。蔡冠絡 (1985) : III/196, 314-15。張維驥 (1944a) : 9/3。

CZWSZ : 396。WJWSZ : 251-252。See also 張元凱 (no date): 87 and 何時希 (1990): II/217-218.

⁵⁴ For a more detailed account see Scheid, V. (in preparation).

as a son 奇子 by Fei Boxiong who also studied as an apprentice to Ma Peizhi.⁵⁵ Zhu entered the Chinese Communist Party in February 1949 and later occupied leading positions within Wujin Chinese medicine circles.⁵⁶ Zhang Yuankai, chief editor of the definitive collection of Menghe medical texts, studied with Yang Boliang 楊博良 (1880~1952), proper name Erhou 兒厚, a famous physician from Changzhou who himself was a disciple of Ma Peizhi's famous student Deng Xingbo 鄧星伯 (1859~1937).⁵⁷

My second example is the teaching staff at the Nanjing University (formerly College) of Chinese Medicine. The College, widely acknowledged as having played a leading role in the institutionalisation of Chinese medicine during the 1950s and 60s, functions as the academic centre of Chinese medicine in Jiangsu Province. Most research articles on the Menghe scholarly current published in Chinese medicine journals during the 1980s originated from this institution. It is hardly surprising, therefore, to find amongst its senior academics many physicians with personal connections to Menghe medicine.

The most important of these is Zou Yunxiang 鄒雲翔 (1897~1988), a vice-president of the College and a Vice-Secretary of the China Chinese Medicine Association 中國中醫學會. A scholar turned physician, Zou became a nationally renowned expert in the treatment of kidney disorders during the 1940s. According to

⁵⁵陳道瑾 (1981) : 44。 施杞, 《上海歷代名醫方技集成》 (上海: 上海科學技術出版社, 1994) : : 804-808。 李云 (1988) : 840-1。 張元凱 (no date) : 91。

⁵⁶ For a biography of Zhu see WJWSZ : 258。

⁵⁷ For a biography of Zhang see WJWSZ 255, 258. For biographies of Deng see 鄧學稼, 沈桂祥編著, 《無錫名醫鄧星伯先生傳略》, 汪一平等編著, 《古醫籍各家証治抉微》 (北京: 中醫古籍出版社, 2000) : 890-893 and also at http://www.wst.net.cn/wuxifq/renwu/mingren/jdmingren/3054_2.htm

autobiographical accounts, Zou studied with Liu Liansun 劉漣蓀, a disciple of Fei Boxiong.⁵⁸ As a result, he “never stopped admiring the prescriptions authored by [Fei] and committed them all to memory by means of verses composed by himself.”⁵⁹ Zou also studied with Ding Zhongying 丁仲英 (1886~1978), proper name Yuan-Chan 元產, and worked as an editor of the *Bright China Medical Journal* 《光華醫學藥雜誌》 published by Ding. Zhongying was the son of Ding Ganren 丁甘仁 (1865~1926) whose seminal role in the creation of the Menghe current will be discussed shortly.⁶⁰

Next, there is Ma Zeren 馬澤人 (1894~1969), the great-grandson of Ma Peizhi. Ma was professor at the Nanjing College from 1956 until his death during the Cultural Revolution and one of the provinces foremost senior physicians. During the 1950s Ma edited the case records of his great-grandfather and published them in the *Jiangsu Journal of Chinese Medicine* 《江蘇中醫》. He thereby brought them to the attention of a whole generation of younger physicians that were being recruited into the new Chinese medicine state institutions from outside established medical families.⁶¹

⁵⁸ See the account by Zou’s son: 鄒燕勤編著, 《鄒云祥學術思想研究選集》 (南京: 南京大學出版社, 1997) : 1-5, 347-380.

⁵⁹ 徐力 1997: 293.

⁶⁰ 鄒燕勤 (1997): 1-5, 347-380.

⁶¹ The case histories were serialised in 1958 in the *Jiangsu Journal of Chinese Medicine* 《江蘇中醫雜誌》. For biographical data on Ma Zeren see: WJWSZ: 256。李經偉 1988: 16。史宇廣 1991: 394。程以正編著, 《江陰市誌》 (上海: 上海人民出版社, 1992) : 1133, 1286。Interview with Ma

Other Nanjing scholars with direct personal connections to Menghe include Xu Jiqun 許濟群 (1921~) and Gan Zuwang 干祖望 (1912~). Xu Jiqun is a main contributor to modern Chinese medicine teaching materials on formulas 方劑學. His recently published biography in a volume dedicated to scholars of the University explicitly emphasises that he studied with “a successor in the lineage of Imperial physician Ma Peizhi from Menghe” 孟河御醫馬培之學派傳人. This successor was He Tongsun 賀桐孫, second son and main disciple of He Jiheng 賀季橫 (1866~1933), one of Ma Peizhi’s most influential students.⁶² Gan Zuwang, finally, is one of the oldest living physicians of Chinese medicine in contemporary China and the father of modern Chinese Ear, Nose and Throat medicine 耳鼻喉科. His teacher Zhong Daosheng 鐘道生 was taken on by Ma Peizhi as an apprentice free of charge when the latter was living in Suzhou.⁶³

If these scholar physicians emphasise Menghe in their personal work and biographies, a second set of Nanjing scholars drew on their proximity and personal connections to Wujin in carrying out research into the Menghe scholarly current. Menghe medicine had first been highlighted as worth of investigation by the historian Chen Daojin 陳道瑾 in 1981. Chen’s work was expanded upon by Huang Huang 黃煌 under the supervision of Ding Guangdi 丁光迪. Both Huang and Ding stem from Wujin and were able to employ their local connections in carrying out innovative research that fitted the academic mood of the time, connections without which - as I can confirm from personal experience - public archives and personal

Shouan 馬壽南 (Nanjing: 2000.8.14)。南京地方誌編纂委員會編著，《南京衛生誌》（南京：方誌出版社，1994）：I/552。

⁶² 項平 (1999): 216-247.

⁶³ 項平 (1999): 239-75.

records tend to remain firmly closed.⁶⁴

My third example is Ding Ganren 丁甘仁, proper name Zezhou 澤周, whose skill and charisma made significant contributions to Chinese medicine's transition from Empire to Republic. Ding was born into a scholarly family living just outside the city walls of Menghe. According to his biographers, he decided early to become a physician and succeeded in gaining access to all of the dominant Menghe medical traditions. Competition did not allow Ding, however, to establish his own practice in Menghe forcing him to move first to Suzhou and thence to Shanghai. There he managed to rise to prominence, aided considerably by other Menghe physicians such as Fei Shengfu and Chao Chongshan 巢崇山 (1843~1909), proper name Jun 峻, the first Menghe physician to settle in Shanghai, both of whom supported him at crucial times in his career.⁶⁵

⁶⁴ 陳道瑾 (1981)。黃煌 (1983, 1984a)。黃煌, 〈馬培之學術思想和經驗簡介〉, 《新中醫》 4 (1984b) : 52-53。

⁶⁵ My account of Ding is based on the following sources: 中醫雜誌編輯部, 〈會長丁甘仁先生遺後〉, 《中醫雜誌》 (1926) : 920。姚文國編著, 《丁甘仁先生墓誌銘》 (孟河: 孟河丁氏, 1926)。曹穎甫 (家達), 《丁甘仁先生作古紀念》 (孟河: 孟河丁氏, 1927)。【1927】丁澤周 (甘仁), 《丁甘仁醫案》 (上海: 上海科學出版社, 1960), 〈曹穎甫序〉: 3-4。曹仲衡, 〈緬懷孟河丁甘仁先生〉, 王玉潤編著, 《丁甘仁先生誕辰一百二十周年紀年特刊》 (上海: 丁甘仁先生誕辰一百二十周年紀念特刊大會, 1985) : 21-22。沈仲理, 巢伯舫, 〈孟河名醫丁甘仁先生傳略〉, 王玉潤 (1985 : 28-29。鄒云翔, 《紀念孟河名醫丁甘仁先生》, 王玉潤 (1985) : 15。何時希, 〈孟河丁氏三代名醫〉, 人民政治協商會議上海市委員會文史資料委員會, 《海上醫林》 (上海: 上海人民出版社, 1991a.) : 1-11。何時希, 《近代醫林軼事》 (上海: 上海中醫要大

By the time the Qing empire was overthrown Ding had become one of the most famous and wealthy physicians in China's most influential city. Although he did not actually treat Sun Yatsen 孫中山, the prime minister presented him with a personal inscription, thereby continuing the association of Menghe physicians with the highest levels of the national elite. To give an indication of Ding's status, his funeral was attended by representatives of all of Jiangnan's Chinese medical associations as well as by delegates from six Western embassies.

Ding used his status and the influence that came with it to set up the Shanghai Technical College of Chinese Medicine 上海中醫專門學校 in 1916, the only Chinese medicine school to be recognised by the State at the time, and the Shanghai Woman's Technical College of Chinese Medicine 上海女子中醫專門學校 in 1925, one of the first Chinese medicine colleges for women. He also was the leading figure in the construction of several hospitals and charitable clinics of Chinese medicine, the establishment of the Shanghai National Medicine Association 上海市國醫學會 and the *Journal of Chinese Medicine* 《中醫雜誌》. These institutions made significant contributions to the modernisation of Chinese medicine at the time, functioning as catalysts for new forms of association, education and political action. Their establishment was enabled, to no small degree, by local place affiliations that allowed Ding to recruit to his ventures teachers, administrators and businessmen from Menghe and Wujin. Once established, they reciprocally provided opportunities for patronage and for the extension of master disciple ties on a previously unprecedented scale.⁶⁶

學出版社, 1997) : 1-17。揚杏林, 樓邵來〈丁甘仁年表〉, 《中醫文獻雜誌》1 (1997) : 37-40。

⁶⁶ For a history of the college and hospitals established by the Ding family see 裘沛然編著, 《名醫搖籃: 上海中醫學院 [上海中醫專門學校] 校史》 (上海: 上海中醫藥大學出版社, 1998)。揚杏林, 陸明, 〈上海近代中醫教育概述〉《中華醫史雜誌》244 (1994) : 215-218。鄧鐵濤 (1999) :

Students benefited from their association with Ding by partaking in his charismatic status but also, more directly, through his ability to provide jobs at his hospitals, clinics and schools and through his powers of recommendation.⁶⁷ They also gained from the larger networks established between each other. These networks, emotionally tied for these traditionally educated physicians to the “first ancestor” 鼻祖 Ding Ganren , proved their worth over time. When the Shanghai College of Chinese Medicine was founded in 1956, its first and second presidents were students of Ding, while the current president is the son of a third.⁶⁸ Other students were appointed as advisors to the Ministry of Health in Beijing charged with the

139-143, 172-174。鄧鐵濤 (2000) : 209-210, 224-5, 233-234。For a history of the Shanghai National Medicine Association see 鄧鐵濤 (1999) : 356-357 and 鄧鐵濤 (2000) : 259。For the Journal of Chinese Medicine see 鄧鐵濤 (1999) : 369 and 鄧鐵濤 (2000) : 251。

⁶⁷ On local place networks in Shanghai see Bryna Goodman, *Native Place, City, and Nation: Regional Networks and Identities in Shanghai, 1853-1937*, (Berkeley, University of California Press, 1995). If one examines the leadership of the Shanghai National Medicine Association and the editorial structure of the Journal of Chinese Medicine, its dominance by Ding and his network of colleagues, friends and students is easily apparent and is acknowledged by 裘沛然 (1998). Another example of patronage is the endorsement of books written by students for which Ding wrote a foreword: 【1926】許半龍, 《中國外科學大綱》(上海:上海中醫書局, 1930)。

⁶⁸ These are Cheng Menxue 程門雪 (1902~1972), Huang Wendong 黃文東 (1902~1981) and Yan Shiyun 嚴世芸, the son of Yan Cangshan 嚴蒼山 (1898~1968). Cheng was one of Ding's closest disciples according to 何時希 (1997) : 244-256。See also 中國科學技術協會編著, 《中國科學技術專家傳略: 醫學編: 中醫學卷》(北京:人民衛生出版社, 1999) : 158-167。Huang was for many years the director of Ding's college. For a biography see 人民政治協商會議上海市委員會文史資料委員會,

integration of Chinese medicine into the national health care system, to professorships in Chinese medicine colleges or consultancies in Chinese medicine hospitals. In these positions they continually referred back to Ding as their teacher, solidifying his place in the genealogies of modern Chinese medicine that were and are being written at these institutions.⁶⁹

The same reciprocity can be observed in Ding's own life. His career was founded on local Menghe knowledge and local Menghe connections in Shanghai. Ding's personal fame, once established, amplified the reputation of Menghe medicine in return. In a foreword to a volume of case records by his friend Yu Jinghe 余景和 (1847~1907), style Tinghong 听鴻, a physician who had studied in Menghe and whose daughter Yu Lan 余蘭 (1891~?) was married to Ding's second son Zhongying), he modestly notes:

“The medical scholarship flourishing in my [native] province Wu is the finest in the world and the many famous physicians of my native Menghe are the best of those in Wu.”⁷⁰

The intermarriage between the Ding and Yu (continued in the next generation), like that between the Fei and the Ma, reveals the solid social foundations of the Menghe scholarly current as an alliance between medical families. Ding's rhetoric, on the other hand, roots its mode of functioning within a culturally specific logic of exchange between subsequent generations of physicians. In order to locate Yu and himself within the genealogy of a successful medical current, Ding simply had to engage in the worship of the

《海上醫林》（上海：上海人民出版社，1991）：44-49。Yan was a famous Shanghai scholar-physician.

For a biography see: 人民政治協商會議上海市委員會文史資料委員會（1991）：24-27。

⁶⁹ Some prominent exemplars are Qin Bowei 秦伯未 (1901~1970) and Zhang Cigong 章次公 (1903~1959). Biographies of both can be found in 何時希 (1997) : 197-207, 230-243.

⁷⁰ 【1906】 余景和（聽鴻），《診余集》（上海：鴻仁醫室，1919）：5A。

medical ancestors within this genealogy. My argument therefore is that Chinese medicine - at least during the periods I have examined - is constructed through such rituals of remembering, the logic of exchange these rituals represent and the social networks that underpinned them.

There can be little doubt that Ding and other Menghe physicians in Shanghai during the early Republican period actively engaged in promoting themselves through remembering their ancestors succeeded in this project, even if how and what they remembered was not necessarily the same. Fei Shengfu's son-in-law Xu Xiangren 徐相任 (1881~1959) and his nephew Fei Zibin 費子彬 (1890 -1981), for instance wrote about the Fei medical tradition rather than about a distinctive Menghe medical style.⁷¹ Nevertheless, by the late 1920s at the latest the historical importance of the Menghe scholarly current was widely accepted. Lu Jinsheng 陸晉笙, a physician from Suzhou in the line of Ye Tianshi 葉天士 and as such no natural advocate of Menghe medicine, wrote:

“... [P]hysicians in Jiangsu and Zhejiang are mostly known for treatment of warm pathogen disorders. Only the many famous physicians from Menghe in Wujin [County] have established their name without treating warm pathogen patterns. For this reasons physicians [in Jiangnan] can be divided into the Menghe and Ye [Tianshi] currents.”⁷²

By rooting the identity of the Menghe scholarly current solely within the clinical domain and reducing the plurality of the latter to an imagined opposition with the Suzhou style of medical practice, Lu hides the social foundations of Chinese medical knowledge in much the same way that has been described as

⁷¹ See for instance 徐相任, 〈孟河費氏醫學解剖〉, 《神州國醫學報》 211 (1933) : 醫方集錦 / 15-18。 費碧漪 (1984)。 Fei Zibin locates Fei family medical practice at the apex of Menghe medicine providing the most complete list of all the various Menghe physicians.

⁷² 陸錦燧 (晉生) , 陸成一 (培初) , 《香岩徑》 (蘇州 : 蘇州陸宅, 1928) : 3B。

operative within the construction of knowledge in modern Western science.⁷³ What differs, though, if we compare those accounts with the present case study, is the social labour through which this hiding - and hiding, too, is a form of remembering of course - is carried out. The example of the Wu family current examined in the next section will further throw into relief the ideological nature of all such remembering.

Case II: The Wu Family Current

I have chosen the Wu family current in order to demonstrate that clinical success and momentary fame are insufficient criteria for any physician or medical tradition to be remembered in the long run. Rather, it is integration into the dominant networks through which dominative memories travel.

The Wu were a medical family from Yinshu 印墅, located in the Jianhu 劍湖 district of contemporary Wujin County. At least six generations of physicians in the family practised there from the late eighteenth century onwards.⁷⁴ The most famous of these was Wu Zhongshan 吳仲山 (1791~1874), whose proper name was Heng 珩, with an alternative style of Fei-Rong 斐融. Zhongshan's father Wu Yun 吳云 is the first

⁷³ Bruno Latour and Steve Woolgar 1986, *Laboratory Life: The Construction of Scientific Knowledge*. (Princeton: Princeton University Press, 1986); Bruno Latour, *Science in Action*. (Cambridge MA: Harvard University Press, 1987).

⁷⁴ Three physicians belonging to a family of external medicine specialists with the surname Wu practising in the Changzhou area during the Republican period and up to the Cultural Revolution are mentioned in CZXZ : III/604. It is possible that these physicians are descendants of the Wu's from Yinshu as the treatment style described for these physicians i.e. the use of external applications matches that of records for the Wu family current examined here.

physician in the family that can be traced. His biographers describe him as an external medicine specialist of unusual therapeutic ability but also squarely outside of mainstream medical practice:

“[Wu Yun] had received a different teaching [that allowed him] to discriminate herbs [in such a way] that the kind of drugs he employed did not match classical formulas.”⁷⁵

Due to his unusual knowledge of the materia medica Wu was known locally as “Wu, King of the Bush” 吳草頭. His oldest son inherited his “spirit-like insight” 神悟 but died early so that it became incumbent on his second son Zhongshan to carry on the family medical tradition.⁷⁶ Zhongshan turned out to be a gifted physician who practised both external and internal medicine. He, too, is described as disregarding medical convention when faced with serious and difficult disorders, and as devising unusual treatments that made his skills appear even more extraordinary. Wu was, however, successful. Accounts of his practice describe him as so pressured for time that he had to dictate prescriptions to his disciples while working on his patients with his knife. Practising into his eighties Wu was consulted by an increasingly affluent clientele that made him wealthy and “equally famous with his contemporary Fei Boxiong” 費伯雄同時齊名.⁷⁷

Two anecdotes confirm Wu as Fei’s most important competitor. The first, transmitted in a gazetteer, notes that Jiangsu governor Lin Zexu repeatedly sought out Wu for treatment presenting him with an inscription that acknowledged his skills:

“In admiration of a gentleman who possesses the utmost craft in restoring health and makes me

⁷⁵ WJYHRWZ : 吳仲山 ; CZWSZ : 394。

⁷⁶ CZWSZ : 394。

⁷⁷ 章巨膺, 《醫林尚友錄》 (上海 : 上海章氏醫室, 1936) : 39。

regret that I myself lack the talent for the world of medicine.”⁷⁸

Given the important role of such attestations of proficiency in attracting other clients, Lin’s inscription must be seen as an extraordinary gift.⁷⁹

The second episode concerns the consultation sometime in the 1860s of both Wu and Fei by Li Lianxiu 李聯秀 (1820~1878), style Jiying 季瑩, educational supervisor of Jiangsu.⁸⁰ Suffering from an unspecified medical problem Li turned to the two most famous physicians he had been recommended. In a later essay Li describes how he travelled to the homes of both during a special trip to Wujin. Comparing their diagnoses and prescriptions, Li decided to follow the course of treatment suggested by Fei. He later presented Fei with a poem that was included as a foreword in Fei’s main work *The Refined in Medicine Remembered* 《醫醇臆議》.⁸¹

The content of Li’s poem sheds some light on the reasons for his choice. In the poem Li describes Fei,

⁷⁸ Quoted in CZWSZ : 394。

⁷⁹ Given my thesis that memory is closely tied up with the creation of identity, these sources must be viewed with some caution. Perhaps Lin visited Wu, perhaps not. Perhaps placing Lin in relation to both Wu and Fei is a result of the fact that both were indeed later consulted by Li Lianxiu. The main point here is that Wu was a famous physician on par with Fei.

⁸⁰ Li gives Wu’s age as seventy-eight, while Fei is said to have been over sixty years old. This cannot be true as Li’s account was published already in 1862. More likely is that Li’s visit took place sometime in the late 1850s. See 李聯繡 (1862) , 卷33 ; 9b - 11a

⁸¹ An account can be found in 陸以湑 (1993 [1857]): 46-48。

whom he erroneously thought of as a *jinshi* degree holder, as “a famous scholar who became a famous physician” 名士為名醫. He also emphasises the connection between medicine and scholarship in the Confucian tradition.⁸² Fei’s own works, too, insist on this connection and thus stand in sharp contrast to the unorthodox practice of the Wu family rooted in personal experience and experiment.⁸³

The influence on contemporary Chinese medicine of late Qing medical innovators such as Wang Qingren 王清任 (1768~1831), Tang Zonghai 唐宗海 (1862~1918) or Zhang Xichun 張錫純 (1860~1933) by far eclipses that of conservative reformers such as Fei Boxiong.⁸⁴ It is significant, however, that these apparently revolutionary physicians were all scholars working within the classical literary tradition. This

⁸²李聯繡 (1862) , 卷33 ; 10a。

⁸³ Fei’s views on medicine are most cogently expressed in his forewords to 費伯雄 (1985 [1863]) and 【1865】費伯雄 (晉卿) , 〈醫方論〉, 張元凱編著, 《孟河四家醫集》 (南京: 江蘇科學技術出版社, 1985 : 89-156) : 92。 His status as a conservative scholar physician can also be read off contemporary evaluations that describe him as a member of the “current of classical scholarship and miscellaneous disorders” 經典雜病派, e.g. 黃煌, 《中醫臨床傳統流派》 (北京: 中國醫藥科技出版社, 1991) : 222-25。 The genealogy of the current extends from Yu Chang 喻昌 (1585~1664) and Xu Dachun 徐大椿 (1693~1771) to Shi Jinmo 施今墨 (1881~1969) and Yue Meizhong 岳美中 (1900~1982). The perception of Wu family physicians as unconventional extends to the biography of Wu Nanyao 吳南耀 (1858 - 1899), proper name Yueheng 月恆, the last physician in the family about whom I know. During a damp-warm [pathogen] epidemic in Wuxi County he is said to have gone against the opinion of other physicians by using a sweet warming method and to have achieved good results. CZWSZ : 396。

⁸⁴ This statement is based on examining the number of research articles published in Chinese medicine journals that analyse the work of these physicians.

tradition, too, should therefore be conceived of as a network constructed, maintained and expanded through a social labour that emphasises reciprocity. In this network texts and the people who wrote them are tied to each other by a continual process of cross-referencing. Those, like the Wu family current, who do not succeed in attaching themselves to this network, no matter how many students they have or how effective their therapies may be, will not be remembered for much longer than their own, much weaker, networks manage to endure. It is for this reason, surely, that Fei Boxiong has become a part of effective history (by which I mean a history that still impinges on treatment decisions in contemporary China) while the secrets of Wu family medicine have vanished and only faint traces of their lives remain.

My next case study introduces yet other variables into the process of remembering the effects of contingent and unforeseeable events that can shatter all but the most complex of networks.

Case III: The Qian Family Current

The Qian family's eminent position and influence on medical practice in Wujin and beyond is attested to not merely by Xie Guan (cited above) but by numerous biographies in local gazetteers and the recorded opinion of other physicians such as Xue Yishan 薛逸山, (1865~1952), a disciple of Fei Shengfu and vice-principal at Ding Ganren 's College from 1926~1928:

“I have lived in Shanghai for thirty years and observed many different physicians from all over China. If their prescribing could be improved by means of rules and general statements, then by which [if not those] of the Qian from my home town of Changzhou.”⁸⁵

The Qian had moved to Changzhou from neighbouring Wu (Suzhou) Prefecture during the early Qing.

⁸⁵錢今陽, 《錢氏兒科》 (上海:上海蒼庵講舍, 1942), 〈謝觀序〉: 1-2。

During the *Qianglong* 乾隆 reign period at the latest they had acquired a reputation that warranted the inclusion of their biographies in local gazetteers.⁸⁶ These biographies invariably portray the Qian as scholarly physicians who put into practice the Confucian demands for benevolence and propriety, whether in taking care of their parents and children or in looking after the poor without regard for money. They specialised in paediatrics but also practised general medicine and attracted their own share of elite patients and patrons such as Hui Yanbing 惲彥彬, style Ciyuan 次遠, one of the vice-presidents of the six-boards, and Shen Baoyi 沈保宜, style Zhizhen 祉臻, a local official and man of letters.⁸⁷

Unlike the Wu, the Qian claimed a place within the orthodox medical tradition and published medical treatises and case records to underpin their scholarly reputation. According to Li Jingwei 李經緯, one of modern China's most prominent scholars of Chinese medical history, *Assistance for Physicians* 《醫律》, a text by the sixth generation physician Qian Xinrong 錢心榮, proper name Xiongwang 雄萬, was viewed by contemporaries as “comparing favourably with” Fei Boxiong's *The Refined in Medicine Remembered*.⁸⁸ One of the forewords to the text groups Qian Xinrong together with Fei Boxiong and Ma Peizhi as an independent Wujin tradition that developed classical medicine without committing the mistakes of neighbouring Suzhou physicians such as Ye Tianshi 葉天士, accused of being excessively partial, and Xu

⁸⁶ CZSZ: III/603 states that the first known physician in family is Qian Xiangfu 錢祥甫. I have not been able to trace any record of this physician. Biographies of later members of the Qian family can be found in WQYHXZ ; WJYHXRWZ ; QDPL 2 : 15 ; CSWSZ : 391-99, and CZSZ III : 603.

⁸⁷ For biographies see 張惟驥 (1944a).

⁸⁸ 李經緯, (1988) : 505。

Dachun 徐大椿, seen as tied to the past in too inflexible a manner.⁸⁹

This reference to the Menghe physicians can be read as an attempt by the Qian and their local patrons to elevate their status to that of their local but apparently more famous rivals through a tactic of inclusion. A case can also, however, be made that during the late Qing and early Republican periods already, the local elite perceived of their area's scholarly medicine as a tradition guided by common principles, or rather that local medical traditions were rhetorically constructed within context specific discourses on identity.⁹⁰ This process of construction, as this particular example demonstrates, was not a singular event but a coming together of different agencies, all motivated by their own particular goals. The Qian, whose patronage - and by implication appeal - appears to have been predominantly local, were perhaps more easily recruited to the promotion of a Wujin/Changzhou identity than the Menghe physicians whose wealthy patients belonged to supra-local networks. This may be a reason why Menghe physicians such as Fei Boxiong and Ma Peizhi and the patrons that wrote their prefaces emphasised the universality of the canonical tradition. It is only later, after Menghe physicians moved to Shanghai where they had to compete with practitioners from other parts of China, and in particular Jiangnan, that we find successor's like Ding and Yu consciously constructing a distinctive Menghe medical identity.

Locality and identity are revealed here as malleable within distinctive limits, though therefore not in any way unreal. They may focus on the family, the local hometown, district or prefecture. They may focus on all of these or on different ones in different contexts. What is foregrounded in each case is motivated by what kind of identity appears to be most advantageous in an ongoing competition for status and fame, but

⁸⁹ 【1911】 錢心榮 (雄萬), 《醫律》 (常州: 錢氏胎直堂. 1922/23), 〈金武祥序〉:

⁹⁰ On the importance of local identity and the networks constructed through local place affiliations in late imperial and Republican Shanghai see Goodman (1995).

limited at the same time by what kind of networks one can recruit to one's own objectives.

The rootedness of the Qian current in Changzhou networks and its reciprocal value for the construction of a local Changzhou identity is reflected in a compilation of biographies of famous persons from the Qing dynasty published by the Shanghai Changzhou Native Place Association 常州旅滬同鄉會 in 1944. It contains seven biographies of Qian family physicians against only three for physicians from Menghe.⁹¹ This may be due to personal connections between the compilers and Qian family members or their patients. It may also stem from the important role the Qian had played in constructing a local infrastructure in Wujin for the nascent national medicine movement during the 1920s and 30s.

Seventh generation physician Qian Jun 錢鈞 (1880~1924), style Tongzeng 同增, was one of the main forces behind the founding of the Wujin Medicine and Pharmacy Research Association 醫藥研究會 on 18 June 1923.⁹² His younger brother Qian Jian 錢鑿, style Tonggao 同高, was selected as the Wujin delegate to the national conference of Chinese medicine physicians in Shanghai in 1929 that effectively established the national medicine movement. This was followed by Qian Jian's appointment in April 1933 as director of the Wujin Branch of the Institute of National Medicine 武進縣國醫支館.⁹³ When the local branch of the National Medicine Society 國醫學會 was established in September 1933, the Qian were again involved in key positions. Qian Jian was one of its seven strong supervisory committee, while Qian Jun's daughter Qian Baohua 錢寶華 (1912~1981) and his son Qian Jinyang 錢今陽 (1915~1989) served on the eleven member

⁹¹ See 張惟驥 (1944a) 。

⁹² WJWSZ : 31。

⁹³ 鄧鐵濤 (1999) : 318。

managing committee and the five member day-to-day steering committee.⁹⁴

Like everywhere else, these new institutions brought together physicians from all local medical currents including those tied to Menghe. Tu Shichu 屠士初, for instance, the second major force besides Qian Jun in establishing the Wujin Medicine and Pharmacy Research Association in 1923, was the son of Fei Boxiong's master student Tu Kun 屠坤.⁹⁵ Far from submerging medical traditions within a homogenising national medicine, these institutions provided individual members with a new platform from which to promote their own medical currents. I shall use the example of Qian Jinyang to emphasise this particular point.

Qian Jinyang studied medicine with his father and uncle, specialising in paediatrics and warm pathogen disorders. He participated locally in the national medicine movement from an early age, helping to set up the Wujin National Medicine Lecture and Study Institute 武進國醫講習所, the Wujin National Medicine Technical College 武進國醫專門學校 and the journal *Long Cherished Ambition of National Medicine* 《國醫素志》 and working within these institutions as secretary, editor and teacher.⁹⁶ His activism brought Jinyang into contact with leading members of the National Medicine movement and its supporters within the political elite. Lin Senyi 林森貽, for instance, presented him with a personal inscription in 1937 in which he linked him to the famous Song dynasty paediatrician Qian Yi 錢已.⁹⁷ Following the Japanese occupation of Jiangnan, Qian Jinyang moved to Shanghai in 1938 where he taught at various colleges, in

⁹⁴ WJWSZ : 31-32。

⁹⁵ WJWSZ : 31。 For a biography of Tu see WJYHXRWZ : 屠坤。

⁹⁶ WJWSZ : 31。 錢今陽編著, 《上海名醫誌》 (上海: 中國醫學出版社, 1950) : 202。

⁹⁷ 錢今陽 (1950) : 202。

particular the New China Medicine College 新中國醫學院, the most westernised of Shanghai's three main Chinese medical schools.⁹⁸

During this time QianJinyang published a national textbook on paediatrics under the auspices of the Institute of National Medicine. The book, entitled *Jinyang 's Paediatrics* 《今陽兒科》, carried forewords by leading figures in the world of Chinese medicine including Xie Guan, Shi Jinmo 施今墨, Qin Bowei 秦伯未 and Lu Yuanlei 陸原雷, and by Lin Gaode 林高得 from the Ministry of Health. It was endorsed by leading physicians across the entire spectrum of Shanghai Chinese medicine: Cheng Menxue 程門雪, scholar physician and close disciple of Ding Ganren, who contributed a poem; Zhu Xiaonan 朱小南, a famous gynaecologist from a medical family from Nantong 南通 and co-founder of the New China Medicine College; Ding Jiwan 丁濟萬, grandson of Ding Ganren and director of his school; and Zhang Zanchen 張贊臣, editor of the influential journal *Spring and Autumn of the Medical World* 醫界春秋 and a also from Wujin.⁹⁹

While the book presents Chinese medicine paediatrics in a systematic manner, Qian Jinyang 's own foreword and those of friends like Xie Guan plus biographies of Qian family physicians interspersed within the text of the original edition clearly marked the text as a product of the Qian family current. It is thus a good example for the multiple identities and intersecting networks that characterised the world of Chinese medicine during the Republican period. Physicians pulled together in attempting to create a medicine (variously labelled as National or Chinese) whose infrastructure could compete with that of Western

⁹⁸錢今陽 (1950) : 202-204。施杞 (1994) : 978 - 81。裘沛然 (1998) : 142。裘沛然, 《杏苑鶴鳴: 上海新中國醫學院院史》 (上海: 上海中醫藥大學出版社, 2000) : 44。

⁹⁹錢今陽 (1942) 。 The book has recently been reprinted as 錢今陽, 〈中國兒科學〉, 陸拯編著, 《近代中醫珍本集: 兒科分冊》 (杭州: 浙江科學技術出版社, 1994) 。

medicine. They worked as colleagues in the same institutions, while these institutions were also established on the basis of local place networks, shared ideological commitments (for a more or less radical course of innovation), friendship and so on. Physicians identified themselves as modern innovators, yet also as firmly integrated into various genealogical formations, be they medical families or master disciple networks.

Qian Jinyang embodied all of these attachment and their entangled contradictions and opportunities. Belonging to many networks but (unlike the Ding's) not being identified with a single one, he became an important figure in charting Chinese medicine's transition through the final years of the Nationalist era, when a consistent effort was once more made to disband its institutional structure, and the early years of Communist rule, when its survival was by no means assured. In 1947, after Shanghai's three most influential Chinese medicine schools had been shut down, QianJinyang became actively involved in teaching at Chinese Medicine Physicians Further Education Classes 中醫師進修班.¹⁰⁰ One year later, he established the Shanghai City National Medicine Education Institute 上海市國醫訓練所 at his private clinic with himself as director and Ding Jimin 丁濟民, a grandson of Ding Ganren, as vice-director.¹⁰¹ After liberation the classes taught at the institute served as the foundation for the development of Chinese Medicine Improvement Classes 中醫進修班 organised under direct control of the new Ministry of Health.¹⁰²

¹⁰⁰揚杏林, 唐曉紅, 編著, 《上海中國醫學院院史》(上海:上海科學技術出版社, 1991) : 59。

¹⁰¹錢今陽 (1950) : 203。 Further references to Qian's involvement in the modernization of Chinese medicine during the 1940s can be found in 鄧鐵濤 (1999) : 188, 325。

¹⁰² Ibid : 203。 See also the inside cover of the journal *New Chinese Medicine and Pharmacology* 《新中醫藥》 1 (1954) , where he appears on a picture together with Ding Jimin 丁濟民 taken to commemorate the establishment of the fifth class.

As an outspoken advocate of the modernization of Chinese medicine Qian Jinyang was appointed chief editor of the journal *New Chinese Medicine and Pharmacology* 《新中醫藥》, the most influential Chinese medicine journal during the early 1950s. Such commitment for reform did not hinder him, however, to simultaneously promote Chinese medicine as rooted in hereditary family lineages and medical currents. In 1950 Qian edited *Famous Physicians in Shanghai* 《上海名醫志》, a book whose endorsements once more read like a *Who's Who* of Shanghai Chinese medicine. The book presents brief biographies of Chinese medicine physicians practising in Shanghai at the time, emphasizing their relationship to specific teachers and medical currents.¹⁰³

By the late 1950s, when Chinese medicine had succeeded in securing for itself a more secure foothold in the New China, Qian Jinyang would thus appear to have been ideally placed to pursue the continued promotion of his family current and to ensure for it a place in Chinese medical history. His older sister Qian Baohua, a trustee and secretary of the Jiangsu branch of the National Medicine Institute, chairperson of the China Women Physician Society 中國女醫學社 and editor of its journal *China Women Physician* 《中國女醫》 during the Nationalist period, was also active in Shanghai, while his uncle, nephew and his nephew's wife were still practising in Changzhou.¹⁰⁴ What happened was the opposite: the Qian current vanished from Chinese medicine for a period of almost forty years.

The reason was the branding as rightists 右派 of Qian Jinyang and his sister Baohua in the anti-rightist campaigns carried out at the time. They were banned from Shanghai, their own significant contributions to the recent history of Chinese medicine were suppressed, and the memory of their family medical tradition

¹⁰³ 錢今陽 (1950) 。

¹⁰⁴ 錢今陽 (1950) : 204。李經偉 (1988) : 504。CZSZ III : 603。

effectually erased.¹⁰⁵ The Qian family current was excluded, for instance, from the first edition of *Selected Experiences of Chinese Medical Currents of the Modern Era* 《近代中醫流派經驗選集》 published in 1962.¹⁰⁶ This enormously influential book not only emphasises the importance of medical currents for the development of Chinese medicine, functioning as a model for later publications in the “inheriting and developing” genre, but draws on local Shanghai and Jiangsu currents, amongst which those from Wujin figure prominently, to argue its case. The Qian family was excluded from the 1984 *Wujin Health Gazetteer* 《武進衛生誌》 compiled by the Wujin County Leading Group for the Editing and Compilation of Historical Records 武進衛生局編史修誌零道小組, which summarised medical history in the County from 1879 to 1983. It is difficult to find case records of Qian family physicians in modern Chinese writings and no specialist articles examining the family current have been written to date.

Although Qian Jinyang was able to return to Shanghai after the end of the Cultural Revolution, it was not before the mid 1990s that a partial rehabilitation got under way. Qian Jinyang paediatric textbook was reprinted in a collection of modern Chinese writing on paediatrics published in 1993, his biography was included in a compilation of famous Shanghai physicians in 1994, and in the same year the Qian current was added to the second edition of *Selected Experiences of Chinese Medical Currents of the Modern Era* 《近代中醫流派經驗選集》.¹⁰⁷ In the meantime, however, facts had been established and history been written. Qian Jinyang’s influence on modern Chinese medicine paediatrics is acknowledged in some and left out of other contemporary texts, whereas Menghe medicine - not tainted by Maoist political purges - is included in all.

¹⁰⁵ There is no official account of this event. I was able to confirm my suspicions by interviews with various Shanghai physicians.

¹⁰⁶ 上海中醫學院編著, 《近代中醫流派經驗選集》 (上海: 上海科學技術出版社, 1962)。

¹⁰⁷ 上海中醫學院編著, 《近代中醫流派經驗選集》 (上海: 上海科學技術出版社, 1994)。

Issue No 9 (1958) of *New Chinese Medicine and Pharmacology*, the last issue edited by him before he was replaced by an anonymous editorial team, carried on its back cover a picture and biographical essay on the famous Song Dynasty paediatrician Qian Yi. The essay was written by Qian Jinyang himself, who shared with his famous predecessor both name and specialization. It portrays Qian Yi as a cultured and sagacious physician whose knowledge went beyond paediatrics or any one medical doctrine. It also notes that not all of this knowledge was passed on in texts. One can only speculate on the hidden meanings in this gesture too pregnant with meaning to be dismissed as merely coincidental. Perhaps it was a statement of belief in the survival of his medical current despite the coming suppression of which he will have known. Perhaps it was meant as a defiant stance linking himself and his family to an older truth.

While one can admire such courage and self-belief, it is difficult to overlook the real damage to careers and reputations by the infiltration of politics into the medical field. For the Qian case is far from unique. Owing to the larger significance in Chinese society of the Cultural Revolution physicians victimized during the period from 1966 to 1976 were rehabilitated quite quickly. Those that fell prey to the Anti-Rightist campaigns or even earlier denunciations of reactionary thinking have remained marginalised for much longer periods of time. A typical case is that of Yang Zemin 楊則民 (1893~1948), one of the most innovative thinkers of the Republican era, who was effectively deleted from medical history in the People's Republic until the early 1980s.¹⁰⁸

¹⁰⁸ Jiang Chunhua 姜春華 explains the reason for the deletion of Yang Zemin from the public memory of Chinese medicine in a foreword to the collection of essays by Yang Zemin in 1985. He does not say, however, who precisely was responsible for branding Yang a reactionary. Yang Zemin's rehabilitation was initiated in the 1980s by means of two short journal articles: 董漢良, 陳天祥〈揚則民先生及其學術思想〉, 《浙江中醫雜誌》7 (1981a) : 293-294。董漢良, 陳天祥〈揚則民先生研究'內經'學術思想簡介〉, 《浙江中醫學院學報》4 (1981b) : 23-24。The same authors also edited the above compilation of his essays. Yang's influence on the development of Chinese medicine during the Nationalist period is acknowledged in the two major Chinese language texts on the subject, e.g. 鄧鐵濤 (1999) : 398 and 趙

Another instructive example is the Ding family from Menghe who during the 1950s were practising in Shanghai in the third generation. We may recall that the family was rich and influential. Ding Ganren's second son Ding Zhong-Ying and his grandson and successor Ding Jiwan 丁濟万 (1903~1963), enjoyed close personal and political links with leading Guomindang politicians during the Nationalist period. Both emigrated to Hong Kong in 1949 leaving the Ding medical tradition on the mainland in the hands of Zhongying's three sons Ding Jihua 丁濟華 (1909~1964), Ding Jimin 丁濟民 (1912~1979), and Ding Jinan 丁濟南 (1913~2000).¹⁰⁹ Ding Jihua, like Qian Jinyang, fell victim to the anti-rightist campaigns and, in spite of his illustrious pedigree, hardly a trace of his medical practice has survived.¹¹⁰ Ding Jimin managed most successfully to chart his way throughout the 1950s, 60s and 70s occupying leading positions at the Shanghai College of Chinese Medicine 上海中醫學院 and its Longhua Teaching Hospital 龍華中醫醫院. His biographies are routinely included in works on famous Shanghai physicians and his case records are easily traced.¹¹¹ Ding Jinan suffered during the Cultural Revolution but was rehabilitated later, though his

洪鈞, 《近代中西醫論爭史》(合肥:安徽科學技術出版社, 1989)。To date, he is not however cited in any of the major texts on pattern differentiation. This episode demonstrates in yet another way the powerful influence exerted by the state on the development of Chinese medicine. An exhaustive account of this influence will only be possible once the penetration of state power into the life of individual physicians can be accurately traced.

¹⁰⁹ On the history of the Ding family see 何時希 (1991); 何時希 (1997): 1-46.

¹¹⁰ The only traces of his practice I could find are a few case records published in 衛生報館編輯部編著, 《當代名醫研案精華》(上海: 衛生報, 1930)。

¹¹¹ 施杞編著, 《上海中醫藥大學誌》(上海: 上海中醫藥大學出版社, 1997): 589-590.

status never matched that of his older brother.¹¹²

The precise reasons that account for the very different fate of the three Ding brothers during the Maoist period are complex and only partially known to me. Their history, like that of the Qian, demonstrates how tenuous the links of any single individual to the active networks of history are, how difficult it is to be remembered and how easy one is forgotten. My final case study underlines this point by examining the largely unsuccessful attempt by Xie Guan to assimilate himself and his family to the Menghe scholarly current.

Case IV: The Xie Family Current

The Xie were a family of scholars and physicians from Luoshuwan 羅墅灣, a small hamlet just outside Menghe. It is difficult to establish how many generations of physicians were in the family and whether all physicians named Xie in Wujin were connected to the Luoshuwan Xie. One biographer speaks of Xie Guan as a ninth generation physician, though his father did not practice and the earliest physician I have been able to trace is his great-grandfather Xie Xiang 謝翔, style Han-Ting 漢廷. At that time the Xie appear to have been a somewhat impoverished family. Xiang's son Xie Run 謝潤 (1830~1892), style Baohu 葆初, to whom he passed on his knowledge of medicine is said to have studied with the Ma family in neighbouring Menghe, though the local gazetteer does not specify the precise name of his teacher. Several historians depict Xie Run as an important physician whose skills and erudition were on par with that of Ma Peizhi and

¹¹²史宇廣編著, 《中國中醫人名辭典》(北京:中醫古籍出版社, 1991): 373。Interview with Ding Jingzhong 丁景忠 (Shanghai: 2000.10.15)。Ding Jinan's work is remembered through publications in journals, e.g. 羅仁夏, 〈應用丁濟南老中醫經驗治療系統性紅辦狼瘡52例療效觀察〉, 《貴陽中醫學院學報》192 (1997): 11-12。

Fei Boxiong.¹¹³ Others simply ignore him.¹¹⁴

His son Xie Zhong-Ying 謝鐘英 was a locally known scholar and geographer famed for his rich collection of maps and atlases who did not practice medicine. Building up such a library would have required funds and implies that Xie Run's status as physician changed family fortunes. The grandson, Xie Guan, became an important figure within the world of Chinese medicine in Shanghai on account of his scholarly achievements. Xie Guan attended a new Western style school from the age of fourteen and university from age twenty-one. Some sources claim he simultaneously studied medicine with Ma Peizhi in Suzhou.¹¹⁵ He subsequently embarked on a career as a teacher and editor and remains best known for his editing of the *Encyclopaedic Dictionary of Chinese Medicine* 《中醫學大辭典》, the first edition of which appeared in 1921. When Ding Ganren established his college in Shanghai in 1916, he offered Xie Guan the position of director responsible for setting the curriculum and editing lecture courses. Xie occupied the position until 1921 when he left to set up his own school, the Shanghai University of Chinese Medicine 上海中醫大學. He was actively involved in Chinese medicine politics and administration, holding leading positions within the Shanghai City National Medicine Assembly 上海市國醫公會, the Institute of National Medicine 國醫

¹¹³章巨膺 (1936) : 232。劉伯驥, 《中國醫學史》(臺北:華剛出版部, 1974) : II/ 572。

¹¹⁴ The Xie family current is not included, for instance, in 徐榮慶, 周珩編著, 《明清名醫醫術薈萃》(北京:中國醫藥科技出版社, 1994), nor in 上海中醫學院 (1962, 1994)。Only Xie Guan is mentioned in the following: 甄志亞, 傅維康編著, 《中國醫學史》(上海:上海科學技術出版社, 1984)。賈得道, 《中國醫學冬略》(太原:山西科學技術出版社, 1993)。鄧鐵濤 (1999)。

¹¹⁵陳雷樓 (1987) : 255 ; 李經偉 (1988) : 628 ; 施杞 (1994)。

館.¹¹⁶

Xie occupied these positions because of his intellectual and organisational skills. They confirmed his reputation as a scholar but did not offer the kind of fame or income that well-known physicians at the time were making from medical practice. Xie therefore also began to treat patients and to educate private students within the context of master disciple relationships.¹¹⁷ Boundaries between doctrinal studies and clinical practice in Chinese medicine have long been permeable. Scholars found their way into practice through books rather than discipleship, while conversely discipleship in late imperial China was also a way to gain access to medical texts and libraries.¹¹⁸ Physicians and patients have always, however, made distinctions between clinicians and theoreticians, and only the very best would belong to both groups at once. In a competitive medical market such as Shanghai during the Republican era, a scholar like Xie therefore could not simply hope to convert his scholarly reputation into a successful medical career. Claiming to belong to an established family medical tradition, affiliation to a famous medical current and the possession of special and otherwise unobtainable knowledge and skills were more useful tools in this

¹¹⁶ The biography of Xie Guan is based on the following sources: 陳存仁, 〈國醫耆宿謝利恆先生傳記〉, 張贊臣編著, 《中國歷代醫學事略》(上海:上海中醫書局, 1954): 51-56。CZWSZ: 395。傅維康編著, 《中國醫學史》(上海:上海中醫學院出版社, 1990): 552。謝觀(利恆), 《中國醫學源流論》(上海:上海澄齋醫社, 1935), 〈序〉: 1-4。施杞(1994): 396-400。

¹¹⁷ Personal information based on conversations with Professor Shen Zhongli 沉仲理, who enrolled at the Shanghai College of Chinese Medicine in 1926 and has been an active observer and participant in the development of Chinese medicine in the city every since.

¹¹⁸ Deng Xing-Bo 鄧星伯 (1859~1937), one of Ma Peizhi's students, is said to have studied with him partially in order to gain access to his teacher's extensive library: 吳雅愷, 〈無錫已故名醫鄧星伯軼事〉, 《江蘇中醫》9/10 (1961): 56-57。

respect and all were duly employed by Xie.

In documents from his early career as scholar and educator, such as his foreword to the *Encyclopaedic Dictionary of Chinese Medicine*, Xie emphasises his scholarly credentials, signing his foreword “Xie Guan from Wujin, Director of the Shanghai University of Chinese Medicine.” His personal stamp at this time also identifies him as “Xie’s Li-Heng from Wujin, China.”¹¹⁹ After turning to medical practice the identity created in the foreword of *Source and Course of Chinese Medicine* 《中國醫學源流論》 moves him geographically as well as intellectually into much closer proximity of Menghe.

“The honourable [author belongs to the] Xie from Wujin [County]. His name is Guan and his style Li-Heng. His family home is in Luoshuwan in the North-west of the County. Luoshuwan is [located] on the banks of the Menghe. Menghe is known for its many famous physicians of whom the honourable [author ‘s] grandfather Baohu was one.”¹²⁰

This identity was emphasised even stronger in Xie’s *Effective Formulas Used in [My] Family* 《家用良方》, a text intervening in the practice of medicine rather than its history:

“This book comes from the hands of Xie Lieng from Menghe in Wujin. Since former times Menghe has had many famous physicians. The historical origins of the knowledge of Mr. Xie’s

¹¹⁹ 【1921】謝觀(利恆), 《中國醫學大辭典》(北京:中國書店, 1988): 1-2. Some books kept at the library of the Shanghai University of Chinese Medicine, e.g. 丁澤周(甘仁), 《醫經輯要》(上海:上海中醫專門學校, 1916), originally belonged to Xie and bear his stamp.

¹²⁰ 謝觀(利恆)(1935), 〈序〉: 1-4.

family lie in having obtained from all their particular secret [knowledge].”¹²¹

Both books were published by Xie himself and can therefore be seen in the context of his efforts at self-promotion as a physician and teacher. While the biographical sketches from which I have cited were not penned by Xie himself, they were written by close friends, disciples and acquaintances who were connected to him by ties of reciprocal obligation: the former by Lu Simian 呂思勉, the latter by the Jiangsu Province Chinese Medicine Union 江蘇全省中醫聯合會. Following the events of 1929 the obligation of the latter to Xie is obvious, while Lu Simian was Xie’s main mentor during his days as teacher and editor. Both came from the same county and had worked together for many years at the Commercial Press in Shanghai.¹²² These biographies were thus not written as objective life histories but in order to portray its subject in a certain light. They thus emphasise Xie’s role in establishing the Shanghai Technical College of Chinese Medicine without citing any of the other physicians involved.

Xie’s attempt to create a practically effective genealogy for himself is no different in essence, therefore, to that of Ding Ganren described above. Neither Ding nor Xie ever practised in Menghe. Neither probably studied directly with any of the towns famous physicians but both claimed to be in possession of their secret medical knowledge.¹²³ As clinicians both were influenced by medical traditions beyond those of

¹²¹ 【1925】謝觀 (利恆), 〈家用良方序〉, 嚴世芸編著, 《中國醫籍通考》 (上海: 上海中醫藥出版社, 1994) : 5807-08。

¹²² On Lu Simian’s relationship with Xie Guan and on the importance of Wujin native place networks at the Commercial Press in Shanghai see Andrews, B. J., *The Making of Modern Chinese Medicine, 1895-1937* (Ph.D. dissertation Cambridge, 1996): Chapter 5.

¹²³ Ding claimed in the foreword to his *Summary of Pulse Study* 《脈學輯要》 to have obtained a manual of pulse diagnosis secretly transmitted in the Fei family: 【1917】丁澤周 (甘仁), 〈脈學輯要〉, 沈仲理編

Menghe.¹²⁴ Their portrayal of themselves as Menghe physicians thus must be seen in the context of identity formation for the purposes of self-promotion rather than as accurate historical accounts of how medical knowledge in late imperial and early modern China was transmitted. Ding Ganren 's celebratory description of Menghe medicine cited above makes this abundantly clear.

Menghe medicine thus was in effect created by Ding Ganren 's efforts of transforming a network of family based medical traditions into one emphasising locality. The context in which he achieved this was that of early Republican Shanghai where native place affiliations constituted one of the most important sources of identity and support and where physicians from many different local medical traditions competed with each other. That it was Ding Ganren rather than any of the other Shanghai based practitioners from Menghe who was responsible for this transformation was due to the fact that unlike the Fei, Ma, Chao or even the Qian he could not draw on a family medical tradition as an alternative form of legitimation. Once a distinctive Menghe medicine had been established it was merely natural for Xie Guan, whose appointment as director of Ding's school had been facilitated by precisely such local place affiliations, to seek to attach himself to it also in clinical terms. In this, however, he was only partially successful.

Some Menghe physicians counted Xie Guan as belonging to their group as do a small number of modern histories from both Taiwan and the PRC.¹²⁵ A contemporary history of Chinese medicine in Shanghai, which - coincidence or not - was presented to me as a gift by a disciple of Xie's own most famous disciple

著, 《丁甘仁臨証醫集》 (上海: 上海中醫藥大學出版社, 2000): 309.

¹²⁴ Both Xie and Ma were widely read and Ding's clinical style was significantly influenced by Wang Lianshi 汪蓮石, a well-known proponent of the cold damage current 傷寒學派, with whom he studied in Shanghai. Fei Zibin (費子彬 1984): 33 also states Ma Peizhi became close to a person named Ding Lusheng 丁鹿笙, whom he sees as the real inheritor of Ma Peizhi's secrets.

¹²⁵ 費子彬 (1984) : 37。 陳雷樓 (1987) : 255。 傅維康 (1990) : 552。

Zhang Zanchen 張贊臣 (1904~1993), refers to both his grandfather Xie Run and his paternal grand-uncle Xie Lansheng 謝蘭生 as “having been famous Menghe physicians” 為孟河名醫.¹²⁶

The more general consensus, however, is to view Xie as a scholar rather than a clinician and to locate him historically through his work in Republican Shanghai rather than his origins in Wujin. As a consequence, none of the modern scholars writing on the Menghe medical current even mentions Xie. Socially, too, Xie always remained at the periphery of the Menghe circle in Shanghai. After he left Ding Ganren’s school (one must suppose that this was not a parting of friends), Xie remained closely connected to Wujin physicians like his brother-in-law Sheng Xinru 盛心如 (1897~1954), a teacher at various schools and colleges, and his disciple Zhang Zanchen, a prominent publisher, educator and physician. Neither of these was associated with the Menghe scholarly current, however, and Xie was never supported by any of its acknowledged members who might have had the power to validate Xie’s claims.¹²⁷

Today, the Menghe current is constructed in medical writings around notions of therapeutic efficacy imagined to be rooted in personal understanding of clinical facts. Xie Guan’s scholarship, on the other hand, was situated from the beginning within the struggle between Chinese and Western medicine and thus on a supra-local stage of which Shanghai was a microcosm. In this arena, Chinese medicine, despite its internal plurality, had to be conceived of as a national - and by implication coherent - medical tradition. In this effort, Xie was eminently successful. His definition of Chinese medicine as being based on just four interrelated concepts and practices (principles 理, methods 法, formulas 方, and drugs 藥) has been accepted by scholars and physicians ever since and even become the foundation of government policy on

¹²⁶ 王翹楚, 《醫林春秋—上海中醫中西醫結合發展史》 (上海: 文匯出版社, 1998) : 16.

¹²⁷ 施杞 (1994) : 396 - 400。Zhang Zanchen occupies first place in the list of Xie’s disciples included in 謝觀 (利恆) (1935) : 5b-6b。Zhang is also listed as having proofread the text underlining the close relationship to Xie. Reversely, one can assume that Zhang’s career benefited greatly from the patronage of his teacher, whom he followed when the latter gave up his post at Ding Ganren’s school.

Chinese medicine.¹²⁸

As a result, remembering the Xie family works in the opposite way to that of the Menghe scholarly current. In the latter case the importance of individuals is largely defined through their affiliation to the current as a whole even if the current itself was created through the efforts of distinctive individuals. In the former, Xie Guan's personal achievements have ensured a place in medical history not only for himself but also his ancestors.

Conclusions

The four case studies presented in this essay view Chinese medicine as constituted through the ongoing labour of social remembering. I perceive of this labour as conjoining the formation of social identities to the shaping of the clinical practice, doctrinal content and institutional organization of medicine in such a manner that they mutually determine each other. If I have focused in this article on the impact of social relations on this process, this does not imply that I do not also accord power and influence to other factors. The greater clinical efficacy of certain treatments over others will influence what is remembered but my essay produces decisive evidence that efficacy alone is not sufficient to explain why certain formulas, practices and techniques survive while other, equally efficacious ones, disappear from history. Equally,

¹²⁸ The *locus classicus* is 謝觀 (利恆) (1935) : 62b. The formulation was taken up by other influential scholar-physician-teachers, such as Shi Jinmo 施今墨 and now constitutes as self-evidential truth that no longer needs referring back to its source the basis of government policy on Chinese medicine See 張維耀編著, 《中醫的現在與未來》 (天津: 天津科學技術出版社) : 352 - 353, e.g. Anonymous, "Basic research programme for Chinese medicine formulae." *Medical China Update* 1.1 (2001): 30. For an in-depth discussion see Scheid, V., "Restructuring the Arsenal of Chinese Medicine", *Annals of the American Sociological Association: Special Issue on Alternative Medicine* (2002 forthcoming).

however, social relations and the constellations of power they embody and represent also do not suffice as sole explanations. Without exception, the four case studies I have presented consistently point, even if only obliquely, at the influence of the clinical as inserting itself - whether through the resistance of bodies or the agency of patients – into the construction of social networks.

Ding Ganren became a famous physician because he was successful in treating his patients. Nevertheless, he found it necessary to increase his social standing by emphasising descent from a previous generation of famous physicians from his hometown. Xie Guan was a famous scholar, who sought to establish a similar descent so that he might become a more famous physician. Medicine, in other words, is socially but not purely socially constructed. Examining this process of construction as one of remembering undercuts the separation between these two levels of explanation. It draws on concepts such as “imagined communities,” “invented traditions,” and “actor-network” that have been used with great success in other disciplines. Few attempts have been made to explore their usefulness for the domain of Chinese medicine in any systematic manner.¹²⁹ It is the goal of this final section to sum up my own study by means of such an evaluation.

The first point to make is that my strategy demonstrates on an evidential basis that Chinese medicine has multiple histories. At the start of the twenty-first century this is a rather obvious statement but one that will still need repeating for some time. The bulk of academic and non-academic writings on Chinese medicine still start from the assumption that there is a unitary history to be discovered and described and remain blind to the various monist biases inherited through both primary sources and meta-level methodologies. These biases can be counteracted only by consistently and persistently emphasising plurality not merely on

¹²⁹ I am thinking here of studies such as: Bernard Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism Revised and Extended Edition*. (London, Verso 1991); Eric Hobsbawm and T. Ranger, *The Invention of Tradition* (Cambridge, Cambridge University Press, 1983); Latour (1986); Andrew Pickering, *The Mangle of Practice: Time, Agency and Science* (Chicago: University of Chicago Press, 1995). For a recent review with specific reference to the history of science and technology in China see Hart, R., "Beyond Science and Civilization: A Post-Needham Critique." *East Asian Science, Technology and Medicine* 16 (1999): 88-114.

the level of description but also on that of analysis.¹³⁰ This does not imply denying Chinese medicine a unity that we take for granted in biomedicine or science. On the contrary, it opens up the possibility to link research on Chinese medicine with that in other disciplines demonstrating the essential plurality of all forms of human knowledge and practice: from the study of science and technology to medical anthropology, from the social history of medicine to philosophy and cultural studies.¹³¹

On the descriptive level, my case studies show that Chinese medicine consists of many different memories circulating within different social networks. These networks compete, intersect or complement each other and are tied to the rest of society through multiple nodes to form even larger networks. How the memories that circulate within a network conjoin issues of identity to those of clinical practice and thereby medical knowledge is shown nowhere more clearly than in the manner in which Menghe medicine is imagined in the works of Fei Boxiong. Fei and his students perceived their practice as embodying the very essence of scholarly medicine of the preceding two millennia, which they designated by the term “harmonisation and moderation” 和緩. This designation was intended to refer to a style of treatment that was characterised by an emphasis on the use of commonplace 平淡 drugs and formulas and the avoidance of all unnecessary elaboration. Understanding this practice is enabled by knowing something about the affluent clientele they treated, the chronic and frequently psychosomatic disorders from which their patients suffered, and the fact that treatment was often long distance and long term. In these cases it would have been dangerous and unadvisable to prescribe for them formulas with potentially significant side-effects, but it was also important to be extremely clear about what constituted the essence of treatment. However, the concept was intended to signify much more besides. By referring to “harmonisation and moderation” 和緩, Fei self-

¹³⁰ I discuss this issue at length in Scheid (2002).

¹³¹ Some relevant works that readers may wish to use as a first orientation are: Homi Bhabha., *The Location of Culture* (London: Routledge, 1994); Laura Nader., *Naked Science: Anthropological Inquiry into Boundaries, Power, and Knowledge* (New York & London: Routledge, 1999). Thomas R. Gieryn., *Cultural Boundaries of Science: Credibility on the Line* (Chicago: University of Chicago Press, 1999); Waltraud Ernst, Ed., *Plural Medicine, Tradition and Modernity, 1800-2000*. (London: Routledge 2002).

consciously evoked the names of the two most ancient physicians recorded in Chinese history, doctors He 和醫 and Huan 緩醫 and also sentiments of orthodox virtue transmitted in classical canons like the *Doctrine of the Mean* 中庸.¹³²

Fei thereby constructed a genealogy for his medicine that resonated as easily with the symbolic world of his elite clients as it did with the complaints of their bodies. Whatever Wu Zhonghan could accomplish with these bodies by means of his individual skills, his unorthodox approach to medicine - real or perceived - placed him outside the current of medicine that flowed from antiquity to the present and that his competitor Fei Boxiong could so easily link himself up to. Knowledge about Wu family medicine circulated locally within Wujin as long as the reputation of practising family members attracted a clientele that drew on such information in order to meet their own health care needs. However, the unorthodox nature of their medicine - and the social relations that this implied - foreclosed the assimilation of their medical knowledge into the more enduring local and supra-local networks that circulated canonical knowledge. Put into another idiom, the Wu lacked the power and resources that might have effected a translation of their knowledge into these networks. As a consequence, Wu family medicine, in spite of its apparent efficacy in the clinic, never became part of the Chinese medicine that is remembered today in university textbooks and official

¹³² Fei's reference is to the *Zuo Tradition* 《左傳》. Physician Huan diagnosed correctly the illness of King of Qin in 580 BC as incurable because it was lodged between the diaphragm and the heart 《左傳: 成公十年》. Physician He diagnosed another king of Qin in 540 BC. 《左傳: 昭公元年》. Both treatment episodes are discussed in Joseph Needham with Lu Gwei-Djen, et al. Nathan Sivin, ed., *Science and Civilization in China*, Vol.6, Part IV: Medicine. (Cambridge, Cambridge University Press, 1999): 41, 43. Fei Boxiong outlines his approach in the forewords to the *Refined in Medicine Remembered* 《醫醇臆義》 and the *Medical Formulas* 《醫方論》. 費伯雄 (1985 [1863b]) : 6 and (1985 [1865]) : 92. An in-depth discussion of Fei family medicine within the family itself is provided by Xu Xiangren 徐相人, the son-in-law of Fei Shengfu: 徐相任, 〈孟河費氏醫學解剖〉, 《神州國醫學報》 2:醫方集, 15-18.

histories.¹³³

Qian family medicine sheds some light on the process of such translation, assimilation and dis-assimilation. The networks in which it circulated expanded, shrank, and then expanded again as the family's reputation first grew locally within Wujin, reached its zenith through Qian Jinyang's activities in Shanghai, was officially suppressed in the 1950s and finally reconnected once more to official histories and clinical textbooks in the 1980s. Thus, although Qian family medicine was eliminated for a time from state controlled Chinese medicine, this suppression was never enforced rigorously enough to destroy it completely. It continued to circulate in smaller networks extending from the immediate family to students, friends and even surviving articles in local libraries. Unlike Wu family medicine which only circulated as oral history, that of the Qian family could therefore be assimilated more easily from there to the larger networks of state controlled discourse on medicine when the time was right.

This assimilation - like the dis-assimilation that preceded it - required effort and resources. The partial success of both suppression and recovery of knowledge about the Qian family current in official histories of Chinese medicine thereby demonstrates how much remembering is an effect of power and resistance – symbolized nowhere more clearly than in Qian Jinyang's defiant gesture. The issue of power also surfaces in the construction of Menghe medicine. Who belongs to the Menghe scholarly current and who does not, the question of whether it embodies a distinctive medical style or merely a system of social relations, and the manner by which it is embedded into the larger networks of Chinese medicine - all these are, as we have seen, questions that are answered differently by different actors at different times. These answers, in turn, are efforts to exert, expand or resist power and influence.

In Republican Shanghai the Fei and their students emphasised the continuity of their own medical lineage rather than membership of a local medical tradition because the latter would have diluted what they

¹³³ For the seminal historical study on the role of translation and network building in the construction of modern science see Latour, B., *The Pasteurization of France* (Cambridge, MA: Harvard University Press, 1988).

perceived of as the primacy of their own position within Menghe medicine. Ding Ganren, on the other hand, who had no family tradition to fall back on or defend, found it useful to emphasise his Menghe roots and thereby helped to establish the Menghe scholarly current. Likewise, how the Menghe scholarly current is remembered today is an effect of local identities asserting themselves in the face of weakening central authority. It is, conversely, enabled by unprecedented state support for Chinese medicine as a single system. It is, furthermore, an effect of accidental constellations of power that are contingent but not predictable. I am certain, for instance, that had a similar massive investment into the writing of Wujin medical history occurred during the 1920s or 30s, when the Qian family still constituted a local power, the Menghe scholarly may have been accorded a less singularly important status. Or what if Xie Guan would have been put in charge of such a project? But then which Xie Guan? Xie, the clinician, who would have been able to heighten his profile as a practising physician through association with the Menghe scholarly current? Xie, the scholar, whose objective was to speak for Chinese medicine within the domain of the state and who did not mention the Menghe scholarly current in his history of Chinese medicine? Or Xie, the writer of forewords, who was connected through friendship and professional ties to other Wujin physicians whom he sought to promote?

In all of these aspects the notion of Chinese medicine as social memory receives considerable support by comparing the case studies presented here to our knowledge of an even more famous and influential group of scholarly currents, the four major schools of the Jin-Yuan period 金元四大家. The notion of four major schools in Chinese medicine emerged during the Ming and quickly gained common currency among physicians and intellectuals. Polemics regarding the precise identity of these four schools, their relative ranking and the value of their teaching arose as quickly, however, and continued up to the present day. What was (and is) at stake in these debates is not merely the status of various physicians based on perceived differences and similarities between their respective ideas but the very identity of Chinese medicine and the way in which it is practised.¹³⁴

¹³⁴ In addition to Zhang Zhongjing the four schools of Chinese medicine are variously identified with the physicians Liu Hejian 劉河間 (Wansu 完素), Zhang Zihe 張子和 (Dairen 戴人), Zhang Yuansu 張元素

The topography of Chinese medicine's historical landscape will appear radically different, for instance, depending on whether the Han dynasty physician Zhang Zhongjing 張仲景 is considered a sage-like ancestor who tops a pyramid of successors, or whether he is placed on the same level as the founders of the Jin-Yuan schools. The genealogies through which successive generations of physicians connect themselves to each other and their collective past will tend towards a single current from which separate diverse branches in the first case and to a complex of more or less equal competing traditions and scholarly currents in the second.¹³⁵ Both options allow for innovation and development, though the direction such development takes will clearly be channelled by how the historical landscape is imagined.

The comparison of Wujin medicine with the Jin-Yuan schools underscores everything I have laboured to say about Chinese medicine as a remembered - or rather a remembering - tradition. In this process - generically by no means specific to Chinese medicine - the past is continuously reinvented by social actors

(Jiegu 潔古), Li Dongyuan 李東垣 (Gao 杲), Zhu Danxi 朱丹溪 (Zhenheng 震亨). For detailed discussions regarding the discourse on the four schools of the Jin-Yuan period see 丁光迪編著, 《金元醫學評摺》(北京: 人民衛生出版社, 1999): 7-16. See also Chao (1995): 240-48 and Hanson (1997): 8-16.

¹³⁵ The first position can be said to be represented by the *classical formula current* 經方派 in Chinese medicine but also, in a more modern formulation, by Ren Yingqiu's 任應秋 conception of Chinese medicine as a current that one can follow back to its source. 任應秋, 《醫學流派溯源論》, 《北京中醫學院學報》1 (1981):1-6. The second position would be represented by, for instance, the editors of the *Complete Collection of the Four Treasuries* 四庫全書 and their famous statement about the diversity of medical learning: "Whereas Confucian learning has fixed principles, medical learning does not have fixed methods. [Because the patient's] condition can change in myriad ways, it is impossible to keep to a single tradition. That is why we draw equally on all doctrines in selecting sources." 【1795】紀昀, 四庫全書總目 (北京: 中華書局, 1983), 《醫家類》: 856.

in an attempt to connect their present to a desired future.¹³⁶ Any self-conscious reflection by social actors on their agency - and I take such self-consciousness to be a defining feature of human agency - implies efforts at identity formation, of placing oneself self-consciously into the current of history. It is the constructed nature of all such efforts that I have referred to as remembering. For our conceptions of memory - unlike those of knowledge - imply a struggle against forgetting and therefore always of labour and agency. The intention of this essay was to draw our attention to the multiple agencies involved in the process of remembering that we call Chinese medicine.

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¹³⁶ Duara (1995) cogently discusses this work in the very different context of nation building in modern China and India.

Table 1: Number of Physicians in Selected Jiangsu Counties. (Source: 陳道瑾, 1985: 3-4).

	Suzhou & Wu County	Changzhou & Wujin County	Wuxi	Shanghai	Changshu
Prior to Qin	1				
Later Han and Three Kingdoms	6				
Hui and Jin					
Northern & Southern Dynasties	2	2	1		
Sui and Tang	3	1			
Song	4	2	1	2	2
Jin and Yuan	5	1			7
Ming	85	22	31	26	68
Qing	222	90	76	179	92
Republic	9	15	12	27	6
People's Republic	1	5	4	1	
Total	338	138	125	235	175

Table 3: Citation of Selected Wujin County Physicians

1

	Qing shi kao	Local Gazeteers	Qingdai Piling mingren	Chang-zhou xianzhi	Articles in PRC Journals	Jindai zhongyi liupai	PRC Medical Histories
Measure	Number of Physicians Cited				No of Articles	Inclusion as a Current	Inclusion in History
Family							
Fei Family (Menghe) Current	1	8	2	7	12	Yes	5
Ma Family (Menghe) Current	0	5	1	3		No	4
Chao Family (Menghe) Current	0	5	0	1		No	0
Ding Family (Menghe) Current	0	3	0	1		Yes	4
Qian Family Current	0	13	7	14	0	Yes	0
Fa Family Current	0	18	0	5	0	No	0
Xie Family Current	0	4	3	0	3	No	5
Wu Family Current	0	5	0	0	0	No	0

¹ 劉伯驥，《中國醫學史》（臺北：華剛出版部，1974）。甄志亞，傅維康，《中國醫學史》（上海：上海科學技術出版社，1984）。傅維康，《中國醫學史》（上海：上海中醫學院出版社，1990）。賈得道，《中國醫學史略》（太原：山西科學技術出版社，1993）。鄧鐵濤 程之范，《中國醫學通史:近代卷》（北京：人民衛生出版社，2000）。