Late twelfth century Southern Song was a politically and intellectually divisive time. Scholars and statesmen associated with Eastern Zhe[dong] or “Yongjia” learning sought to strengthen the state and recover the northern territories lost to the Jurchen Jin through institutional and political reform, giving priority to practical political-historical studies. Followers of the Learning of the Way (daoxtue 道學) pursued a grand, totalizing transformation of society based on self-cultivation. They based their project in a metaphysics of coherence (li 理, often translated “principle”) and qi 氣, and advocated the grounding of education in thorough reflection on the profound moral lessons of the Confucian classics. Analogously, the most common types of medical writing in the Southern Song were formularies (fangshu 方書) that offered a straightforwardly pragmatic approach to medicine, and theoretical treatises that developed Five Circulatory Phases and Six Climatic Qi (wuyun liuqi 五運六氣) cosmological systems of diagnosis and therapy. While these sides of both Song intellectual/political history and medical history have received modern scholarly attention, especially in relation to active conflict between the sometimes bitterly polarized groups that they represented, a third position has been largely ignored.

1 On the “Yongjia” and Learning of the Way (or “Neo-Confucian”) movements of the Southern Song, Hilde De Weerdt, Competition Over Content: Negotiating Standards for the Civil Service Examinations in Imperial China (1127-1279), Harvard East Asian Monographs, 289, (Cambridge: Harvard University Asia Center, 2007). The Yongjia school is often seen as epitomized by Ye Shi 葉適 (1150-1223); the Learning of the Way school by Zhu Xi 朱熹 (1130-1200).
On the literati side, writers such as Hong Mai (1123-1202) produced random jottings that reveled in a world beyond the ordering pragmatics of governance and the systematizing metaphysics of morality. On the medical side, besides quoting from it, Zhang Gao seems to have modeled himself on such writings in his *Yishuo* (*Medical Anecdotes*, 1189). In his choice of material and his style of presentation, he eschewed both the analytic synthesis of treatises and the pragmatic transparency of formularies. Rather, he marked the work’s affinity to “minor talk” (*xiaoshuo*), refusing to locate healing efficacy in theoretical sophistication or analytic clarity, preferring to shroud the mechanisms of cure in mystery. At the same time, both Hong Mai and Zhang Gao established authority for their otherwise questionably marginal material through the documentation of sources — a practice rare in most other genres.

**SOCIAL CONTEXT: MUTUAL ENGAGEMENT BETWEEN LITERATI AND PHYSICIANS**

Zhang Gao appeared in an age when the previously more discrete arenas of literati and physician endeavor were blurring on several fronts. First, in ways rare in previous recorded history, literati collaborated with physicians in office and socialized with them out of office. In both capacities literati studied and edited medical texts, collected prescriptions, and published

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Peter Bol makes similar points regarding the Zhang Lei’s *biji* (1054-1114) miscellany, that the *biji* “is as representative of the new literati culture of the Sung dynasty as Neo-Confucianism and Wang An-shih’s great plans for political reform but that it represents a very different stream. It stands against philosophical systems and authority from above.” (p. 148) Bol finds that Zhang’s *Mingdao zazi* decenters culture by treating it in its diversity and particularity. The work repeatedly destabilizes political and intellectual authority, both with the randomness of the work’s arrangement, and with numerous anecdotes of superior knowledge lying beyond cosmological system or learning. See Peter K. Bol, “A Literati Miscellany and Sung Intellectual History: The Case of Chang Lei’s *Ming-tao tsa-chih*,” *Journal of Sung-Yuan Studies* no. 25 (1995):121-151.
formularies (*fangshu*) — undertaking these projects as means of saving the world both from
diseases and from morally damaging healing customs. Physicians in turn increasingly followed
the lead of officials and literati. Where previous generations had kept their knowledge, including
that embodied in texts, as closely guarded secrets, passing it only to apprentices, a small but
growing group of doctors began emulating *shidafu*, on their own accounts compiling and
publishing formularies — expanding their roles from private to public service. The genre
embodied simplified and standardized approaches to medical treatment, suited both for the new
state pharmacy systems and epidemic relief, and for the underlying goal of broad accessibility.
Ironically, although formulary publication was a key part of the process by which physicians
garnered *ru* credibility, by the fourteenth century scholar physicians were explicitly rejecting
Northern Song prescription standardization in favor of highly individualized approaches based
on subtlety and erudition.  

The twelfth century also saw the emergence of a new social category, that of “scholar
physicians” (*ruyi* 儒醫). The term emerged early in the twelfth century and, over time, took on

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3 On official policies and scholar official activities in medicine, see TJ Hinrichs, “The Medical
Transforming of Governance and Southern Customs in Song China (960-1279 C.E.),” PhD diss.,
Harvard University, 2003; Asaf Goldschmidt, *The Evolution of Chinese Medicine: Song dynasty,
4 See Furth, “Producing Medical Knowledge Through Cases”; Furth, “The Physician As
Philosopher of the Way.”
5 On the emergence of *ruyi* between the Song and Yuan periods, and on their distinctive styles of
praxis, see Hymes, Robert P. “Not Quite Gentlemen? Doctors in Sung and Yuan.” *Chinese
Science* no. 8 (January 1987): 9-76; Bodenschatz, Christine. “Medizin als neokonfuzianische
praxis” (Medicine as Neo-Confucian praxis). Ph.D. diss., Ludwig-Maximilians-Universität
München, manuscript; Chen Yuanpeng 陳元朋. *Liang Song de 'Shangyi shiren' yu 'ruyi'—
jianlun qi zai Jin-Yuan de liubian* 兩宋的「尚醫士人」與「儒醫」—兼論其在金元的流變
(“Gentlemen aficionados of medicine” and “Scholar physicians” in the Northern and Southern
Song: With a discussion of developments in the Jin and Yuan), Guoli Taiwan daxue wenshi
series, 104. Taipei: Taiwan National University, 1997; Angela Ki-che Leung, “Medical Learning
from the Song to the Ming,” in *The Song-Yuan-Ming Transition in Chinese History*, eds. Paul
new meanings. It first appears in official documents in 1113 and 1117 to refer to the type of person, one learned in Confucian arts, that the court hoped to attract to its Medical School.\(^6\) By the mid- to late-twelfth century \textit{ruyi} appears in literati accounts to refer to hereditary physicians with \textit{ru} qualities, however they might construct these in a given case. We also begin to have examples, under both the Southern Song and Jin regimes, of men from \textit{shidafu} families eschewing government service to practice medicine. This becomes more pronounced, and appears with less apology, from the Yuan period.

For the history of ruling elites (\textit{shidafu}) and of “Confucian,” “traditionalist,” or “scholarly” learning (\textit{ru}), scholar physicians are significant as boundary cases — their \textit{ru}-ness elevating them above common doctors, usually classified as craftsmen (\textit{gong}) or technical specialists (\textit{ji}); their \textit{yi}-ness excluding them from the category of \textit{shi}. Song scholar physicians were objects through which literati wrestled with the social roles entailed in being \textit{shidafu} and with the meanings of practicing \textit{ru}. Scholar physicians were also agents who grappled with and produced new \textit{ru} and \textit{yi} aspirations and practices.

\textbf{The History of Zhang Gao}

Within this longer history, I focus here on the Southern Song physician Zhang Gao and his ten-chapter book \textit{Yishuo}, author preface dated 1189. His family, from She 楚 District, Huizhou 徽州, Jiangnan East, was reportedly a wealthy and powerful one, and some members of the clan had made local reputations in medicine. In this milieu, Zhang Gao’s grandfather’s older brother,

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Zhang Kuo 張摷, became interested in the vocation. Hearing the fame of the Qishui 淇水 (Huainan West Circuit) physician Pang Anshi, noted for his book *Shanghan zongbing lun* (傷寒總病論 *Comprehensive Treatise on Cold Damage Disorders*, before 1100) and for his friendships with renowned literati Su Shi, Huang Tingjian, and Zhang Lei, Zhang Kuo traveled to study with him. From there, he made his way to follow Wang Pu 王朴 in Sichuan, famed for his skill not in reading illness in the pulse, but in prognosticating good and ill fortune from it.\(^7\) Zhang Kuo passed his learning to Gao’s grandfather Zhang Hūi 揆; Hui passed his learning to Gao’s father Zhang Yanren 張彥仁; and he passed his learning to Gao.\(^8\) This made Gao a third-generation physician, fitting a common rule of thumb for identifying superior doctors.

Besides beginning their entrée into medicine through apprenticeship with Pang Anshi, a physician noted for his erudition and for his relationships with eminent *shidafu*, the Zhang family itself was known for its literati connections. We are told that Zhang Kuo was “celebrated throughout Luoyang, and was known to Fan [Chunren] 范純仁,” the second son of Fan Zhongyan (範仲淹 989-1052) and a prominent official in his own right.\(^9\) Luo Yuan 羅願 (1136-1184, *js* 1166),\(^10\) also of She District, wrote a funeral oration for Zhang Gao’s father Zhang Gao, Yishuo (author pref. dated 1189; 1544 imprint edition), (Taibei: Xinwenfeng chuban gongsi, 1981), 3.16. The name for this technique of using the pulse for general prognostication is “Taisu zhi miao 太素之妙,” also the title of the entire essay describing his family’s history as physicians.

\(^7\) Zhang Gao, *Yishuo*, (author pref. dated 1189; 1544 imprint edition), (Taibei: Xinwenfeng chuban gongsi, 1981), 3.16. The name for this technique of using the pulse for general prognostication is “Taisu zhi miao 太素之妙,” also the title of the entire essay describing his family’s history as physicians.

\(^8\) *Yishuo* 3.23.

\(^9\) Described in Zhang Gao’s “Taisui zhi miao” essay on his family history (*Yishuo* 3.16-23), and mentioned in Jiang Chou’s postface, Okanishi 895.


\(^10\) Person of She 楚 District. Respected by Zhu Xi. Prefect of Ezhou 鄂. *SZZS* 5.4275-4276.
Yanren. In it, he reflected nostalgically on time Zhang Yanran had spent in his home when Luo Yuan was a child, socializing with Yuan’s father.\textsuperscript{11} Zhang Gao’s own book \textit{Yishuo} has six prefaces and postfaces by various literati, dated between 1189 and 1228. One, by Li Yizhi, dated 1224, tells us that Zhang Gao’s son was studying at a local school in preparation for the examinations, promising to bring the family into prominence (大門戶).\textsuperscript{12}

\textbf{Zhang Gao’s Family Connections}

\textsuperscript{11} Okanishi 894-895.
\textsuperscript{12} Okanishi 895. As early as 1138, we see physician sons pursuing \textit{ruxue} and taking civil service examinations. Chen Yuanpeng 217-218.
THE RU-NESS OF ZHANG GAO

A postface dated 1207 by Jiang Chóu 江嶙, an 1193 jinshi, pointedly explores the qualities that make Zhang Gao a ru. In making this claim, though, Jiang perhaps necessarily begins with a defensive stance against a still common denigration of technical pursuits such as medicine.

[When Zhang Gao] collected these stories (shuo 說) in order to transmit them to the world, many people laughed at his pursuit of technical matters (ji 伎), not knowing that this is the devotion (yongxin 用心) of a true Confucian scholar (rusheng). In taking technical matters to be an application of authentic ru intent, Jiang echoes Fan Zhongyan’s famous suggestion that “if you do not become a fine minister, become a fine physician.” Rather than using the model of the healer to underscore a shidafu moral imperative of service, however, Jiang applies ru norms — based on the then widely theorized Heart/Mind — to the evaluation of physicians.13

If we could bring the physicians of the world to all take [Gao’s] Heart as their Hearts, even if they were mediocre doctors (yongyi 儒醫), it would be enough for them to become fine doctors (liangyi 良醫). If they handle [their practice] with the heart of a horse trader, even fine doctors can be mediocre doctors — and moreover are they not fundamentally mediocre? 14 Avoiding the mistakes of mediocre doctors is [Gao’s] humane skill (renshu 仁術). Thus, as for this collection of stories, how could it be laughed at as technical? … Through this Heart and in the practice of this skill, [Gao] is a fine ruyi.

What distinguishes a mediocre doctor from a scholar physician, then, is an internal moral orientation rather than technical knowledge or ability. A scholar physician wields his skill not to make a living but to care for others. Finally, it is not only good that this highest of virtuous intents is applied to healing, it is essential, for

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13 While the nature and role of the Heart/Mind was a core concern of the late twelfth century Learning of the Way (daoxue) movement, the concern was not exclusive to daoxue followers, and is not sufficient evidence to identify Jiang as one of them.
14 Jiang’s disparaging of profit motive is echoed in Zhang’s own anecdotes in his final section, “Retribution and Recompense for Medical Results” (yigong baoying 醫功報應). Yishuo 10.32-37.
if [Zhang Gao] were made to take examination qualifications and ascend to the ranks of official service, what would become of his Heart of Humaneness for the common people?\(^{15}\)

Medicine is not just an alternate pursuit for those who fail to attain office, it is the honorable choice for a man with this Heart and these skills to offer. Jiang thus collapses a key distinction that Northern Song literati (shi) had developed for themselves vis-à-vis artisans (gong 工), as those who capture intent (yiqi 意氣) or virtue (de 德) as opposed to mere technique and ingenuity (miao 妙).\(^ {16} \)

Zhang Gao did not presume to explicitly identify himself as ru, but he did put forward a fellow physician’s argument identifying literati/civil (wen) and medical paths as commonly ru. Here, the emphasis is not on Heart, but on studying the models of antiquity through texts, suggesting for ru here an emphasis on scholarship rather than virtuous intent. The passage is Chen Yan’s (陳言 fl. 1161-1176) “The Palace Physician’s Practice of His Vocation,” included in his *Sanyin jiyi bingzheng fanglun* 三因及一病證方論 *Prescriptions and Treatises on the Three Types of Causes Bringing Ultimate Unity to Diseases and Their Symptoms*, hereafter “Sanyinfang”), published in 1174, fifteen years before Yishuo appeared on the scene.

The realm uses the civil, military, and medical paths for entering office, and these are established for nurturing the people. There have yet to be any who gain [office] without studying the ancients. Although their Ways (Dao) in the study of antiquity differ, they are the same in being Scholarly (ru). They must read the five classics, twenty-one histories, various philosophers, and hundred schools before they can be called learned.

The passage proceeds to lay out concrete parallels between these hierarchically conceived categories of ru and medical texts and knowledge.

\(^{15}\) Okanishi 895

The classics of the physicians are the *Simple Questions* and the *Numenous Pivot*. Their historical writings are the various schools and materia medica. Their various philosophers are the *Classic of Difficult Issues* [and so forth] ...

If the Scholars do not read the five classics, how are they to clarify the Way and Virtue, Nature and Allotment/Destiny, Humaneness and Righteousness, and Rites and Music? If physicians don’t read the *Numenous [Pivot]* and the *Plain [Questions]*, how are they to know about the cyclic transformations of Yin and Yang, and the virtuous transformation of government orders?

If the Scholars do not read the various histories, how will they understand whether human talent is worthy or evil, and about gain and loss and rise and decline? If physicians do not read the materia medica, how are they to know how to name things, about their natures and flavors, and about cultivating vitality and extending years?

If the Scholars do not read the various philosophers, how are they to know about reverence for governance and the guarding of education, and to study and recognize purity and flaws? If physicians do not read the *Classic of Difficult Issues* and the *Great Simplicity*, how are they to know divine and sagely skill, subtle principles, and esoteric meanings?

If the Scholars do not read the 100 schools, how are they to understand the statutes and calendar, restrictions (institutions) and measures, leniency and censure, and good fortune and disaster? If physicians do not read the various disciplines, how are they to know the pulse, acu-points, bones, and hollows, the strange diseases and deviant syndromes?

But, even someone who has [studied] like this is still not yet erudite. In addition to things outside the histories and classics, you also have the anthologies and classified collections. There are the like of Ban Gu and Sima Qian of the Han, Han Yu and Liu Zongyuan in the Tang, and coming to today the literary materials of the Song dynasty are the most abundant, and difficult to enumerate.17

*Yishuo*, quoting a wide range of these materials, amply demonstrates the erudition that Chen Yan called for. Zhang truncates the passage, however, leaving off the following:

Students read everything, leaving nothing unread, and … are then erudite. But so far none have been capable of reflecting back on and distilling [their readings]. By what means can they adapt and follow [them]? What I describe here, has been collected from the sinews and marrow of the classics, and furthermore [by] the Dao of reflecting back and distilling. Those who read medical prescriptions, must infer the

17 Zhang Gao, *Yishuo*, 2.24-25; Chen Wuze *Sanyinfang* 陳無擇三因方 [Sanyin jiyi bingzheng fang lun 三因極一病症方論] (Chen Wu ze’s (Chen Yan’s) Prescriptions and treatises on the three types of causes bringing ultimate unity to diseases and their symptoms), (1174), (Taibei: Tailian guofeng chubanshe, 1991), 2.1.
intent of former worthies and sages to nurture the people and establish instruction, and generally not violate their prior insights.¹⁸

Unlike Chen Yan’s *Sanyinfang*, Zhang Gao’s *Yishuo* is not a distillation, or — and here I shift metaphorical fields from liquors to soups — a reduction. Rather, as we will see, *Yishuo* is a stew.

**Zhang Gao’s Medical Anecdotes**

The *Yishuo* was unique among Southern Song medical works. At the time, some literati were producing treatises on medical topics, or scholarly works on medical classics.¹⁹ Some published their personally collected formulae, generally aiming for a broad popular rather than medical audience, and forgoing discussions of theory or systematic organization of entries.²⁰ Physician writers were also publishing formularies, but usually focusing on the then-popular topic of Cold Damage disorders, and introducing or developing theoretical frameworks such as Five Circulatory Phases and Six Climatic Qi (*wuyun liuqi*).²¹ Chen Yan’s *Sanyinfang*, for example, had argued for and arranged remedies according to an etiological analysis based on internal affective (*neiyin* 内因), outer climatic (*waiyin* 外因), and “neither inner nor outer” miscellaneous causes (*buneiwaiyin* 不内外因). *Sanyinfang*’s many treatises are original essays. When Chen discusses other medical or literati writings, it is in the context of applying his analytic approach to illuminate medical controversies.²² Conforming to common practice in medical texts, remedies culled from other works do not list sources.

¹⁸ Chen Yan, *Sanyin fang*, 2.1.
¹⁹ An example of the former type is Cheng Jiong’s 程迥 (*jinshi* 1163) *Yijing zhengben shu* 醫經正本書 (Book on the correct foundations of the medical canons).
²⁰ An example is Hong Mai’s *Jiyan fang*.
²² Note, for example, Chen Yan’s intervention in a famous controversy over “Sagely Powder,” a remedy popularized by Su Shi. *Chen Wuze Sanyinfang* [*Sanyin jiyi bingzheng fang lun*], (1174), (Taipei: Tailian guofeng chubanshe, 1991), 6.6b-7b. On the “Sagely Powder”
In contrast, *Yishuo* has no obvious theoretical agenda. It is for the most part an edited work, one with a scholarly apparatus untypical of medical texts: Where Chen Yan occasionally mentioned writers’ names, and often obliquely, in the course of a discussion, nearly all passages in *Yishuo* begin or end listing source book titles; those items that do not do so appear to be authored by Zhang Gao himself. One essay of exceptional length specifies at the end, “Zhang Jiming’s [Gao’s] own record of his great uncle Ziyun’s [Kuo’s] affairs.”²³ In some sections official works such as standard histories or literature such as Du Fu’s poetry, not medical works, predominate among the citations.

Where we do find such a citation practice is in Hong Mai’s *Yijian zhi (Records of the Listener)*, a book which Zhang often quotes. In other words, *Yishuo* follows a citation procedure typical in the Song of those works specializing in the casual and miscellaneous such as “brush records” (*biji 筆記*), items excluded from official writings such as “uncultured histories” (*yeshi 野史*), or the bizarre and supernatural such as records of the strange (*zhiguai 志怪*) — taking special pains to establish the scope of questionable material’s credibility in the face of anticipated skepticism.²⁴ Considering that these literary sub-categories were generally treated together as “minor talk” (*xiaoshuo 小說*), Zhang in fact signals the work’s affiliation in its title 醫說.*²⁵* As we will see, *Yishuo*’s contents are, like these varieties of *xiaoshuo*, heterogeneous, residual, and often occult.

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²³ *Yishuo* 3.23b.
²⁴ On Hong Mai’s concern with the “reliability” of the *Yijian zhi*’s material, see Alister D. Inglis, *Hong Mai’s Record of the Listener and Its Song Dynasty Context*, (Albany: State University of New York Press, 2006), 123-125.
²⁵ Note that *biji, yeshi,* and *zhiguai* are nebulous categories rather than well defined literary genres. See especially Inglis, *Hong Mai’s Record of the Listener*, (Albany: State University of
Zhang opens the work, though, with chapters that authorize the field of medicine, and do so in orthodox ways. (See the Yishuo table of contents listed at the end.) Yishuo begins with chronologically arranged biographies of medical innovators from the mythical Three Emperors to Wang Bing, eighth century editor of the Inner Canon. Most of these passages cite standard histories from the Shiji to the Suishu. The subsequent section, on medical books, steps through important texts in similar chronological fashion. Contrary to the practice common in most medical texts, the sections on materia medica and acumoxa are more concerned with assigning credit for innovations or with offbeat stories than they are with exposition. Here, Zhang organizes his material in a particular historical mode, not simply writing parallel to history, like Chen Yan’s materia medica. Rather, he was pointing to the purpose of learning from the past that Chen Yan attributed to historical works in scholarly learning, understanding “whether human talent is worthy or evil, and about gain and loss and rise and decline.” The content of the material collected throughout the book confirms a pedagogical register, consisting of narratives (as also signaled in the title, shuo) of physician training, healing successes, and ethics, often with explicit judgments of good and bad. The opening chronology section, though,

26 The Three Emperors: Fu Xi, credited with ascertaining the Yin-Yang/Five Phases/Six Qi principle/pattern (li) of the viscera and of the 100 diseases (a theoretical approach developed in the Song); Shennong, credited with discovering the medicinal properties of plants; and the Yellow Emperor, credited with eliciting from Leigong and Qi Bo an understanding of the channels, pulses, and acumoxa therapies.
27 Yishuo, juan 1.
28 See above: “If the Scholars do not read the various histories, how will they understand whether human talent is worthy or evil, and about gain and loss and rise and decline? If physicians do not read the materia medica, how are they to know how to name things, about their natures and flavors, and about cultivating vitality and extending years?”
29 This is not least signaled in the closing section, “Retribution and Recompense for Medical Results” (醫功報應). Here, for example, physicians who prescribe expensive but ineffective drugs in order to make money off of rich patients suffer retributory illness and die. Physicians
focuses only on paragons, following the form of Daoist, Buddhist, and ru lineages, and similarly establishing medicine as a venerable tradition rooted in transmissions from great sages and worthies through the medium of texts.\(^\text{30}\)

The middle sections of the book, although organized around disease or patient categories, consist of anecdotes, drawn from literature and hearsay, of interesting or miraculous cases of healing. Song formularies are also organized according to disease category, but tend to follow a more coherent structure, generally beginning with more theoretical essays, for example of Five Phase and Six Qi or Cold Injury cosmology and physiology, and principles of diagnosis.

Comprehensive works, including both the great Northern Song court-commissioned formularies — Taizong’s 992 Taiping shenghui fang 太平聖惠方, the Pharmacy Service’s 1107 guide Taiping huimin heijiu fang 太平惠民和劑局方, and Huizong’s 1118 Shengji zonglu 聖濟總錄; and Chen Yan’s ambitious Sanyinfang — put better-theorized disease categories, especially those based on climatic etiologies, in front. They leave for the end miscellaneous

who not only treat the poor for free but provide them with food and medicines come in for special praise, and are also shown to lead successful lives. *Yishuo* 10.32-37.

\(^{30}\) Chu Pingyi “Song-Ming Period Medical History and ‘Scholar Physicians’” 406. Zhang’s is not the first chronology of physicians. The first known is Gan Bozong’s 甘伯宗 (Tang), Mingyi zhuan 名醫傳, likely the same work as one known as *Lidai mingyi lu* 歷代名醫錄, in 7 juan. The next is Dang Yongnian’s 邓永年 (Song), Shenmi mingyi lu 神秘名醫傳, 3 juan, which is described as including figures not past the Qingli period, so probably datable to the mid-eleventh century. The third is by a medical official, Zhao Zihua 趙自化 (949-1005), Mingyi xianzhi zhuan 名醫顯秩傳, 3 juan. The first extant work dedicated to such a chronology appears after the *Yishuo*, in 1208, and was compiled by Zhou Shouzhong 周守忠, *Lidai mingyi mengqiu* 歷代名醫蒙求 (1220), 2 juan. Zhou reports having had relied on the Tang Mingyi lu, and an otherwise unknown private manuscript found at a friend’s house, the *Mingyi dazhuan* 名醫大傳. See Okanishi 1348-1350.
categories, those organized around patient types (women and children), and demonic or arbitrary (e.g., injury) etiologies, or ritual healing.\(^{31}\)

In contrast, Zhang Gao privileges eclectic categories that resist synthesis, categories that other formularies left for last and subsumed under larger, rational divisions. They are not based on the categories of *Inner Canon* functional physiology or cosmologically ordered etiology. Instead, they are based on non-functional ontological etiologies such as worms and poisons; symptoms or manifestations tied not to functional disharmonies but to specific bodily locations such as breathing difficulties, pain, carbuncles, and hernias; and usually marginal therapeutic considerations such as taboos on foods and drugs.\(^{32}\)

The foremost theoretical innovation in Song medicine was in the development of Five Phases-Six *Qi* cosmology, closely associated with the disease category of Cold Damage, a type of epidemic. We know that Zhang Gao was familiar with these works, because he quotes them and transmits stories about their authors. Zhang Gao does indeed have a section on Cold Damage, but reverses the usual priority to theoretical coherence: In the section’s first three essays he does not mention Cold Damage at all, but rather advocates simple blanket remedies cautioned against by his peers. He argues for seeing diverse and theoretically irreducible causes behind illness in general. The section opens, for example with a passage attributed to the fourth century Daoist Yang Xi’s “Declarations of the Perfected” *Zhen’gao*, in which he asserts that the basis of the “100 ailments” is imprudence, as in indulging in immoderate eating or sexual

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\(^{31}\) We also see this in Sui and Tang predecessors, Chao Yuanfang’s 610 nosological work *Zhubing yuanhou lun*, Sun Simiao’s *Qianjin yaofang*, and Wang Tao’s *Waitai biyao*.

activity, resulting in depletion and vulnerability to external invasion by Wind or Damp. The second essay, a short one, makes the general point that the physician must intervene in a disease before “the critical point (shi 势) of the disease has already passed.” The third essay, begins with a trite conflation of the sources of all diseases in the blanket and therefore useless category xie.

In general the course of diseases, even though they have many starting points, yet all are related to xie. As for xie, it is causes that are not zheng. It refers to that which is contrary to the regular principles of human life. Where his contemporaries would identify xie and zheng with climatic or affective qi, Zhang proceeds argumentatively, as though this is a minority view.

Wind, cold, humidity, damp, hunger, over-satiation, excessive labor, and excessive leisure, each and every one is xie. It is not only demonic qi and epidemic pestilence. He thus sneakily inverts the common elision or subsuming of demonic disorders under rationalized categories, in the case of epidemics, specifically treating them as climatic configurations as in Cold Damage-style reasoning, rather than as demonic, as still sometimes appeared in Warmth Plague remedies.

In Inner Canon-style reasoning, while jingshen 精神 (Essence and Spirit; Essential Spirit) is taken as integral to physiology and is spoken of as preserving health when robust. In this passage, Zhang posits an embodiment-function (ti-yong) style dichotomy, and shuffles the order of disorder.

The Essential Spirit (jingshen) fundamentally resides in the body (shen) as its functionality (yong). Once the body has received xie, the Essential Spirit is further disordered. Once the Spirit is disordered, then demons and spirits enter. The

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33 Yishuo, 3.23-33.
34 Yishuo, 3.23b
demonic power gradually grows stronger, and the Spirit’s protection somewhat weakens. How can you achieve this not leading to death?36

Rather than depleted jingshen opening the body to invasion by xie, xie, which could be over-eating, first disrupts jingshen. This opens the body to demons, in turn further depleting jingshen.

However, diseases also have those that first come from demons and spirits, and then it is appropriate to exorcise them through prayers and sacrifices. Even though it is said that you can exorcise them, still through medicinal treatment you can bring about benefit. Li Ziyu’s [exorcistic] Red Pills are an example of this.37 Of those cases in which this medicinal treatment has no benefit and then cannot be exorcised, [the invading spirits hiding] between the heart and diaphragm of Duke Jing of Jin is an example of this.38 Most of the harm of demons and spirits, then has many starting points, but the sources of diseases have only one kind [viz., xie], and this [varies] in its seriousness, and that is all.39

In the end, Zhang not only affirms the importance and even suggests the commonness of demonic diseases, he denies that treatment strategies map neatly to causation, as Chen Yan had explicitly argued. When he takes xie to encompass demonic as well as climatic and other etiologies, it is not to fit all illnesses into a common physiology or therapeutic approach, but in the service of asserting the great diversity of diseases, and their intransigence in the face of even the most general rules of thumb: drugs might elimate demons; exorcism might not. By introducing the case of Duke Jin, whose intruding spirits responded to imminent effective treatment by hiding where they could not be reached, Zhang introduces the problem of the capriciousness and active, adaptive agency of disease, most clearly in the case of demons.

The bulk of the book, consisting of healing stories, elaborates on this theme. They place healing efficacy not in theoretical sophistication or analytic clarity, but in the hands of the

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36 Yishuo 3.24a
37 Tao Qian (365-427), Xu soushenji.
38 Zuozhuan, dated 579. Duke Jing had a dream in which he overheard the two spirits planning to hide there, where Physician Huan’s drugs could not reach them.
39 Yishuo 324b.
virtuouso (or perhaps “miraculously efficacious,” *shen*⁴⁰) physician, often shrouding the mechanisms of cure in mystery. One urban drug-seller sells everyone the same concoction, and all are healed by it, despite coming to him with diverse illnesses. Another physician, famed for his cures, refuses pressure to record his methods, saying that his success lies in his *intent*, something that for him — but not for many of Zhang Gao’s peers and not for later *ruyi* — words cannot capture.

*Yishuo* aspires neither to the analytic synthesis of treatises nor to the pragmatic transparency of non-theoretical formularies. If we return to the *ru* and medical genre parallels spelled out by Chen Yan and quoted by Zhang Gao, *Yishuo* simply does not match any on the medical side. Its opening chapter is an historical treatment in the heroic lineage mode, the rest best fits the pattern of unofficial histories (*yeshi* 野史) and records of the strange (*zhiguai* 志怪), and often quotes them.

**CONCLUSION**

I have argued elsewhere that the medical texts produced by the Northern Song court could be seen to inscribe empire in two ways: First, encyclopedic works such as the *Taiping shenghui fang*, compiled from prescriptions actively solicited from throughout the realm, write empire as all-inclusive through their rational organization and comprehensive coverage. Second, the authoritative editions of medical classics produced by the Bureau for Editing Medical Books (*jiaozheng yishu ju* 校正醫書局), founded in 1057, constituted for the first time a coherent medical canon. These write the imperial center in exclusive terms, establishing standards of

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⁴⁰ Note his sections on *shenyi* 神醫 and *shenfang* 神方, *juan* 2 and 3.
orthodoxy. The latter project succeeded in that later Song writers, in their debates over medical theory, would refer to these texts as benchmarks of truth. Similarly, private medical publications spoke not only to the nature of illness and how it might be treated, but to the nature of physicians and of medical praxis and their place in the world. Zhang Gao wrote the *Yishuo* at a time when, generally, physicians were publishing books expounding new refinements of medical theory, and literati were making pragmatic knowledge more transparent for the sake of spreading benefit as widely as possible.

Zhang Gao’s *Yishuo* strenuously eschews rationalization. It celebrates the ineffability of personal virtuosity in healers and the irreducible strangeness and diversity of ailments. If his broad reading, as demonstrated in his citations, marks Zhang Gao as *ru*, the style of the work positions him as a particular type of *ru*, one who, like Hong Mai, sometimes chose to assert the value of mystery. *Yishuo* is not only parallel to *ru* literary production, it crosses over, appropriating literati forms to *yi* subjects. *Ru*-ness here lies not only in textual erudition, not only in a Humane Heart, but in a sensibility not usually so explicitly linked with *ru*.

In this age of anxiety over political separation from the Central Plains, exclusive schools of learning, factions, and purges, many Southern Song literati sought unity through institutional and political reform. Others pursued wholeness through personal integrity, insisting on common foundations of moral cultivation and community organization. If Zhang Gao, as a physician, is on a parallel track, he and his *Yishuo* are analogous not to statecraft writers like Ye Shi, and not to *daoxue* writers like Zhu Xi, but to self-styled unofficial history writers like Hong Mai,

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reveling in a world beyond the ordering pragmatics of governance and the systematizing metaphysics of morality.

**Zhang Gao’s *Medical Anecdotes***

張杲，《醫說》

**Table of Contents**

<table>
<thead>
<tr>
<th>卷</th>
<th>三皇歷代名醫</th>
<th>The Three Emperors and Famous Physicians through the Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>卷一</td>
<td>醫書</td>
<td>Medical Texts</td>
</tr>
<tr>
<td></td>
<td>材草</td>
<td><em>Material Medica</em></td>
</tr>
<tr>
<td></td>
<td>賦灸</td>
<td>Acumoxa</td>
</tr>
<tr>
<td></td>
<td>神醫</td>
<td>Virtuoso Physicians</td>
</tr>
<tr>
<td>卷三</td>
<td>神方</td>
<td>Miraculously Effective Prescriptions</td>
</tr>
<tr>
<td></td>
<td>診法</td>
<td>Diagnostic Methods</td>
</tr>
<tr>
<td></td>
<td>傷寒</td>
<td>Cold Injury</td>
</tr>
<tr>
<td></td>
<td>諸風</td>
<td>Various Wind Disorders</td>
</tr>
<tr>
<td>卷四</td>
<td>瘀癧</td>
<td>Wasting Diseases</td>
</tr>
<tr>
<td></td>
<td>鼻衄吐血</td>
<td>Nose Bleeds and Spitting Blood</td>
</tr>
<tr>
<td></td>
<td>頭風眼疾</td>
<td>Head-Wind and Eye Ailments</td>
</tr>
<tr>
<td></td>
<td>口齒喉舌耳</td>
<td>Mouth, Teeth, Throat, Tongue, Ear</td>
</tr>
<tr>
<td></td>
<td>骨哽</td>
<td>Choking on Bones</td>
</tr>
<tr>
<td></td>
<td>喘欬</td>
<td>Gasping for Breath and Coughing</td>
</tr>
<tr>
<td></td>
<td>鴻胃</td>
<td>Upset Stomach</td>
</tr>
<tr>
<td>卷五</td>
<td>心疾_STATE_</td>
<td>Heart/Mind Disorders and Forgetfulness</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td></td>
<td>頷噎_STATE_</td>
<td>Hiccups and Various Breathing [Disorders]</td>
</tr>
<tr>
<td></td>
<td>消渴_STATE_</td>
<td>Thirst (unalleviated by) Drinking</td>
</tr>
<tr>
<td></td>
<td>心腹痛_STATE_</td>
<td>Pain in Chest and Abdomen</td>
</tr>
<tr>
<td></td>
<td>諸痛_STATE_</td>
<td>Various Intermittent Fevers</td>
</tr>
<tr>
<td></td>
<td>瘤瘍_STATE_</td>
<td>Tumors</td>
</tr>
<tr>
<td></td>
<td>諸蟲_STATE_</td>
<td>Various Creatures</td>
</tr>
<tr>
<td>卷六</td>
<td>腸腑泄痢_STATE_</td>
<td>Diarrhea from Viscera</td>
</tr>
<tr>
<td></td>
<td>腸風痔疾_STATE_</td>
<td>Bowel-Wind and Hemorrhoid Disorders</td>
</tr>
<tr>
<td></td>
<td>癔癡_STATE_</td>
<td>Abscesses</td>
</tr>
<tr>
<td></td>
<td>腳氣_STATE_</td>
<td>Foot Qi</td>
</tr>
<tr>
<td></td>
<td>潤_STATE_</td>
<td>Discharges</td>
</tr>
<tr>
<td></td>
<td>腫瘤_STATE_</td>
<td>Swellings</td>
</tr>
<tr>
<td></td>
<td>中毒_STATE_</td>
<td>Poisoning</td>
</tr>
<tr>
<td></td>
<td>解毒_STATE_</td>
<td>Detoxify</td>
</tr>
<tr>
<td>卷七</td>
<td>積_STATE_</td>
<td>Accumulations</td>
</tr>
<tr>
<td></td>
<td>振撲損傷_STATE_</td>
<td>Injury from Falls and Knocks</td>
</tr>
<tr>
<td></td>
<td>奇疾_STATE_</td>
<td>Strange Illnesses</td>
</tr>
<tr>
<td></td>
<td>蛇蟲獸咬犬傷_STATE_</td>
<td>Snake and Insect Creature Bites and Dog Injuries</td>
</tr>
<tr>
<td></td>
<td>湯火金瘡_STATE_</td>
<td>Skin Lesions from Hot Water, Fire, and Weapons</td>
</tr>
<tr>
<td></td>
<td>食忌_STATE_</td>
<td>Food Avoidances</td>
</tr>
<tr>
<td>卷八</td>
<td>服餉井藥忌_STATE_</td>
<td>Diet and Drug Avoidances</td>
</tr>
<tr>
<td></td>
<td>疾證_STATE_</td>
<td>Disorders and Manifestation Patterns</td>
</tr>
<tr>
<td></td>
<td>論醫_STATE_</td>
<td>Discussions of Medicine</td>
</tr>
<tr>
<td>巻九</td>
<td>養生修養調攝</td>
<td>Nurturing Life, Cultivating-Nurture, Harmonizing and Preserving</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>金石藥之戒</td>
<td>Metal and Mineral Drugs to Avoid</td>
</tr>
<tr>
<td></td>
<td>婦人</td>
<td>Women</td>
</tr>
<tr>
<td>巻十</td>
<td>小兒</td>
<td>Children</td>
</tr>
<tr>
<td></td>
<td>疽</td>
<td>Lesions</td>
</tr>
<tr>
<td></td>
<td>五絕病</td>
<td>Five Terminations</td>
</tr>
<tr>
<td></td>
<td>疮癭痹</td>
<td>Hernias, Paralysis and Numbness</td>
</tr>
<tr>
<td></td>
<td>醫功報應</td>
<td>Retribution and Recompense for Medical Results</td>
</tr>
</tbody>
</table>