

## **The Doctor's Body: Embodiment and Multiplicity of Chinese Medical Knowledge<sup>1</sup>**

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Unlike *the* transcendent body that grounds Western medical knowledge, Chinese medical bodies are multiple and heterogeneous.<sup>2</sup> From the very inception of Chinese medical practice, doctors have not only responded to the bodies of patients, but their own bodily sensations have played a crucial role in the construction of Chinese medical knowledge. Beginning with a close examination of pulse palpation over its more than two millennia of medical training and practice, I aim to illustrate the deep involvement of the doctor's body and the emphasis on subjectivity in diagnosis as well as in acupuncture therapy.

Unveiling the importance of doctors' bodies in Chinese medical discourse, I argue, can overcome the ambiguity and equivocality of its language and cast light on the prominence of experience and practice, as well as the efficiency of traditional knowledge transmission: the long-term apprenticeship. Long-term, face-to-face interactions and practices in discipleship are actually processes of accumulating bodily experiences, and of honing and specializing senses. In other

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<sup>2</sup> See Farquhar (1994b), p. 78; Scheid (2002), p. 34.

words, training helps achieve the literal embodiment of medical knowledge within an individual doctor.

Let us begin with pulse palpation. In order to sense the subtle involvement of the doctor's body, I will quote at length from the diagnostic section of an introductory textbook of Chinese medicine (*Revised Outline of Chinese Medicine*, *Xinbian zhongyi xue gaiyao* 新編中醫學概要, *Gaiyao* for short) published in Beijing in 1972 and partly translated into English in 1987:

The Chinese physician's discrimination of pulse phenomena is extraordinarily detailed; generally twenty-eight types are noted. These form an important aspect of clinical examination ...

Pulse palpation is usually performed at the place where the radial artery pulse beats on the palmar side of the wrist joint, called the 'Inch-mouth vessel' (*ts'un k'ou mai* 寸口脈). This segment is further divided into three sections, called the 'Inch Section' (*ts'un pu* 寸部), 'Pass Section' (*kuan pu* 關部), and 'Foot Section' (*ch'ih pu* 尺部) ... Before palpation the patient's body should be in a comfortable position, and his mind at rest. If the patient has just performed any strenuous activity, he should rest briefly before palpation. His lower arm should be stretched horizontally, with the palm at rest facing upward. The doctor first places the tip of his middle finger on the Pass Section, and then the index finger on the Inch Section and the ring finger on the Foot Section. Generally the three fingers remain together, although if the patient is unusually tall they may be separated ...

Reading must be taken at different finger pressures. Light contact is called 'the floating reading' (*fu ch'ü* 浮取, or 'lifting', *chü* 舉); a small amount of pressure is called 'median reading' (*chung ch'ü* 中取); and firm pressure is called the 'sunken reading' (*ch'en ch'ü*, 沉取 or 'pressing', *an* 按). Sometimes in order to feel the pulse clearly it is also necessary to search by shifting the finger (called 'searching', *hsun* 尋) ...

The pulse phenomena observed with relative frequency in Chinese medicine are introduced below...They vary as to depth of the pulse and rate, rhythm, strength, amplitude, and configuration of the beat. The normal pulse beats on the average four to five times per respiration (corresponding generally to 72-80 beats per minute), and is neither floating or sunken nor large or small, but rather is equable; it is called the 'moderate pulse' (*huan mai* 緩脈) ...

[There are different types of pulse phenomena:] *Floating and sunken pulses*. Special features: The floating (*fu* 浮) and sunken (*ch'en* 沉) pulses are opposites with respect to depth. The location of the floating pulse is high; on light contact the sensation is clear, but the beat is felt more weakly under slightly greater pressure. The sunken pulse is lower; on light contact the pulse is imperceptible. With light pressure it remains indistinct. Heavy pressure is required to feel it clear.

*Disorders determined by the floating pulse*. Outer manifestation type. Vigorous and floating pulse is outer repletion type; floating pulse without strength is outer depletion type ...

*Retarded and accelerated pulses*. Special features: The retarded (*ch'ih* 遲) and accelerated (*shuo* 數) pulses are opposites with respect to rate. The retarded pulse beats three times per respiration (corresponding to sixty or fewer beats per minute); the accelerated pulse, five times or more (corresponding to ninety or more beats per minute).

*Disorders determined by the retarded pulse*. Cold manifestation type. Floating and retarded pulse is outer cold type; sunken and retarded pulse is inner cold type ...

*Smooth and rough pulses*. Special features: The smooth (*hua* 滑) and rough (*se* 澀) pulses are opposites with respect to configuration of flow. The travel of the smooth pulse is fluid, with a smooth sensation under the finger. The travel of the rough pulse is harsh, not following through either in coming or going...

*Disorders determined by the smooth pulse*. Phlegmatic moist heteropathy, Overnight Food Disorder ...<sup>3</sup>

Nathan Sivin, twenty years ago, pointed out that the notion that Chinese materia medica and practice had not changed over two millennia is a fallacy. Scholars then have gradually accepted and explored the idea of innovation in Chinese medicine.<sup>4</sup> Yet, if we compare this quotation with some more recent textbooks of diagnostics, for instance, *Diagnostics of Chinese Medicine (Zhongyi zhenduan xue* 中醫診斷學, *Zhenduan xue* for short) (1987), and parallel their underlying concerns to some canonical texts about pulse palpation over the last two millennia, we can discern some astonishing similarities. To be sure, contemporary textbooks and ancient classics were written for specific readership in differ-

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<sup>3</sup> Sivin (1987), pp. 314-320, author's emphasis.

<sup>4</sup> See Sivin (1987), p. 197; Hsu (2001b).

ent social cultural setting. My comparison will be basically synchronic, without touching upon their concrete contexts.

The notion that the patient's body should be comfortable and relaxed in preparation for palpation goes back to the *Inner Canon of the Yellow Emperor: Basic Questions* (*Huangdi neijing suwen* 黃帝內經素問). In 'Suwen', the best time for palpation is dawn, for at that time, "yinqi has not moved, while yangqi has not dispersed; no food has been eaten; jingmai is not yet full (*weisheng* 未盛), while luomai is in harmony (*tiaoyun* 調勻); qi and blood are not chaotic (*weiluan* 未亂)."<sup>5</sup> In the 'time' subsection under the section entitled "methods and points for attention for pulse-taking", the *Zhenduan xue* first quotes the sentences above from the 'Suwen' for authority, and then cites comments by renowned ancient doctors like Wang Ji 汪機 (1463-1539) to indicate that the time can be slightly flexible. Yet it concludes with the notion emphasized in the 'Suwen', that the patient's body should be calm both inside and outside.<sup>6</sup>

Apart from the enduring concern for the patient's body, what is more intriguing yet less apparent is the invariable concern for the state and movements of the doctor's body. The *Gaiyao*, while talking about the rate of pulses, first gives the numbers counted according to the doctor's own respiration, and then relates them to corresponding fractions of a minute. The need to provide this correspondence between two types of measures actually indicates a significant shift that was taking place in modern Chinese medicine: the watch was adopted as a new measure to replace the doctor's respiration, his or her breathing. Before the use of the watch became prominent—the external, standard instrument—it was the doctor's own body, his or her own respiration, that served as a measure for comparison.<sup>7</sup> Comparison between the patient and the doctor as a basis for diagnosis is clearly stated in the 'Suwen': "Normal people are those who are not ill. ... The doctor is not ill, so the method [for diagnosis] is to calm himself down for the comparison with the patient."<sup>8</sup> In this regard, unlike the *Gaiyao*, which merely alludes to this kind of comparison, the *Zhenduan xue* directly spells out the importance of the doctor's respiration by marking out "calming down breathing" (*pingxi* 平息) as a separate point for attention.

Furthermore, like what I have quoted above, both the *Gaiyao* and *Zhenduan xue*, though in varying detail, elaborate the locations of pulse reading, the sequence of motions and pressures of doctors' fingers, for these are fundamental and minute techniques of pulse palpation. Finger pressure is emphasized in both books for discriminating different types of pulses. For example, the *Gaiyao* describes three normal ways and one unusual way of using finger pressure:

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<sup>5</sup> Huangdi suwen zhijie, p. 118

<sup>6</sup> *Zhenduan xue*, p. 216.

<sup>7</sup> See Sivin (1987), p. 319, footnote 12.

<sup>8</sup> Huangdi suwen zhijie, p. 129.

“floating reading”, “median reading”, “pressing”, as well as “searching”. Citing *The Pivot of Diagnosticians* (*Zhenjia shuyao* 診家樞要, c. 1359), the *Zhenduan xue* classifies different finger pressures into three categories—“lifting”, “pressing” and “searching”—but notes that the word *xun* 尋 (searching) has two meanings, “median” as well as “searching”. Thus, it differs from the *Gaiyao* only in labels.

Moreover, the involvement of doctors' bodies does not stop at the nuanced technique of successful diagnosis. The first systematic classification of pulse phenomena, the twenty-four types of pulses that were defined in the *Canon of the Pulse* (*Mai jing* 脈經, c. 280) and grounded the basic structure of later classification,<sup>9</sup> categorized the tactile sensations of the doctor's body.

Under the title *The First Chapter of Fingered-Keys for the Configuration of Mai* (*Mai xingzhuang zhixia mijue diyi* 脈形狀指下秘訣第一), Wang Shuhe 王叔和 gave his definitive classification and twenty-four definitions:

Floating *mai* (*fu mai* 浮脈): if one lifts the fingers there is abundance; if one presses down one finds insufficiency.

Hollow *mai* (*kou mai* 芤脈): floating, large and soft; pressing down the center is vacuous and the two sides feel full.

Swollen *mai* (*hong mai* 洪脈): extremely large under the fingers.

Slippery *mai* (*hua mai* 滑脈): it comes and goes in fluid succession; similar to the Rapid.

Rapid *mai* (*shuo mai* 數脈): it comes and goes with urgent haste.

Intermittent *mai* (*cu mai* 促脈): after coming and going several times, it stops once and then returns.

Cordlike *mai* (*xuan mai* 弦脈): if one lifts the fingers there is nothing; if one presses down it feels like a bowstring.

Tense *mai* (*jin mai* 緊脈): it is like palpating a rope ...<sup>10</sup>

It is quite apparent that Wang Shuhe classifies pulses by the ways that fingers search for and feel them. To our surprise, these canonic classifications and definitions are not based upon distinct configurations of abnormal pulses embodied in the patient's body, but rather upon sensations that the doctor feels. In other words, pulses are not defined in direct relation to the disorders of patients. Pulses, in a sense, are similar to those bodily signs measured in biomedicine, like blood

<sup>9</sup> See *Zhenduan xue*, p. 211; Zhao Pushan 趙璞珊 (1997), p. 63; and Liao Yuqun 廖育群 (1992), p. 107.

<sup>10</sup> *Mai jing* 脈經 (Canon of the Pulse), c. 280, in *Gujin tushu jicheng yibu zhenduan* 古今圖書集成醫部診斷 (Encyclopedia Collected from Sources Old and New: Section on Medicine: Diagnostics), vol. 3, p. 83. The English translation was largely taken from Kuriyama (1999), p. 93.

pressure, body temperature, and various blood tests; all of them are somewhat undecipherable or intangible to patients. For the purpose of diagnosis, the only way of knowing, of reading these signs, then, is through a viewpoint located outside of the patient's body. Contrary to biomedicine, which relies upon scientific inventions of objective, external measuring instruments, Chinese medicine uses trained fingers and the experienced doctor's body to conduct the reading. The divergence of these two ways of sign-reading is of great importance. It marks out two different trends in the construction of medical knowledge with regard to subjectivity: while the West increasingly sought to exclude subjective knowledge, Chinese medicine incorporated it.

Although the doctor's subjectivity cannot be completely excluded even in contemporary biomedicine, what is still noteworthy is that, in Wang Shuhe's definitions, the subjective viewpoint is the dominant one. Not only were pulses classified according to fingers' sensations, but the very names, the basic medical terminology that has lasted for nearly eighteen hundred years, are derived from doctors' sensations rather than the features of corresponding disorders. As the above quotations show, in the *Gaiyao*, after the description and definition of each type of pulse, there is a separate section called "disorders determined by a certain type of pulse" that lists corresponding illnesses. In some cases, the name of a pulse is even a metaphor for the feelings of the fingers. The 'cordlike *mai*', for example, does not imply that the disorders associated with it have anything to do with bowstrings; the only reason for the name is that the doctor's fingers feel as though they were pressing a bowstring. Rather than precluding any subjective factors as much as possible in constructing a 'science' of *the* human body, Chinese medicine, without the obsession of *the* transcendent body, is profoundly concerned with something that can be felt directly by human bodies, either doctors' or patients'. What is most provocative here is that the doctor's sensations are systematically and consciously incorporated and organized into medical concepts. Pulse taking—the physical touch by fingertips of doctors—not only manifests direct bodily interactions between doctors and patients, but also articulates the crucial involvement of the doctor's body in the construction of Chinese medical knowledge.

The importance of subjectivity was well recognized in ancient classics, seen in the emphasis on subjective senses, *yi* 意. Almost like a play on words, for centuries, the core of medicine was defined as *yi* (*yi zhe yi ye* 醫者意也). As Liao Yuqun 廖育群 insightfully pointed out, it is the notion of *yi* that encourages doctors' subjective flexibility and originality in clinical practice and theoretical interpretation, ensuring an enduring dynamic of innovation.<sup>11</sup>

This fundamental yet subtle involvement of subjective viewpoints contributes to an essential characteristic of Chinese medicine: its multiplicity. As Judith Farquhar pointed out, in Europe and North America, "a unitary, discrete, and mechanical body" somehow "continues to fulfill an important (if often tacit)

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<sup>11</sup> Liao Yuqun 廖育群 (2003), p. 47.

function in knowledge ranging from public health to political science.” Unlike ‘the body’ in Western medicine, Chinese medical bodies are multiple and cannot be taken for granted.<sup>12</sup> Furthermore, not only patients’ but also doctors’ bodies are multiple. Incorporating the subjectivity of doctors opens room for much more complicated medical practices. From the naming and defining of pulses alone, one can see that in Chinese medicine the idea that a disease exists and is enclosed within the patient’s body is not universal, and is at most parts of a larger view. Disorders manifested in symptoms exist in a complex network, interwoven by relationships and interactions between bodies of patients and doctors as well as the whole society and universe around them. Chinese medical bodies are always in a state of flux, emerging from complicated negotiations and interactions. In other words, Chinese medical bodies are constantly becoming.

Within diagnostics, other traces of the doctor’s body might not be so evident. In discussing visual inspection, the first among the four diagnostic methods, the *Zhenduan xue* begins by describing “inspecting vitality” (*wangshen* 望神)<sup>13</sup> with the following passage: “The method of inspecting is to let the vitality [of the doctor and the patient] contact each other (*yi shen hui shen* 以神會神). This is because communication between doctors and patients must rely upon spiritual connection (*jingshen lianxi* 精神聯繫). Therefore visual inspection comes first among all the diagnostic ways, and inspecting vitality comes first within visual inspection.” Roughly speaking, inspecting vitality means grasping the general vitality through an instantaneous glimpse at the look in the eyes, the facial appearance and movement of the patient.<sup>14</sup> It is clear that, here, by using the Chinese word *hui* (會), meaning to contact, a conscious action establishes a virtual ‘touch’.

Apart from diagnostics, the involvement of the doctor’s body is apparent as well in therapeutics. In acupuncture, for instance, the important idea of ‘grasping the *qi*’ (*deqi* 得氣) is also constructed in terms of the sensations generated by the bodily interactions between patients and doctors. In defining *deqi*, *Acupuncture and Moxibustion (Zhenjiu xue 針灸學)* describes: “When the needle does not grasp the *qi*, the doctor feels as though it was empty under the needle, and the patient has no special sensation as well. Once grasped the *qi*, the patient feels sore, numb, swollen or heavy around the point ... At the same time, the doctor feels tenseness and a dragging sensation around the needle.”<sup>15</sup> What is evident is that *deqi*, ‘grasping the *qi*’, highlights the bodily sensations when the doctor’s body ‘touches’ or ‘meets’ the patient’s *qi* via a tiny medical instrument, the acu-

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<sup>12</sup> Farquhar (1994b), pp. 80-82.

<sup>13</sup> The pertinent meaning of *shen* is vital activities in general, external manifestations of both physiological and pathological processes.

<sup>14</sup> *Zhenduan xue*, pp. 27-28.

<sup>15</sup> Shanghai zhongyi xueyuan 上海中醫學院 (Shanghai College of Chinese Medicine) (1974), pp. 282-284.

puncture needle. Consequently, various acupuncture therapies are based upon different ways of inserting and manipulating the needle (*shoufa* 手法).

It is evident that in Chinese medical knowledge—from diagnosis to therapy, from *mai* to *deqi*—the sensations of the doctor’s body and his or her subjectivity are crucial data. How does Chinese medical discourse, then, incorporate and represent this subjective knowledge? And how is this kind of knowledge transmitted? Let us go back to the pulse. In *Mai jing*, pulses were sorted by vague tactile sensations, and described in allegorical and allusive everyday language. These were not formal definitions, but hints that complement a teacher’s guidance in learning to feel. Further interpretations and descriptions in later works were no more lucid and precise than before. Instead of searching for more exact expressions, Chinese doctors after Wang Shuhe endeavored to find more vivid metaphors based upon their own experiences. For example, Li Shizhen’s 李時珍 (1518-1593) *Pulse Studies from the Lakeside Heritage* (*Binhu maixue* 瀕湖脈學, 1564), another hallmark in the development of Chinese pulse diagnosis, elaborated and added many figurative descriptions from various sources. In clarifying *fu mai*, for instance, besides what had already been mentioned in *Mai jing*, Li Shizhen added “it is like a faint breeze blowing the down on the back of birds (*ru weifeng chui niao beishang mao* 如微風吹鳥背上毛); It is weak and feeble (*yanyan nienie* 厭厭聶聶), and feels like rubbing elm pods (*ru xun yujia* 如循榆莢); it is like water floating wood (*ru shui piao mu* 如水漂木); it is like twisting stalks of scallions (*ru nian congye* 如撚蔥葉).”<sup>16</sup> On the contrary, as Shigehisa Kuriyama pointed out, on the other side of the world, Galen (130-200 BC) was yearning for the clearness of language, for “the exact use of exact words” for “a true science of the pulse” that he could not attain. It is no wonder when the *Instructions of Pulse* (*Mai jue* 脈訣) was translated into Latin (c. 1680), it was considered “an impenetrable chaos”, “very obscure” and “phantastical”.<sup>17</sup> These comments sharply illustrate the fundamental difference between two medical discourses.

Kuriyama is quite right in pointing out that the definitions of various types of pulses in *Mai jing* actually do not touch upon the question of what these pulses really are. “To us, this [*Mai jing*’s definition] reads like a reply to ‘how does one grasp a floating [*mai*]?’ rather than to the question ‘what is a floating [*mai*]?’ but in China the manner in which a [*mai*] was experienced was integrated to its essence. To know the floating or the sunken, the hollow or the hidden, the full or the weak was to know how they appeared to the probing touch. Asking ‘what’

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<sup>16</sup> *Binhu maixue* 瀕湖脈學 (Pulse Studies from the Lakeside Heritage), 1564, from *Li Shizhen yixue quanshu*, 李時珍醫學全書 (A Complete Medical Anthology of Li Shizhen), p. 1241.

<sup>17</sup> Kuriyama (1999), pp. 21, 68. *Mai jue* was translated by Michael Pierre Boym (1612-1659), and published in Frankfurt in 1680.



was inseparable from asking 'how'.<sup>18</sup> Kuriyama further traced this integration of ontological and epistemological questions to Confucian tradition.<sup>19</sup> He failed, however, to realize that the Chinese were less concerned with ontological questions than with epistemological ones. As everything is determined according to its concrete time, space, social conditions and environment, searching for a stable, fixed, inherent 'essence' behind it is not only infeasible but also irrelevant; more crucial are correct and competent ways to grasp it in its ever-changing states. In Chinese medical discourse, the central concern is not to articulate "what is a certain type of *mai*," for the 'what' question logically leads to the concern for what the disease is, while the *mai* actually is just a sign that signifies the disorder. The Chinese tradition is preoccupied with the process of perceiving and probing the sign appropriately. There is nothing more essential beyond or behind the *mai*, for the *mai* is just the signifier. Inasmuch as there is no abstract disease located in *the* body, the Chinese endeavor to make the signifier more vivid and easy to perceive when encountered in practice. Further, although *mai* is physically located in the patient's body, defining it from the doctor's perspective actually situates it in the bodily interactions between the doctor and the patient. In other words, the idea of *mai* is neither an objective phenomenon within the patient's body, nor a subjective concept in the doctor's mind, but rather exists only in the bodily contact between the doctor and patient, and is present only in the process within which the subject experiences the object. In this regard, in Chinese medicine, the confluence of subjectivity and objectivity is not just a theoretical generalization, but has deep roots in discernible embodiments. The bodily contact of pulse palpation is such a case in point.

Knowing the confluence of subjectivity and objectivity, then, we can understand the potency of allegorical language as well as the prominence of practice and experience (*jingyan* 經驗) in Chinese medicine.<sup>20</sup> They are effective ways to transmit a system of knowledge within which subjective components are positively incorporated. Without becoming fixed on the 'what' question, based upon concrete bodily perception, allegorical language is open, inviting everyone to imagine a feeling that one can learn from a teacher to experience and identify. Unlike exact 'scientific' language, allegorical language leaves much room for everyone's *yi*. Having basic senses, everyone is equal at the point of departure, yet always in the process of approaching the unreachable end. In this process, practice and its result—the accumulated experience, bodily and mental—are of great significance. The doctor's body internalizes medical knowledge, for the gradual accumulation of experiences, the honing and specializing of senses, is decisive. In discussing the notion of experience (*jingyan*), Sean Hsiang-lin Lei argues that characterizing Chinese medicine as based upon experience was a discursive strategy that took shape in the 1930s in China. "The discourse of

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<sup>18</sup> Kuriyama (1999), p. 96.

<sup>19</sup> See Kuriyama (1999), pp. 96-108.

<sup>20</sup> See Farquhar (1994a), p. 1; Lei (2002), p. 333.

*jingyan*”, he writes, “helped create a badly needed identity for Chinese medicine, which was in marked contrast to the hegemonic Western biomedicine.”<sup>21</sup> Even if viewing Chinese medicine as experiential is a modern, discursive creation, this generalization does unveil and articulate a profound and inherent difference from biomedicine. *Jingyan*, a notion with myriad connotations, embraces subjective knowledge and welcomes ways to impart and embody it.

Following this vein, we can understand why, in Chinese medicine, apprenticeship has always functioned effectively, and that the relationship of teacher-student versus master-disciple is distinguished clearly.<sup>22</sup> Apart from small scale official schools serving ruling classes, apprenticeship, both within and without lineages, was the primary form of medical education in Chinese history.<sup>23</sup> To be sure, following the foundation of the first private medical school in 1885, part of the modernization of Chinese medicine, traditional apprenticeship started to decline gradually, losing its dominance after the establishment of state sponsored colleges in the 1950’s.<sup>24</sup> Reflecting upon large scale school education in the past fifty years, however, Chinese scholars recently found that even sporadic apprenticeship showed a conspicuous comparative edge. They began to appeal for reinstating discipleship and reincorporating it into school system.<sup>25</sup>

How does apprenticeship differ from school education? In recalling learning experiences before the 1950’s, many famous senior doctors emphasized practice and a master’s concrete, individual guidance.

The only way to identify pulses is to practice more; mere reading of books is not useful.

The names of pulses are manifold, yet most of them are combinations. The major types are *fu* 浮 (floating), *chen* 沉 (sunken), *chi* 遲 (retarded), *shuo* 數 (accelerated); they may

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<sup>21</sup> Lei (2002), p. 357.

<sup>22</sup> See Scheid (2002), p. 168; Hsu (1999), p. 101.

<sup>23</sup> Sheng Yiru 盛亦如 (1996), p. 171; Du Tongfang 杜同仿 (1981), p. 42.

<sup>24</sup> Scholars argued that the first private medical school was set up in 1885 in Ruian, Zhejiang, and various local and official schools had flourished in the 1930’s. See Sheng Yiru 盛亦如 (1996), pp. 174-175, for details. Doctors’ biographies presented in the three volumes *Minglao zhongyi zhi lu* 名老中醫之路 (The Making of Celebrated Traditional Chinese Medicine Practitioners), by Zhou Fengwu 周鳳梧 et al. (ed.) (1981, 1982, 1985) represent a common medical training pattern in the early period of the modernization of Chinese medicine. According to my examination, the birth time of the 97 eminent doctors’ ranged from the 1870’s to the 1920’s. Among them, except for one lacking specific information, only 6 were self-taught, 10 were totally school-trained, and 18 were a combination of school and apprenticeship. And the majority of them, that is, 62, had been disciples, either with family members or following outside masters.

<sup>25</sup> See Huang Suying 黃素英 (2005), p. 17; Chen Gang 陳綱 (2005), p. 9; Wen Maoxing 溫茂興 (2005), p. 60; Liao Yuqun 廖育群 (2003), p. 59.

be combined with the auxiliary types of *mai* such as *xian* 弦 (string), *xi* 細 (small), *hua* 滑 (smooth) and *se* 澀 (rough). That is all. *Yin* and *yang*, empty (*xu* 虛) and full (*shi* 實) are differentiated in terms of whether the pulse is strong or weak. When first learning pulse palpation, in order to differentiate various pulses, the apprentice must feel patients' pulses with his own hands, [at the same time] the master clarifies them in language. The apprentice will naturally understand them later through repeated clinical practices.<sup>26</sup>

Although Chinese medicine is based upon a rich and continued textual tradition that has lasted for more than two millennia, the transmission through apprenticeship marks out another difference from biomedicine, which is basically mastered through modern medical school training.

With regard to special pedagogy to transmit a craft or a trade, Bourdieu incisively pointed out that,

A number of modes of thinking and action, and oftentimes the most vital ones, are transmitted from practice to practice, through total and practical modes of transmission founded upon direct and lasting contact between the one who teaches and the one who learns ('Do as I do'). ... The part played by the pedagogy of silence ... is surely all the greater in those sciences where the contents of knowledge and the modes of thinking and of action are themselves less explicit and less codified.<sup>27</sup>

Clearly, like handing down a trade, Chinese doctors master through practices, oftentimes silent practices, a kind of knowledge that is represented in allusive expressions that go far beyond the potency of language and writing. In order to make sense of metaphorical expressions, disciples of Chinese medicine have to go through long-term, face-to-face interactions and practices to recognize certain sensations and then fix them as signs. This is actually a cognitive process from apprehending ideas merely through text to an inspirational experience (*wu* 悟)<sup>28</sup> that engages both body and mind. Since there is no split between body and mind in the Chinese worldview, this inspirational experience is a literal embodiment of medical knowledge.

Scholars have already noticed that after long-term observation of masters' medical practices, disciples can master much more than what language could

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<sup>26</sup> Zhou Fengwu 周鳳梧 (1981), pp. 151, 351.

<sup>27</sup> Bourdieu and Wacquant (1992), pp. 222-223.

<sup>28</sup> Hsu (1999), p. 227.

express.<sup>29</sup> What disciples emulate through apprenticeship is not limited to medical concepts. According to their ethnographical studies, Volker Scheid found that Dr. He, a disciple of a famous acupuncturist, not only changed his needling techniques, but also attempted to “come as close as possible to thinking and feeling like” his master. Similarly, Elisabeth Hsu argued that, “eventually the disciple and his mentor would come to share certain gestures and attitudes as, for example, the way in which they lit a cigarette, answered questions, or greeted their patients.”<sup>30</sup> The embodiment of Chinese medical knowledge accumulates through a series of illuminations. In this process, the pupil gradually encounters, incorporates and pieces together various aspects of a specific concept. The mastery of medicine, therefore, is a process that goes far beyond remembering or even knowing applications of concepts.

Through the somatic modes of learning in apprenticeship,<sup>31</sup> each doctor shapes knowledge in a personal way. What is clearly revealed in Scheid and Hsu’s ethnographies is that style, personal imprint, and personal knowledge do matter in Chinese medical practice. “Each doctor was expected to arrive at his own synthesis through the interaction of deep book-learning and practice.”<sup>32</sup> The apprenticeship—the process of learning as well as practice—is a vital part of Chinese medical knowledge transmission. It is the key process through which a person’s or a school’s special synthesis is developed and sharpened. It is just in apprenticeship that different personal medical experiences, based upon doctors’ subjective bodily sensations yet extending to whole personal life experiences, are constantly refined and crystallized.

By this token, we can better understand why the genre of case statements or case histories (*yian* 醫案) has flourished from the Ming dynasty up to the present. Case histories, as Farquhar pointed out, “occupy a much more prominent place in Chinese medical publishing than they do in Western biomedical journals and textbooks.”<sup>33</sup> Zhou Xuehai 周學海 (1856-1906), a celebrated doctor in the late Qing, observed that among all the medical books after the Song dynasty, only *yian* were the most readable. They differed from those annotations of classical works, which always read too much meaning into ancient books (*chuanzao* 穿鑿).<sup>34</sup> Why are case histories so appealing to Chinese doctors? Xia Yingtang 夏應堂 (1871-1936), another famous Chinese doctor, explained that,

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<sup>29</sup> See Farquhar (1994a), p. 206; Scheid (2002), pp. 176-177; Hsu (1999), p. 101; Liao Yuqun 廖育群 (2000), p. 1, and (2003), p. 39.

<sup>30</sup> Scheid (2002), p. 37; Hsu (1999), p. 101.

<sup>31</sup> See Hsu (1999), p. 5.

<sup>32</sup> Sivin (1987), p. 25.

<sup>33</sup> Farquhar (1992), p. 63.

<sup>34</sup> See He Lianchen 何廉臣’s (1860-1929) own preface to He Lianchen 何廉臣 (1959), p. 4.

If one does not read [classical] books (*shu* 書), one will never understand [medical] theories; yet only reading [classical] books is not enough for going to applications. Without reading [classical] books, one will not gain a general sense of [the whole system]; yet without clinical practices, one has no idea of change ... Case statements (*an* 案) are actual records of curing illness, and they are the guidelines for clinical practice. [Classical] books are usually riddled with empty talk... a strong theoretical argument does not necessarily guarantee its feasibility. Case statements, on the other hand, have all the facts in them, and cannot digress too far. To read classical books (*shu*) is not as good as reading case records (*an*), as some early authors have already stated.<sup>35</sup>

Describing clinical practices of proven efficacy, *yian* bridge the gap between abstract medical theories and concrete clinical encounters. If Chinese medical theories are too ambiguous to understand, *yian* are practical, usually successful medical interventions that one can ponder. What *yian* provide, then, are medical treatments that have been proved efficacious in practice. Within these treatments, various medical concepts—different types of *mai* and tongue phenomena, for instance—are manifested in concrete, real, and complicated combinations, and therefore can be grasped more solidly.

*Jingyan*, the Chinese word for experience, is usually used in modern Chinese as a noun to refer to knowledge or skill obtained through practice.<sup>36</sup> In earlier usages, however, it was mainly used as a verb, meaning to prove efficacy (*yan* 驗) by personally going through (*jing* 經) it.<sup>37</sup> In this regard, for the Chinese, *jingyan* is not a very abstract and general word, and its usage usually requires concrete past incidents in context. *Jingyan* is not intangible, but rather, should have palpable embodiments. It is, then, easy to understand why ready-made formulae in Chinese medicine are usually advertised as efficacy-proved formulae

<sup>35</sup> Xia Yingtang 夏應堂, preface to He Lianchen 何廉臣 (1959), p. 1.

<sup>36</sup> See A Dictionary of Modern Chinese (*Xiandai hanyu cidian* 現代漢語詞典) (1985), p. 599.

<sup>37</sup> In the “Great Dictionary of Chinese” (*Hanyu da cidian* 漢語大辭典) (2002), among the three meanings of *jingyan*, the first is “to prove efficaciously” (*xiaoyan*, *yanzheng* 效驗, 驗證) (verb). Its two examples one is quoted from Tao Qian 陶潛 (c. 365-427), and another is from *The Journey to the West* (*Xiyou ji* 西遊記, first published in 1592). The second meaning is “to have gone through personally” (*qinshen jingli guo* 親身經歷過) (verb). Its three examples one is from *The Dream of the Red Chamber* (*Honglou meng* 紅樓夢, c. 1760), and two are from writings in the 1930's: One from Mao Dun 茅盾 (1896-1981), and another from Lu Xun 魯迅 (1881-1936). Only the third meaning is a noun, referring to “perceptual experiences” (*ganxing jingyan* 感性經驗). And it might be that because this is the modern, popular meaning that there is no corresponding example with it. See also Lei (2002), p. 334.

(*yanfang* 驗方), verified by past medical practices. Moreover, in a model collection of *yian* in the Republican period, the *Classified Collection of Efficacy-proved Case Histories of Renowned Doctors in China* (*Quanguo mingyi yan'an leibian* 全國名醫驗案類編, 1927), case records are actually termed as efficacy-proved cases (*yan'an* 驗案). He Lianchen 何廉臣 (1860-1929), the editor, states in his preface that by selecting submitted real case records from all over China, this collection aims to teach students of Chinese medicine, and to “preserve actual experiences (*shidi jingyan* 實地經驗) of contemporary celebrated Chinese doctors forever.”<sup>38</sup> For He Lianchen, clearly, *yian* are palpable experiences that can be grasped, recorded, and learned from.

In analyzing the flourishing of *yian* in the Ming dynasty, Hsu relates it to a “shift in medical authority from the hereditary physicians ... to the scholar doctors.”<sup>39</sup> Placing it within the social, cultural and literal networks in the late Ming, Christopher Cullen proposed that *yian* was not only useful for physicians to boost their reputations but practical for aspiring autodidacts to follow a “quick route to apparent expertise.” This is because civil service careers became less accessible to members of the elite, and cheaper printing made self-tuition more feasible.<sup>40</sup> As *yian* were palpable personal syntheses of knowledge in its myriad multiplicity, it was quite possible that with the popularity of printing, invisible experience of eminent masters once ensured only by discipleship found a potential alternative. *Yian*, the visible form of experience, thus ascended the stage.

It is time to highlight the doctor's body in the medical scene. Chinese medicine frames health and disease within a complex network incorporating bodies of patients and doctors as well as the social and natural world around and beyond them. Compared with Europeans, Chinese doctors refine and specialize their bodily sensibility to comprehend and treat the patient's body. The Chinese tradition has highly valued subjective knowledge based upon accumulated personal experience, and systematically integrated it into medical practice. Some key concepts, *mai* or *deqi* for instance, are actually constructed within interactions between the subject and the object. In this regard, there is no single standard of knowledge; rather, medicine is literally embodied within each doctor's body through individual special synthesis. These syntheses, manifested as personal experiences, can be crystallized and revealed, to some extent, in the form of *yian*. In the long term, deep involvement of subjective experience not only has engendered the multiplicity of Chinese medicine, but has ensured an enduring dynamic of innovation. In it, personal experience will always renew and reconfigure itself according to ever-changing social and cultural conditions.

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<sup>38</sup> He Lianchen's own preface, in He Lianchen 何廉臣 (1959), p. 4, my emphasis.

<sup>39</sup> Hsu (2001b), p. 294.

<sup>40</sup> Cullen (2001), p. 319.

## References

### Abbreviations:

*Gaiyao*: Guangzhou budui hongqinbu weishengbu, *Xinbian zhongyi xue gaiyao* (1972) (Revised Outline of Chinese Medicine) (1987).

*Zhenduan xue*: Deng Tietao, *Zhongyi zhenduan xue* (Diagnostics of Chinese Medicine) (1987).

### Primary Sources in Chinese Language, before 1900:

*Binhu maixue* 瀕湖脈學 (Pulse Studies from the Lakeside Heritage). Li Shizhen 李時珍 (1518-1593), 1564. In *Li Shizhen yixue quanshu* 李時珍醫學全書 (A Complete Medical Anthology of Li Shizhen). Beijing: Zhongguo zhongyiyao chubanshe, 1996, pp. 1239-1250.

*Gujin tushu jicheng yibu zhenduan* 古今圖書集成醫部診斷 (Encyclopedia Collected from Sources Old and New: Section on Medicine: Diagnostics). Edited by Chen Menglei 陳夢雷 (1651-c. 1723) et al. vol. 3, 1726. Beijing: Renmin weisheng chubanshe, 1983 (1959).

*Huangdi suwen zhijie* 黃帝素問直解 (Basic Questions: A Direct Commentary). Gao Shizong 高士宗, 1695. Beijing: Kexue jishu wenxian chubanshe, 1998.

*Mai jing* 脈經 (Canon of the Pulse). Wang Shuhe 王叔和, c. 280. In *Gujin tushu jicheng yibu zhenduan* 古今圖書集成醫部診斷, vol. 3. Beijing: Renmin weisheng chubanshe, 1983 (1959), pp. 83-138.

### Primary and Secondary Sources in Chinese and Western Languages, after 1900:

Andrews, Bridie J. (2001b). "From Case Records to Case Histories: the Modernization of a Chinese Medical Genre, 1912-49," in Elisabeth Hsu (2001b) (ed.), pp. 324-336.

Beijing shi lao zhongyi jingyan xuanbian bianweihui 北京市老中醫經驗選編編委會 (Compilation Committee for Collecting the Experiences of Chinese Traditional Doctors in Beijing) (eds.). *Beijing shi lao zhongyi jingyan xuanbian* 北京市老中醫經驗選編 (Selected Case Reports from

- Famous Chinese Traditional Doctors in Beijing). 2 vols. Beijing: Beijing chubanshe, 1980, 1986.
- Bourdieu, Pierre, and Loic J. D. Wacquant (1992). *An Invitation to Reflexive Sociology*. Chicago: Univ. of Chicago Press.
- Cullen, Christopher (2001). "Yian 醫案 (Case Statements): the Origins of a Genre of Chinese Medical Literature," in Elisabeth Hsu (2001b) (ed.), pp. 279-323.
- Chen Gang 陳鋼 (2005). "Dangdai shehui sichao yingxiang xia de gaodeng zhongyi jiaoyu moshi gaige" 當代社會思潮影響下的高等中醫教育模式改革 (Pedagogical Reform in Chinese Medicine Colleges in Contemporary Social Context). *Zhongyi jiaoyu* 中醫教育 (Education of Chinese Medicine), 24.5: pp. 8-10.
- Deng Tietao 鄧鐵濤 et al. (eds.) (1987). *Zhongyi zhenduan xue* 中醫診斷學 (Diagnostics of Chinese Medicine). Beijing: Renmin weisheng chubanshe.
- et al. (eds.) (1993). *Zhongguo minglao zhongyi jingyan jicui* 中國名老中醫經驗集粹 (A Collection of Case Reports from Famous Chinese Traditional Doctors). Beijing: Beijing kexue jishu chubanshe.
- Du Tongfang 杜同仿 (1981). "Zhongyi jiaoyu shi suotan" 中醫教育史瑣談 (Scraps about the Educational History of Traditional Chinese Medicine). *Zhonghua yishi zazhi* 中華醫史雜誌 (Chinese Journal of Medical History), 11 (Jan.): pp. 42-64.
- Farquhar, Judith (1992). "Time and Text: Approaching Chinese Medical Practice through Analysis of a Published Case," in Charles Leslie and Allan Young (eds.), *Paths to Asian Medical Knowledge*. Berkeley, Los Angeles, Oxford: Univ. of California Press.
- (1994a). *Knowing Practice: the Clinical Encounter of Chinese Medicine*. Boulder: Westview Press.
- (1994b). "Multiplicity, Point of View, and Responsibility in Traditional Chinese Healing," in Angela Zito and Tani E. Barlow (eds.), *Body, Subject and Power in China*. Chicago: Univ. of Chicago Press.
- Foucault, Michel (1994). *The Birth of the Clinic: An Archaeology of Medical Perception*, translated by A. M. Sheridan Smith. New York: Vintage Books.
- Furth, Charlotte (1999). *A Flourishing Yin: Gender in China's Medical History, 960-1665*. Berkeley, Los Angeles, London: Univ. of California Press.



- Guangzhou budui houqinbu weishengbu 廣州部隊後勤部衛生部 (Public Health Section, Rear Support Units, Guangzhou Command) et al. (eds.) (1972). *Xinbian zhongyi xue gaiyao* 新編中醫學概要 (Revised Outline of Chinese Medicine). Beijing: Renmin weisheng chubanshe.
- Hanyu da cidian* 漢語大辭典 (The Great Dictionary of Chinese ), 2.0 version. Hongkong: Shangwu yinshuguan; Beijing: Hanyu da cidian chubanshe, 2002.
- He Lianchen 何廉臣 (1959). (ed.). *Chongyin quanguo mingyi yan'an leibian* 重印全國名醫驗案類編 (Classified Collection of Efficacy-proved Case Histories of Renowned Doctors in China (reprinted)). Shanghai: Shanghai kexue jishu chubanshe, 1959 (1927).
- Henan sheng weisheng ting 河南省衛生廳 (General Office of Public Health in Henan Province) (ed.) (1983). *Henan sheng minglao zhongyi jingyan jijin* 河南省名老中醫經驗集錦 (Selected Case Reports from Famous Chinese Traditional Doctors in Henan Province). Zhengzhou: Henan kexue jishu chubanshe.
- Hsu, Elisabeth (1999). *The Transmission of Chinese Medicine*. Cambridge: Cambridge Univ. Press.
- (2001a). “Pulse Diagnostics in the Western Han: How *mai* and *qi* Determine *bing*,” in Elisabeth Hsu (ed.), *Innovation in Chinese Medicine*, pp. 51-91.
- (ed.) (2001b). *Innovation in Chinese Medicine*. Cambridge: Cambridge Univ. Press.
- Huang Suying 黃素英 (2005). “Zhongyi shicheng jiaoyu diaocha yanjiu baogaobShanghai diqu sanjie minglao zhongyi shicheng ban xueshu jichengren ziliao fenxi” 中醫師承教育調查研究報告D上海地區三屆名老中醫師承班學術繼承人資料分析 (Investigation Report on Apprenticeship in Chinese Medicine: An Analysis Based upon Disciples from Three Apprenticeship Workshops with Renowned Senior Doctors in Shanghai Area). *Zhongyi jiaoyu* 中醫教育 (Education of Chinese Medicine), 24.1: pp. 17-19.
- Huang Zili 黃自立 (ed.) (1988). *Zhongyi baijia yilun huicui* 中醫百家醫論薈萃 (Collections of Various Chinese Medical Theories). Chongqing: Chongqing chubanshe.
- Kuriyama, Shigehisa (1999). *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*. New York: Zone Books.

- (ed.) (2000). *The Imagination of the Body and the History of Bodily Experience*. Kyoto: International Research Center for Japanese Studies.
- Lei, Sean Hsiang-lin (2002). "How did Chinese Medicine Become Experiential? The Political Epistemology of Jingyan." *Positions: East Asia Cultures Critique*, 10. 2 (Fall): pp. 333-364.
- Liao Yuqun 廖育群 (1992). *Qihuang yidao 岐黃醫道* (The Way of Chinese Medicine). Shenyang: Liaoning jiaoyu chubanshe.
- (2000). "Guanyu Zhongguo chuantong yixue de yige chuantong guan-nian: yi zhe yi ye" 關於中國傳統醫學的一個傳統觀念 醫者意也 (On a Traditional Idea in Traditional Chinese Medicine: *yi zhe yi ye*), *Dalu zazhi 大陸雜誌* (Continent Magazine), 101.1: pp.1-19.
- (2003) *Yi zhe yi ye: renshi Zhongguo chuantong yixue 醫者意也：認識中國傳統醫學* (*yi zhe yi ye: to Know Traditional Chinese Medicine*). Taipei: Dongda tushu gongsi.
- Liu Xiaobin 劉小斌 (1982). "Guangdong jindai de yixue jiaoyu" 廣東近代的醫學教育 (The Education of Traditional Chinese Medicine in Modern Guangdong), *Zhonghua yishi zazhi 中華醫史雜誌* (Chinese Journal of Medical History), 12. 3: pp. 133-138.
- Lloyd, Geoffrey, and Sivin, Nathan (2002). *The Way and the Word: Science and Medicine in Early China and Greece*. New Haven: Yale Univ. Press.
- Lu Zhaolin 魯兆麟 and Yang Huizhi 楊蕙芝 (1997). *Jindai minglao zhongyi linchuang siwei fangfa 近代名老中醫臨床思維方法* (Clinical Reasoning and Techniques of Modern Famous Chinese Traditional Doctors). Beijing: Renmin weisheng chubanshe.
- Ng, Roxana (2000). "Toward an Embodied Pedagogy: Exploring Health and the Body through Chinese Medicine," in George J. Sefa Dei et al. (eds.), *Indigenous Knowledge in Global Contexts: Multiple Readings of Our World*. Toronto: Univ. of Toronto Press.
- Scheid, Volker (2002). *Chinese Medicine in Contemporary China: Plurality and Synthesis*. Durham: Duke Univ. Press.
- Shanghai shi weisheng ju 上海市衛生局 (Department of Public Health in Shanghai) (ed.) (1980). *Shanghai lao zhongyi jingyan xuanbian 上海老中醫經驗選編* (Selected Case Reports from Famous Chinese Traditional Doctors in Shanghai). Shanghai: Shanghai kexue jishu chubanshe.

- Shanghai zhongyi xueyuan 上海中醫學院 (Shanghai College of Chinese Medicine) (ed.) (1974). *Zhenjiu xue* 針灸學 (Acupuncture and Moxibustion). Beijing: Renmin weisheng chubanshe.
- Shan Shujian 單書健 (1994). *Lao zhongyi jingyan zhengli fangfa de tantao* 老中醫經驗整理方法的探討 (On the Ways of Ordering Experiences of Famous Chinese Traditional Doctors). Beijing: Zhongyi guji chubanshe.
- Sheng Yiru 盛亦如 (1996). “Zhongguo zhongyi jiaoyu shi yanjiu 60 nian” 中國中醫教育史研究 60 年 (Sixty Years of Studies on the History of Chinese Medical Education). *Zhonghua yishi zazhi* 中華醫史雜誌 (Chinese Journal of Medical History), 26. 3: pp. 170-178.
- Sivin, Nathan (1987). *Traditional Medicine in Contemporary China: A Partial Translation of Revised Outline of Chinese Medicine (1972) with an Introductory Study on Change in Present-day and Early Medicine*. Ann Arbor: Univ. of Michigan.
- Unschuld, Paul U. (1992). “Epistemological Issues and Changing Legitimation: Traditional Chinese Medicine in the Twentieth Century,” in Charles Leslie and Allan Young (eds.). *Paths to Asian Medical Knowledge*. Berkeley, Los Angeles, Oxford: Univ. of California Press, pp. 44-61.
- Wang Qi 王琦 (ed.) (1985). *Huangdi neijing zhuanti yanjiu* 黃帝內經專題研究 (Monographic Studies on the Yellow Emperor's Inner Canon). Jinan: Shangdong kexue jishu chubanshe.
- Wang Xinhua 王新華 (ed.) (1998). *Zhongyi lidai yilun jingxuan* 中醫歷代醫論精選 (Selected Discussions of Chinese Medicine from Ancient Texts). Nanjing: Jiangsu kexue jishu chubanshe.
- Wen Maoxing 溫茂興 (2005). “Zhongyi shicheng jiaoyu yu yuanxiao jiaoyu zhi bijiao” 中醫師承教育與院校教育之比較 (A Comparison between Apprenticeship and School Education in Chinese Medicine). *Jiangsu zhongyiyao* 江蘇中醫藥 (Jiangsu Journal of Chinese Medicine), 26.10: pp. 60-62.
- Xiandai hanyu cidian* 現代漢語詞典 (A Dictionary of Modern Chinese). Beijing: Shangwu yinshuguan, 1985.
- Yin Huihe 印會河 and Zhang Bone 張伯訥 et al. (eds.) (1993). *Zhongyi jichu lilun* 中醫基礎理論 (Basic Doctrines of Chinese Medicine). Taipei: Zhiyin chubanshe.
- Zhang Dazhao 張大釗 (2002). *Zhongyi wenhua duitan lu* 中醫文化對談錄 (Dialogues about Chinese Medical Culture). Hongkong: Sanlian shudian.

Zhao Pushan 趙璞珊 (1997). *Zhongguo gudai yixue* 中國古代醫學 (Ancient Chinese Medicine). Beijing: Zhonghua shuju.

Zheng Hong 鄭洪 (1998). “Lingnan zhongxiyi huitong shijia—chenshi sandai” 嶺南中西醫彙通世家—陳氏三代 (A Hereditary Family of Chinese-Western Medical Synthesis in Lingnan: Three Generations in the Chen Family). *Zhonghua yishi zazhi* 中華醫史雜誌 (Chinese Journal of Medical History), 28.1: pp. 7-12.

Zhou Fengwu 周鳳梧 et al. (ed.). *Minglao zhongyi zhi lu* 名老中醫之路 (The Making of Celebrated Traditional Chinese Medicine Practitioners) 3 vols. I, II, III. Jinan: Shangdong kexue jishu chubanshe, 1981, 1982, 1985.

Zhu Xiaoyin 諸曉英 (1998). “Shilun Shaoxing diqu lidai mingyi beichu de yuanyin” 試論紹興地區歷代名醫輩出的原因 (On the Causes Responsible for the Large Number of Renowned Physicians in the Shaoxing Area). *Zhonghua yishi zazhi* 中華醫史雜誌 (Chinese Journal of Medical History), 28. 4: pp. 239-243.