

Wang Shuhe Maijue(*The Pulse-diagnostic Song of Wang Shuhe* 王叔和
脈訣) Controversy and the Construction of Scholarly Medical Knowledge
in Late Imperial China

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Abstract The construction of the scholarly medical knowledge in late imperial China is receiving growing attention in the studies of the history of Chinese medicine. This paper is tasked with probing into the medical knowledge that had dominated the theory and practice of pulse-diagnostics from Northern Song dynasty to late Ming dynasty, and caused the groundswell of the reconstruction of medical knowledge in late imperial China. This knowledge is referred as *Wang Shuhe Maijue*(王叔和脈訣), an instruction that introduced pulse diagnosing with rhymed verses and illustrations. *Wang Shuhe Maijue* classified twenty four pulse types(脈象) as “seven exteriors”(七表), “eight interiors”(八裏), and “nine ways”(九道). This theoretical frame that enjoyed the status as guide to the pulse-diagnostics from Northern Song dynasty on was seriously fulminated in the late Ming dynasty and finally replaced by the twenty-seven pulse type frame of Li Shizhen(李時珍 1518-1593)’s *Binhu Maixue*(瀕湖

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脈學). Why a long-accepted medical theory came to be the target of excoriation and repudiation in certain period? What happened during this period that changed the status of a time-honored theory? Why it's *Wang Shuhe Maijue* rather than other medical knowledge that became the object of rejection?

It's going to be demonstrated in this paper that from the middle of Ming dynasty on, the ramped up number of medical practitioners and the competition ensued drove the scholarly physicians to establish their own orthodox tradition in order to distinguish themselves from other practitioners and cement their status as well as clientele. With this background, *Wang Shuhe Maijue* was culled to be the target of excoriation and rejection, and the new medical theories spawned by late Ming orthodox physicians¹ were based on the repudiation of *Wang Shuhe Maijue*.

1. Introduction

Wang Shuhe Maijue was the most influential pulse-diagnostic work in the history of Chinese medicine.²The theoretical frame of *Maijue* had dominated the theory and practice of pulse diagnosing from Northern Song dynasty to its replacement by *Binhu Maixue* in the late Ming dynasty.³

¹ Because the definition of the word “scholarly physician”(儒醫) is not very clear, the scholarly physicians in late imperial China in this paper are referred as “orthodox physicians” as Francesca Bray calls them, which means that persons whose medical competence was recognized by the educated elite and who share their social and cultural values with the elite. See Francesca Bray, *Technology and Gender: Fabrics of Power in Late Imperial China* (California: University of California Press, 1997) , p.305.

² In order to make my statement clear, I refer to *Wang Shuhe Maijue* as *Maijue* hereafter.

³ On the origin and the theoretical frame of pulse types of *Maijue*, see Po-Huei Hsieh, “Taisumai and

in order to understand the reason why *Maijue* was rejected in the Ming, it's important to clarify why it can be so eminent after the Northern Song dynasty. In fact, there is controversy over the actual date of the compilation of *Maijue*. In addition to some dissident views, it's long believed that *Maijue* was originated in Northern Song dynasty.⁴ Nevertheless, recent archaeological discoveries in Dunhuang(敦煌) showed that the current content of *Maijue* was found in certain medical books that can be dated to the Six dynasties.⁵

What's worth noting is that why the *Maijue* that was nameless in the Sui(隋) and Tang(唐) dynasties can procure its popularity and eminence after the Northern Song dynasty? What happened in the Northern Song dynasty that made *Maijue* status different from previous dynasties? It's possible that the technology of printing held the key to the answer of these questions. In the period of Five dynasties and ten kingdoms(五代十國 907-960), printing was for the first time be used to produce standardized text by the authorities. The Northern Song dynasty also found printing a powerful tool to produce officially authorized versions of books and texts to create the united ideology and ideas. Among the Northern Song government printing

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⁴ For the discussions on the controversy over the origins of *Maijue*, see Zheng Manqing and Lin Pinshi, *Zhonghua yiyao shueshi*, pp. 198-199; Yong Rong ed., *Siku quanshu zongmu tiyao*, pp. 2124.

⁵ Among the discoveries exhumed from Dun Huang, there exist two 6th century manuscripts on pulse-diagnostics, which are partially identical to the latter *Maijue*. See Fu Weikang, *Zhongguo yishueshi*, p.109; Lu Jiayi ed., *Zhongguo keshue jishushi*, p.321.

enterprises, medical book publication was highly valued by the officials.⁶ In the area of pulse diagnosing, *Maijing* (脈經) was chosen to be the orthodox canon.⁷ And its status was put in the same wavelength with *Neijing*(內經).⁸ As a matter of fact, the standardized printed version of *Maijing* created the conditions that make *Maijue* popular. Only when the printing version fixed⁹ the text of *Maijing*, can *Maijue* become a popular and eminent medical instruction¹⁰ because the eponymous author of *Maijing*, i.e. Wang Shuhe(王叔和 180-270), was uplifted to be the medical authority for the eminent status of his *Maijing* conferred by the Northern Song government. The *Maijue* that was falsely attributed to Wang Shuhe¹¹ could in this way gain the reputation from its fabricated author.¹²

⁶ Chen Yuanpong, *Liang Song de "shangyi shiren" yu "ruyi": jian lun qi zai Jin Yuan de liu bian*(Taipei: Guoli Taiwan dashue chubanshe, 1997), pp. 61-73; Ye Dehuei, *Shulin qinghua*(Taipei: Wenshizhe chubanshe), pp. 300-301.

⁷ Mototane Taki ed., *Zhongguo yiji kao*(Beijing: Renmin weisheng chubanshe, 1983), pp. 188-189.

⁸ TuoTuo, *Songshi*(Taipei: Dingwen chubanshe, 1980), p. 3689.

⁹ On the theory about the fixation effect of print on the volatile words, see Elisabeth Eiselein, *The Printing Press as an Agent of Change* (Cambridge: Cambridge University Press, 1979), pp. 80-87. On the controversies and criticisms over this theory, see Roger Chartier, "The Order of Books Revisited," *Modern Intellectual History*, 4.3(2007): 512-3, 516-7; Also see Ku-ming Chang, "Review of Andrian Johns, *The Nature of the Book: Print and Knowledge in the Making*" in *New History*, vol. 16, Part 1(2006): 183-195.

¹⁰ Before the creation of fixed printed versions of *Maijing* and *Maijue* in Northern Song dynasty, there had been no standardized versions of these two texts. As Fan Jiawei has pointed out, many time-honored medical works did actually have more than one version during Sui and Tang dynasties. See Fan Jiawei, *Liouchao SuiTang yishue zhi chuancheng yu zhenghe*(Hong Kong: Zhongwen daxue chubanshe, 2004), pp. 29-49. On the printed fixed version of *Maijing* in Northern Song dynasty, see Lu Jiayi ed., *Zhongguo keshue jishushi*, p.188. Also see Zhou Fengwu, *Zhongguo yishue yuanliu guaiyao*(Taiyuan: Shanxi keshue jishu chubanshe, 1995), p.21.

¹¹ The real author of *Maijue* was Gao Yangsheng(高陽生) of Six dynasties. See Lu Jiayi ed., *Zhongguo keshue jishushi*, p.324.

¹² The intriguing case of the eponymous and falsely attributed author of *Maijing* and *Maijue* could justify what Michel Foucault called 'author function' that the function of author is to classify different works. On the 'author function', see Roger Chartier, *The Order of Books: Readers, Authors, and Libraries in Europe between the Fourteenth and Eighteenth Centuries*(Stanford: Stanford University Press), 1992, pp. 25-60.

What's strange was that the falsely attributed *Maijue* actually appropriated the authority, popularity and eminence of *Maijing*, and even drove it to oblivion after Northern Song dynasty.¹³ How could *Maijue* make it? First, although the title of *Maijing* implicated its status as medical canon (*Jing* 經), it's pointed out that the word *jing* in the Han (漢 202 BCE.-220 CE) dynasties when *Maijing* was compiled didn't necessarily mean canonized knowledge.¹⁴ Furthermore, the reason why *Maijing* was titled as canon was not due to its quality or status, but because that it was derived from the *Neijing* (內經) tradition.¹⁵ However, the most important factor that *Maijue* could replace *Maijing* as the guide of pulse-diagnostic theory after Northern Song dynasty was due to its simplicity and the mnemonic devices of rhymed verses of pulse styles.¹⁶ Therefore, *Maijue* that combined its famous author (though falsely attributed) with its simplicity, and contextualized in the publishing boom in the Northern Song dynasty¹⁷ not only gained its eminence and popularity, but also dominated the pulse-diagnostic theory before its repudiation in the middle and late Ming dynasty.

¹³ On the detailed discussion of the issue, see Po-Huei Hsieh, "Taisumai and Wang Shuhe *Maijue*: Controversies and Formation of Scholarly Medicine in Late Imperial China," pp. 203-224, 302-303.

¹⁴ John B. Henderson, *Scripture, Canon, and Commentary: A Comparison of Confucian and Western Exegesis* (New Jersey: Princeton University Press, 1991), p.50. Li Jianmin also indicates that the so-called canons such as *Neijing* and *Nanjing*, though smacked of normality and standardization, were actually not yet deserved to be called canons during Han dynasty. See Li Jianmin, "Zhongguo yishueshi yanjiou de xin shiye," in *New History*, vol. 15, Part 3(2004): 210.

¹⁵ Don Bates ed., *Knowledge and Scholarly Medical Tradition* (Cambridge : Cambridge University Press, 1995), p.192.

¹⁶ On the reason why *Maijue* was successful, see Po-Huei Hsieh, "Taisumai and Wang Shuhe *Maijue*: Controversies and Formation of Scholarly Medicine in Late Imperial China," pp. 203-225.

¹⁷ Cynthia Brokaw, "Book History in Premodern China," *Book History* (2007): 259-262.

2. *Maijue* controversy in the Ming dynasty: social and cultural distinction

From the middle of Ming on, the orthodox physicians were influenced by the scholarly trend of evidential research(Kaozheng Xue 考證學) that led to the reorientation of physicians to regard *Neijing*(內經) as the supreme canon of the orthodox medical tradition and eliminate the knowledge that didn't comply with its theory.¹⁸ However, against the will of orthodox physicians, the medical market was then dominated by *Maijue* rather than *Neijing*. As the most popular medical instruction before the popularization of *Binhu Maixue*,¹⁹ *Maijue* had long provided the way of learning the pulse-diagnostic technique for practitioners of medicine. It's because *Maijue* offered a tool for literate practitioners to make a living by diagnosing pulse, and thus appropriated the orthodox physicians' hallmark of pulse diagnosing that *Maijue* became the target of fulmination and elimination. The fact that *Maijue* was stiffly rejected by orthodox physicians also reflected the predicament these physicians were trapped, where the output of medical books was overwhelming²⁰ and the official rules to regulate the qualification of physician didn't exist.²¹ All these

¹⁸ On the Ming physicians who applied the methods of evidential research to the study of medicine, see Paul U. Unschuld, *Medicine in China: A History of Ideas* (California: University of California Press, 1985), pp. 195-196; Wang Lun and Wang Changdong, *Yishi yu wenming*(Beijing: Zhongguo zhongyiyao chubanshe, 1993), pp. 142-143. On the evidential research in Ming and Qing dynasties, see Benjamin A. Elman, *A Cultural History of Civil Examinations in Late Imperial China*(University of California Press, California, 2001), pp.458-459.

¹⁹ On the medical instructions in late imperial China, see Angela Ki-Che Leung, "Medical Instruction and Popularization in Ming Qing China," *Late Imperial China* 24.1(2003), p.134.

²⁰ Lucille Chia, *Printing for Profit: The Commercial Publishers of Jianyang, Fujian.(11th-17th Centuries)* (Harvard University Asian Center, Cambridge and London, 2002), pp.186, 230-234

²¹ Chu Pingyi, "Yaoyi busibing, fodu youyuanren: Ming, Qing de yiliao shichang, yishue zhishe yu

meant that the competitions were everywhere.²² Therefore, the orthodox physicians had to cement their status and dignity²³ by setting up their own rules and standards of the qualification of orthodox physicians and the qualification of legitimate medical knowledge. It's under these circumstances that *Maijue* was picked up as a criterion of distinction. Not only those who practiced it were disdained, but the time-honored status of *Maijue* as a legitimate medical knowledge was also repudiated.²⁴

3. The *Maijue* controversy and the establishment of the medical orthodoxy(醫統)and the community of orthodox physicians in the Ming dynasty

It's illuminating to connect the rejection of *Maijue* as a legitimate medical knowledge to the establishment of the medical orthodoxy in the middle of Ming dynasty. Xu Chunfu(徐春甫 1520-1596) 's *Gujin Yitong Daquan(The Complete Works of Medical*

yibing guenshi" in *The Bulletin of the Institute of History and Philology, Academia Sinica*, vol. 68(2010): 1-48; Angela Ki Che Leung, "Mingdai shehueizhong de yiyao" in *Faguo hanshue*, vol.6(Beijing: Qinghua dashue chubanshe), pp. 347-8.

²² Generally speaking, *Maijue* was practiced by those who were to some extent literate. The reason why these literate, educated persons plunged themselves into practicing medicine was due to the harsh competition of civil service examination in late imperial time. See Benjamin A. Elman, *A Cultural History of Civil Examinations in Late Imperial China*(University of California Press, California, 2001), pp. 125-128. In this way, the competition was not between the literate physicians and the illiterate practitioners of medicine, for the illiterate or semi-illiterate charlatans provided their services for the clientele that was not overlapped with the clientele of orthodox physicians. Therefore, those who posed a threat to the orthodox physicians were not the illiterate charlatans. See Yüan-ling Chao, *Medicine and Society in Late Imperial China: A Study of Physician in Suzhou, 1600-1850*, p.146. Joanna Grant highlights the competition between orthodox physicians in her study of a Ming physician Wang Ji. See Joanna Grant, "Medical Practice in the Ming Dynasty—A Practitioner's View: Evidence from Wang Ji's *Shishan yí'an*," *Chinese Science* 15(1998): 37-80.

²³ On the way the orthodox physicians competed with hereditary physicians, see Chao Yuan-ling, "The Ideal Physician in Late Imperial China: The Question of *Sanshi* 三世," *EASTM* 17(2000): 66-93. However, as Volkar Scheid points out, the boundary between the orthodox physicians and hereditary physicians was blurring in late imperial times and it's necessary to find out a new benchmark of distinction. See Volkar Scheid, *Currents of Tradition in Chinese Medicine, 1626-2006*(Seattle: Eastland Press, 2007), p. 46.

²⁴ On the detailed discussion of the issue, see Po-Huei Hsieh, "Taisumai and Wang Shuhe *Maijue*: Controversies and Formation of Scholarly Medicine in Late Imperial China," pp. 225-238.

Orthodoxy from Ancient to Modern Times 古今醫統大全) was the first Ming medical work that excoriated *Maijue* for its theoretical blunders.²⁵ It's worth noting that the phrase "medical orthodoxy" in the title of Xu's work indicated that the fulmination focused on *Maijue* had something to do with the medical orthodoxy. In a word, medical orthodoxy was a series of medical works that were recognized as belonging to the orthodox *Neijing* tradition and complied with the teachings of the "Four Masters" of Jin and Yuan dynasties.²⁶ At first blush, the medical orthodoxy presented by Xu Chunfu seemed to be identified with the orthodox medical tradition in previous dynasties. However, what counts was not the medical works included, but that Xu Chunfu culled to be eliminated. Among the works that were to be excluded from Xu's medical orthodoxy, *Maijue* was specially targeted for excoriations.²⁷ Moreover, the medical works after the middle of Ming dynasty that panned *Maijue* also emphasized the medical orthodoxy.²⁸

It's obvious that the fulmination and repudiation focused on *Maijue* by the orthodox physicians were in relation to the establishment of medical orthodoxy in the middle of Ming dynasty. The preface of another Ming medical work titled *Yitong*

²⁵ Xu Chunfu, *Gujin yitong daquan* (Taipei: Xinwenfong chubanshe, 1978), vol.2, pp. 509-513, 579.

²⁶ On the 'Four Masters' of Jin and Yuan dynasties (金元四大家), see Marta Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the geographic imagination in late imperial China*, p.25. Yüan-ling Chao, *Medicine and Society in Late Imperial China: A Study of Physician in Suzhou, 1600-1850*, pp. 44-48.

²⁷ On the medical knowledge that was targeted for elimination by Xu Chunfu, see Po-Huei Hsieh, "Taisumai and Wang Shuhe *Maijue*: Controversies and Formation of Scholarly Medicine in Late Imperial China," pp. 225-229.

²⁸ Li Zhongzi, *Zhenjia Zhengyuan in Maishue mingzhu shi'er zhong*, p.81.

Zhengmai Quanshu(*The Complete Works of the Legitimate Tradition of Medical*

Orthodoxy 醫統正脈全書) also put emphases on the “medical orthodoxy”²⁹ and, not surprisingly, excluded *Maijue* from the orthodox tradition.³⁰ Therefore, it’s worth asking why the rejection of *Maijue* was connected to the establishment of the medical orthodoxy. The answer to this question hinges on the formation of the community of physicians.

It has been indicated that there existed the community of orthodox physicians in late imperial China. Joanna Grant and Marta Hanson both points out that since the middle of Ming dynasty, the boom of publishing³¹ changed the way of learning and transmitting of medical knowledge, creating communications among orthodox

²⁹ Wang Kentang, *Yitong zhengmai quanshu*(Taipei: Xinwenfeng chubanshe, 1997), p. 81.

³⁰ The call of *Yitong zhengmai quanshu* for the establishment of the medical orthodoxy, which reflected the reconstruction of medical knowledge the orthodox physician held out for, was far more important in the implicit print protocol than in the articulated argumentation. By unifying the printed format and layout of the titles included, *Yitong zhengmai quanshu* in fact gave these various medical works identical features, and thus afforded a visible paradigm of the medical orthodoxy. *Gujin yitong daquan* was also worth noticing. Though it’s not a collection like *Yitong zhengmai quanshu*, its content was actually abridged and anthologized from many other medical works(Chu Pingyi, 2010: 18). Therefore, *Gujin yitong daquan* smacked of the same characteristics that contributed to the concrete medical orthodoxy, which bore resemblance to those given by *Yitong zhengmai quanshu*. As David Scott Kastan has indicated, the “English literature” was actually invented through the publishing formula of a 17th century English bookseller Humphrey Moseley who published a collection of literatures of England. Moseley’s collections of poems and dramas gave identical printed features to the various literatures of England included, made the conception of “English literature” possible. See David Scott Kastan, “Humphrey Moseley and the Invention of English Literature” in Sabrina Alcorn, Eric N. Lindquist, and Eleanor F. Shevlin ed., *Agent of Change: Print Culture Studies after Elisabeth Eisenstein* (Amherst and Boston: University of Massachusetts Press, 2007) , pp. 105-124. The fact that the only two medical works titled as “medical orthodoxy”(Yitong) in Chinese history were in the very form of collection and emerged in the very period of the latter part of Ming dynasty is worth noting. It not only reified the ideal medical orthodoxy held dear by the orthodox physicians on the pages of printed collections, but also pinpointed the very period in which medical orthodoxy became very important.

³¹ On the publishing in Ming dynasty, see Lucille Chia , *Printing for Profit : The Commercial Publishers of Jianyang, Fujian.(11th -17th Centuries)* (Harvard University Asian Center, Cambridge and London, 2002).

physicians by means of the published medical books. In this way, the orthodox physicians could share their expertise, knowledge and values with each other, and the group consciousness thus came to existence.³²

The formation of the community of orthodox physicians was obviously in relation to the establishment of the medical orthodoxy in view of the act of Xu Chunfu to organize a community of orthodox physicians called “Yititang zhairen Yihuei”(一體堂宅仁醫會)³³ and his compiling of the medical work *Gujin Yitong Daquan*. Xu’s enterprise showed that the formation of the community of orthodox physicians and the establishment of the medical orthodoxy were two sides of one coin, which was the craving of orthodox physicians to cement their status and dignity in a milieu where competitions were fierce. This was the very reason why *Maijue* was repudiated in the middle of Ming dynasty rather than previous periods.

4. *Maijue* fulmination and the invention of new theories

Despite being criticized in previous dynasties, *Maijue* was still popular and welcomed in the Ming. For the orthodox physicians who wanted to eliminate *Maijue* from the medical orthodoxy, the best way to eradicate its legitimacy was to destroy its theoretical rationale. However, *Maijue* still enjoyed time-honored reputation as the

³² Joanna Grant, *A Chinese Physician*(New York: Routledge, 2003), pp.33-39; Marta Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the geographic imagination in late imperial China*(New York: Routledge, 2011), p.21.

³³ Liu Zuyi and Sun Guangrong ed., *Zhongguo lidai mingyi mingshu*(Beijing: Zhongyi guji chubanshe, 2002), p. 684.

theoretical guide of pulse diagnosing in the Ming dynasty.³⁴ Therefore, in order to successfully pulverize the theoretical foundation of *Maijue*, the orthodox physicians appealed to *Neijing* to criticize the theory of *Maijue* and thus created the new theory of pulse diagnosing that contributed to the medical orthodoxy in the Ming dynasty. In other words, the medical orthodoxy established by Ming orthodox physicians not only excluded *Maijue*, but also included the new theory that was invented on the destruction of the theoretical rationale of it.³⁵

The significant starting gun leveled at *Maijue* by orthodox physicians in the Ming dynasty was triggered by Xu Chunfu. The contributions of Xu to the repudiation of *Maijue* can be summarized in two points:

(1) The *Maijue* theory that was contradicted with the orthodox *Neijing*

In order to destroy the popularity of *Maijue* and express his despise to those who practiced it, Xu Chunfu dedicated himself to list the blunders *Maijue* had committed.

Among them, the defiance of it to the theory of *Neijing* was unforgivable. Xu

elucidated that the theory of *Maijue* fundamentally conflicted with *Neijing* in the

locations on wrists to feel the pulses.³⁶ Moreover, what the issue concerned was not

merely the locations on wrists, but also the specific vessels(*jingmai* 經脈) and

³⁴ Po-Huei Hsieh, "Taisumai and Wang Shuhe Maijue: Controversies and Formation of Scholarly Medicine in Late Imperial China," pp. 203-224.

³⁵ On the detailed discussion of this issue, see Po-Huei Hsieh, "Taisumai and Wang Shuhe Maijue: Controversies and Formation of Scholarly Medicine in Late Imperial China," pp. 225-238.

³⁶ Xu Chunfu, *Gujin yitong daquan*, p.235.

viscera(Zongfu 臟腑) that connected to them.

The locations to feel the pulses can be divided into “upper”(cun 寸), “middle”(guan 關), and “lower”(chi 尺) on both left and right wrists. These six locations, according to Xu’s explanation of *Neijing*, must connect to the viscera of the human body in the order that the upper connected to the upper and the lower connected to the lower. However, on the basis of *Maijue* theory, the “upper” location on wrists actually connected to the “lower” intestines.³⁷ *Maijue* thus, as Xu Chunfu indicated, conflicted with the theory of vessels and viscera of *Neijing*. This was a serious blunder in view of the trend to apply the methods of evidential research by orthodox physicians to the study of medicine during this time. *Neijing* was respected as the utmost valued canon that couldn’t be challenged by any medical theory.³⁸ Therefore, the *Maijue* that contradicted *Neijing* could not escape the fate of being repudiated. Through the excoriation of the blunder committed by *Maijue*, new theory was ensued. The intestines were now claimed by Xu to be connected to the “lower” locations on both wrists, appositely complied with *Neijing*.³⁹

It’s worth emphasizing that Xu Chunfu’s rejection of *Maijue* was not an exception.

The same theoretical suggestion was upheld by other famous Ming and Qing

³⁷ Gao Yangsheng, *Wangshuhe Maijue* in Chen Menglei, *Gujin tushu jicheng: yishu dian*(Taipei: Xinwenfong chubanshe, 1995), 430: 56.

³⁸ On the evidential research and *Maijue* critiques in late imperial China, see Po-Huei Hsieh, “Taisumai and Wang Shuhe Maijue: Controversies and Formation of Scholarly Medicine in Late Imperial China,” pp. 239-259.

³⁹ Xu Chunfu, *Gujin yitong daquan*, p.235.

orthodox physicians such as Li Zhongzi,⁴⁰ Sun Yikuei(孫一奎 1522-1619),⁴¹ Zhang Jiebin(張介賓 1563-1640),⁴² and Yu Chang(喻昌 1585-1664).⁴³ The shared idea of the new theory indicates a configuration of the community of orthodox physicians.

(2) The invention of new medical theory based on the fulmination of *Maijue*

It's indicated that the new orthodox theory that the intestines should be connected to the "lower" locations on wrists based on *Neijing* seriously damaged the legitimacy of *Maijue*. However, the order that the upper connected to the upper and the lower connected to the lower of the relationship between the "locations" of pulse diagnosing and viscera still leaves something to be answered.

The orthodox physicians such as Xu Chunfu and Li Zhongzi maintained that, according to this order, the twelve vessels of human body should in theory connect to the six "locations" on both wrists and the related viscera. Theoretically, there should be twelve viscera to connect to the twelve vessels. Nevertheless, based on the time-honored theory of *Maijue*, there were only eleven viscera.⁴⁴ Therefore, the

⁴⁰ Li Zhongzi, *Zhenjia Zhengyuan*, pp. 99-100.

⁴¹ Sun Yikuei, *Yizhi shuyu* in *Chishuei xunzhu quanji*(Beijing: Renmin Weisheng chubanshe, 1986), p.1196.

⁴² Zhang Jiebin, *Leijing* in *Zhongguo yishue dacheng sanbian*(Changsha: Yuelu shushe, 1994), vol.1, p.64.

⁴³ Yuchang, *Yimen falu* in *Zhongguo yishue dacheng xujij*(Shanghai: Shanghai kexue jishu chubanshe, 2000), vol.23, pp. 25-27.

⁴⁴ In fact, there were twelve viscera according to the original *Maijue* theory. But one of the viscera, i.e. Mingmen(命門), was eliminated by a Yuan dynasty scholar Dai Qizhong(戴啓宗) for the reason that such an organ didn't exist in *Neijing*. Dai's viewpoint was accepted among Ming orthodox physicians. See Zhang Jiafeng, "Shenghua zhiyuan yu liming zhimen: Jin, Yuan, Ming yishue zhong de 'Mingmen' shitan," in *New History* 9.3(1998):1-47; Dai Qizhong, *Maijue Kanwu* in *Siku quanshu: zibu*(Taipei: Taiwan shangwu yinshuguan),52: 865.

theoretical challenge was to solve the puzzle that how twelve vessels could connect to only eleven viscera.

The answer first proposed by Xu Chunfu was far from complicated. Simply by adding one organ to make up the viscera of twelve organs, one could satisfy the wholeness of the connection between the vessels and the viscera.⁴⁵ This new organ was Tanzhong(臈中), a viscus that was thought to be close to the heart. Most importantly, the new organ was based on the theory of *Neijing*.⁴⁶ Therefore, the new theory of the system of correspondence between the vessels and viscera further sapped the rationale of *Maijue*.

5. The demise of *Maijue* and the rise of *Binhu Maixue*: the change of the theoretical frame of pulse types

As mentioned above, the theoretical foundation of *Maijue* was destroyed by the Ming orthodox physicians. However, the popularity of *Maijue* was still prosperous, and the theoretical frame of it, i.e. the classification of the twenty four pulse types as three categories of “seven exteriors,” “eight interiors,” and “nine ways” pulse types was also influential.

Therefore, in response to the claims of the orthodox physicians that the influence

⁴⁵ Xu Chunfu, *Gujin yitong daquan*, p.237; Li Zhongzi, Yizong bidu in *Zhongguo yishue dacheng xuji*, vol.30, pp. 148-149; Zhang Jiebin, *Leijing* in *Zhongguo yishue dacheng sanbian*, vol.1, p.61; Fang Yizhi, *Tongya* in *Fang Yizhi quanshu*, vol.1, p.1543.

⁴⁶ It's indicated by Li Jianmin(李建民) that Tanzhong was probably an organ invented for the symmetry of the vessels and viscera. See Li Jianmin, *Sizheng zhiyu: Zhou, Qin, Han maishue zhi yuanliou*(Taipei: Institute of History and Philology, Academia Sinica, 2000), p. 222. On the issue of Tanzhong, also see Po-Huei Hsieh, “Taisumai and Wang Shuhe *Maijue*: Controversies and Formation of Scholarly Medicine in Late Imperial China,” pp. 58-60, 244-250.

of *Maijue* must be eradicated, a new theoretical frame of pulse types was produced.

It was proposed in the *Binhu Maixue* of Li Shizhen. In the work, Li constructed his theoretical frame to be classified as twenty seven pulse types, thus destructed the “seven exteriors,” “eight interiors,” and “nine ways” pulse types classification of *Maijue*.⁴⁷

This fact is very important because the long-accepted theoretical frame of *Maijue* was replaced by the twenty seven pulse types classification of *Binhu Maixue*, which had hereafter been the theoretical guide to pulse diagnosing until twentieth century, when the Chinese medicine was challenged by and adapted to the western medicine.⁴⁸

The change of the theoretical frame of the classification of pulse types was clearly demonstrated in a Ming version medical book called *Qi Taishang Tienbau Taisu Zhang Shenxien Maijue Xuanwei Gangling Tongzong*(*The Supreme Esoteric Guide to the Celestial Master Zhang' s Maijue* 鑿太上天寶太素張神仙脈訣玄微綱領統宗).

This book was a kind of medical knowledge that combined divination and medicine in the theory of pulse-diagnostics based on *Maijue*.⁴⁹ Most importantly, the strange

⁴⁷ Po-Huei Hsieh, “Taisumai and Wang Shuhe Maijue: Controversies and Formation of Scholarly Medicine in Late Imperial China,” pp. 283-308.

⁴⁸ Po-Huei Hsieh, “Taisumai and Wang Shuhe Maijue: Controversies and Formation of Scholarly Medicine in Late Imperial China,” pp. 283-308.

⁴⁹ The theory of Taisumai(The pulse –diagnostics of Taisu 太素脈) elucidated in the is work was also a key to understand the construction of medical knowledge in the history of Chinese medicine. For detailed discussions, please see Po-Huei Hsieh, “Taisumai and Wang Shuhe Maijue: Controversies and Formation of Scholarly Medicine in Late Imperial China.”

illustrations of pulse types classification contained in the book held the key to the elucidation of the change of the theoretical frame. Since the title of this work indicates that its content was based on *Maijue*, it wouldn't be surprising that its theoretical frame of pulse types was constituted by "seven exteriors," "eight interiors," and "nine ways." But the illustrations showed here demonstrate that such kind of classificatory theoretical frame was under transforming.



Figure.1 is the illustration of the "seven exteriors," which was ordinarily made up of seven pulse types. At first glance, this illustration seems to be as garden variety as any other "seven exteriors" illustrations contained in many Ming version medical instructions on *Maijue*. However, closer examination shows that there are actually

eight pulse types contained in this “seven exteriors” illustration. The extraordinary one is Shu(數) pulse type, a type that was not included in the *Maijue* pulse types classification. The “eight exteriors” illustration is ordinary, so the emphasis here is put on the “seven exteriors” and “nine ways” illustrations.

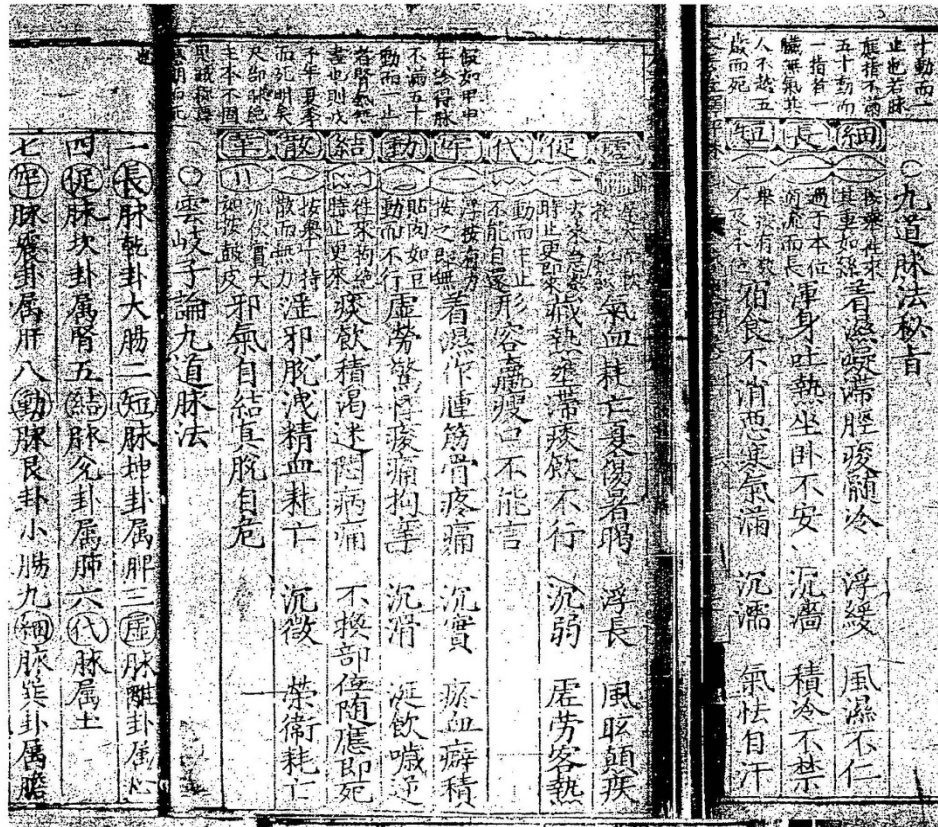


Figure.2 is the illustration of “nine ways” pulse types also contained in this work.

On scrutinizing this illustration, one can find out that there are actually two more pulse types included. These two types are San(散) and Ge(革).⁵⁰

What’s important is that these three pulse types along with the original twenty four pulse types classified as “seven exteriors,” “eight interiors,” and “nine ways” in

⁵⁰ Po-Huei Hsieh, “Taisumai and Wang Shuhe *Maijue*: Controversies and Formation of Scholarly Medicine in Late Imperial China,” pp. 272-283.

the *Maijue* theory constitute a scheme of pulse types of twenty seven. And, flabbergastingly, these twenty seven pulse types are precisely those that constituted the theoretical frame of twenty seven pulse types proposed by Li Shizhen in his *Binhu Maixue*. It's nothing fortuitous that the pulse types in the *Qi Taishang Tienbau Taisu Zhang Shenxien Maijue Xuanwei Gangling Tongzong* were identical with those in *Binhu Maixue*. In fact, the strange illustrations are the incarnation of the process of change from the "seven exteriors," "eight interiors," and "nine ways" classificatory frame to the twenty seven pulse types classification, serving as the very evidence that illustrates the gradually replacement of *Maijue* by *Binhu Maixue*.

The publication date can further explain this changing process in the last quarter of Ming dynasty. Since the date of the publication of *Binhu Maixue*(1596)was earlier than that of *Qi Taishang Tienbau Taisu Zhang Shenxien Maijue Xuanwei Gangling Tongzong*(1599), it's reasonable to infer that the strange illustrations discussed above are indications of the old classificatory frame of *Maijue* rendered tottering under the crush of the new and, more importantly, orthodox classificatory frame of *Binhu Maixue*.⁵¹

6. The entrenched consensus of legitimate knowledge in the community of orthodox physicians in the Qing dynasty

⁵¹ Po-Huei Hsieh, "Taisumai and Wang Shuhe Maijue: Controversies and Formation of Scholarly Medicine in Late Imperial China," pp. 272-283.

It has been indicated above that the theory of scholarly medical knowledge underwent serious change during the middle and late Ming dynasty. The long-accepted theory was abolished, and the new one that replaced it flourished.

It's worth noting that though the *Maijue* that replaced *Maijing* in the Northern Song dynasty was substituted by *Binhu Maixue* in the coda of Ming dynasty, the status of *Maijing* was still oblivious in the late Ming and Qing dynasty. The reason why *Maijing* never became eminent lies not only in the condition in the last quarter of Ming dynasty that the orthodox physicians had to produce their own legitimate knowledge to cement their status and define the border of the community of orthodox physicians, but also in the weakness of *Maijing* compilation and the status of its author in the late imperial times.

It had long been pointed out that *Maijing* was far from a page turner. In fact, it's very hard to read as indicated by many scholars and physicians from Northern Song dynasty to the Qing. This is also a factor that contributed to its almost complete substitution by its eponymous *Maijue*. In addition to the difficulty in reading, the author of *Maijing*, i.e. Wang Shuhe, was controversial due to the truthfulness of his compilation of *Maijing* and *Shanghan Lun*(傷寒論).⁵²

Against such background, the status of *Binhu Maixue* as legitimate medical

⁵² Benjamin A. Elman, *On Their Own Terms: Science in China, 1550-1900*, pp. 230-236.

knowledge was well entrenched in the Qing dynasty. Although *Binhu Maixue* was welcomed among lowbrow medical practitioners, it never caused controversy in the Qing because the status of orthodox physicians as professional medical practitioners was cemented, and the legitimate medical knowledge had been defined by the community of orthodox physicians. Therefore, the groundswell of the reconstruction of scholarly medical knowledge in the latter part of Ming dynasty motivated by the craving of orthodox physicians to cement their status and clientele changed the scholarly medical knowledge in the late imperial China thereafter.