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The Neglected Role of Buddhism in the Development of Medicine in Late Imperial China Viewed through the Life and Work of Yu Chang 喻昌 (1585–1664)

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SUMMARY: Despite significant revisions over recent decades, the field of medicine in late imperial China continues to be defined by a number of problematic boundaries such as that between medicine and religion. In this article I challenge the validity of this boundary through a detailed examination of the life and work of the hugely influential seventeenth-century physician Yu Chang 喻昌 (1585–1664), whose openly Buddhist critique of literati medicine has hitherto largely escaped the attention of medical historians. I argue that Yu Chang's case, read against the more widespread revival of Buddhism at the time, the important historical role of literati-Buddhist networks, and evidence of many other late imperial physicians' interest in Buddhism, was not exceptional. A wider reevaluation of Buddhism's role in the development of medicine in late imperial China as well as its historical neglect is therefore called for.

KEYWORDS: Chinese medicine, Yu Chang (1585–1664), Epistemic historiography, seventeenth century, China, Buddhism

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In 1998, TJ Hinrichs published a comprehensive review of the state of Chinese medical research within the medical humanities, titled “New Geographies of Chinese Medicine.” Hinrichs argued that new perspective and methodologies were beginning to break up many of the boundaries that had hitherto ordered the field.¹ Fifteen years later, Hinrichs together with Linda Barnes followed her review article with the illustrated history *Chinese Medicine and Healing*, demonstrating how profoundly our understanding of Chinese medicine has deepened as a result of these reorientations.² Yet, some of the most fundamental assumptions about Chinese medicine that define its place within the wider academy stubbornly persist and are only gradually being called into question now. I am thinking here particularly of the boundaries we draw between medicine and other forms of healing, with the former subsumed to a wider history of science, medicine, and technology and the latter frequently studied as ritualistic or religious practices. In this article I challenge the validity of this boundary by examining how the dynamics of medical innovation in seventeenth-century China were shaped by physicians’ encounter with Buddhism.

That this aspect Chinese medical history has been largely overlooked is due to three different if interrelated biases. The first and most widely accepted of these is the nature of the historical archive itself, which privileges the voices of a male educated elite with very specific agendas of their own. A second bias stems from the intellectual division of labor

1. TJ Hinrichs, “New Geographies of Chinese Medicine,” *Osiris* 13 (1998): 287–325.

2. TJ Hinrichs and Linda L. Barnes, *Chinese Medicine and Healing: An Illustrated History* (Cambridge, Mass.: Harvard University Press, 2013).

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within the contemporary academy, wherein the history of science and religion constitute two different disciplines that seldom talk to each other.³ A third bias, finally, stems from efforts to explain historical developments in Asia with reference to apparently similar phenomena in the West. This tendency is particularly marked for a period that historians sometimes refer to as “early modern.”

Benjamin Elman’s assessment of the intellectual *habitus* of Li Shizhen 李時珍 (1518–93), widely considered the foremost authority on materia medica in premodern China, is a case in point. Elman claims that Li “had little patience with any effort to employ meditative techniques to fathom the principles of plants such as bamboo” because “he was too busy concerning himself with its natural history, nomenclature and medicinal aspects.”⁴ Reminiscent of attempts to write Isaac Newton’s occult interests out of his life as a scientist, this depiction of Li Shizhen as a rationalist natural historian ignores his practical engagement with both Daoist cultivation and Buddhist religion, interests that definitely included meditative techniques and that were reflected in his medical writings and understanding of things.⁵

3. For an exception, see Nathan Sivin, *Health Care in Eleventh-Century China* (New York: Springer, 2015).

4. Benjamin A. Elman, *On Their Own Terms: Science in China, 1550–1900* (Cambridge, Mass.: Harvard University Press, 2005), 33.

5. Charles Chace, Miki Shima, and Shizhen Li, *An Exposition on the Eight Extraordinary Vessels: Acupuncture, Alchemy, and Herbal Medicine* (Seattle: Eastland Press, 2010); Carla

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Janet Gyatso's recent study of the transformation of medicine in seventeenth-century Tibet demonstrates that this problematic applies not only to China but to Asia more generally. Gyatso shows how the ties that bound medicine, Buddhism, and the state together at the time were loosened by physicians' heightened interest in the observation of natural and social worlds. She claims that this marked a "critical turn in epistemology" away from the hitherto hegemonic influence on medicine of Buddhist metaphysics. She hypothesizes that physicians were able to effect this turn because of the grounding of their work in a distinctive "medical mentality" that "would issue out of the demands of clinical practice and its attendant investment in empirically demonstrable fact" and that clashed with "certain kinds of Buddhist scriptural authority and sometimes even with verities from the most exalted Buddhist traditions of meditation."⁶

Irrespective of the factuality of the empirical turn described by Gyatso, her proposition of a universal medical mentality guiding physicians in Tibet toward the beginnings of a separation of science and religion similar to that which defined early modernity in the West appears problematic in light of data from China from around the same period. As I will show, instead of being an epistemological hindrance, Buddhist thinking and practice actually enabled physicians in China to critically interrogate their tradition. Yet because such practice implied an acceptance of the ultimately limited nature of all human

Nappi, *The Monkey and the Inkpot: Natural History and Its Transformations in Early Modern China* (Cambridge, Mass.: Harvard University Press, 2009).

6. Janet Gyatso, *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet* (New York: Columbia University Press, 2015), 79, 16.

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understanding, its critical force was directed not at the uncovering of empirical facts but at a situationally effective practice that conjoined an always contingent understanding of things to benevolent action.

Aligning myself with wider efforts in the field to overcome the biases outlined above,⁷ I pursue a case study of the physician and author Yu Chang 喻昌 (1585–1664). Yu Chang is the ideal exemplar for this endeavor for at least two reasons.

First, living during the transition between the Ming (1368–1644) and Qing (1644–1911) dynasties, he was a contemporary of both Li Shizhen and Desi Sanggye Gyatso (1653–1705), the doctor at the center of Janet Gyatso’s investigation. This is a period that not only Gyatso but also historians of China have mined extensively for evidence of transformations in thinking, society, and culture that might point to an “early modernity” beyond the Atlantic West.⁸ Without wishing to engage with the question of whether this was indeed the case, it is important to note its existence as a point of reference that shapes how medicine/science and religion are aligned with or against each other in the work of historians of science and

7. See, for instance, C. Pierce Salguero, *Translating Buddhist Medicine in Medieval China* (Philadelphia: University of Pennsylvania Press, 2014); Michael Stanley-Baker, “Daoists and Doctors—The Role of Medicine in Shangqing Daoism” (Ph.D. diss., University College London, 2013).

8. For overviews, see On-cho Ng, “The Epochal Concept of ‘Early Modernity’ and the Intellectual History of Late Imperial China,” *J. World Hist.* 14 (2003): 37–61; Søren Clausen, “Early Modern China—A Preliminary Postmortem” (Working Paper 84-00, Centre for Cultural Research, University of Aarhus, 2000).

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medicine of the period. As we shall see below, Yu Chang forces us to carefully reflect on these orientations.

Second, the decisive impact of Yu Chang's work on the subsequent development of Chinese medicine challenges the current consensus among historians that Buddhism's role in the development of elite medicine in the late imperial period was negligible.⁹ In fact, as I argue in the conclusion, given the interest in Buddhism of many other well-known physicians in late imperial and modern China, my case study can hopefully open up important new research agendas in the field.

Yu Chang: A Brief Biography

Yu Chang (courtesy name Jiayan 嘉言) was born in 1585 in Xinjian (now part of Nanchang) in the southeastern Chinese province of Jiangxi.¹⁰ Little is known about his family background and early years. His biography in the semiofficial *Draft of the Qing History* states that he mastered literature when already a child, suggesting that he belonged to a lineage that could afford its male members an education in preparation for participation in the

9. A number of Chinese papers do discuss this influence, the most detailed of which is Shen Junlong 申俊龍, "Cong Yu Jiayan zhi yixue sanshu kan fojiao dui zhongyi de yingxiang" 從喻嘉言之醫學三書看佛教對中醫的影響, *Chung-Hwa Buddhist Stud.* 5 (2001): 465–77.

10. For a comprehensive biography of Yu Chang, see Lü Yingfan 呂英凡, "Yu Chang 喻昌," in *Qingdai renwu zhuankeao* 清代人物傳稿, vol. 3, ed. Qingshi bianjihui (Beijing: Zhonghua shuju, 1984), 273–79.

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state examinations. One source even claims that he belonged to a branch of the imperial clan and that he changed his surname to Yu from Zhu (the family name of the Ming emperors) after the fall of the Ming.¹¹ During his youth he traveled extensively throughout Jiangnan (“south of the river”), the Yangtze delta macroregion that was then the country’s economic and cultural powerhouse. Yu Chang passed the provincial examinations in 1630, when he was already in his forties. He subsequently studied at the National University in Beijing, but three years later abruptly abandoned his studies to return to his native Jiangxi.

The precise reasons for this decision remain unclear. His biographers suggest that disenchantment with court politics led Yu Chang to choose a career in medicine over possible participation in the state bureaucracy. It would appear, however, that he was already treating patients in the mid-1620s or even earlier, suggesting a longer standing interest in the medical arts.¹² He is also said to have been an adept in Daoist methods of cultivation.¹³ Nor did his Jiangxi medical practice curtail a desire to involve himself in politics.

11. Anonymous, “Jiangyunlou jun yu” 絳雲樓俊遇, in *Xiangyan congshu* 香艷叢書, ed. Zhang Tinghua 張廷華 (Qing), vol. 2, j. 2, www.guoxue123.com/jijijibu/0201/09xyys/028.htm.

12. Yu Chang 喻昌, *Yimen falü* 醫門法律 (1658), in *Yu Jiayan yixue quanshu* 喻嘉言醫學全書, ed. Chen Yi 陳熠 (Beijing: Zhongguo zhongyiyao chubanshe, 1999), 175–368, 217.

13. *Jiangnan tongzhi* 江南通志, j. 171: 16b, www.kanripo.org/text/KR2k0042/171?query=喻昌#171-16b.

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In the winter of 1643, Yu Chang published his first book, a collection of case histories titled *Notes on Implied Conceptions* (*Yuyicao* 寓意草), with the financial support and editorial input of one of his many elite patients, the retired official Hu Youchen 胡貞臣 (n.d.).¹⁴ The book outlined a systematic process for how physicians should move from taking the details of a case to formulating treatment. Yu Chang explained in his preface that providing a structure for solving problems of clinical practice was also a deliberate, if indirect, attempt at revitalizing statecraft and an effort at supporting the ailing Ming dynasty.¹⁵ In a context where the empire's leading scholars frequently used medicine as a metaphor for discussing social ills, this was not an outlandish undertaking.¹⁶ It could not, however, have come at a more inopportune moment.

In 1644, only a few months after Yu's *Notes* had been published, the last Ming emperor committed suicide, Beijing fell to the invading Manchus, and the new Qing dynasty (1644–1911) was proclaimed. As Manchu armies moved south into Jiangnan to consolidate the nascent dynasty's power, Yu Chang shaved his head and became an itinerant Buddhist

14. Yu Chang 喻昌, *Yuyicao* 寓意草 (1643), in *Yu Jiayan yixue quanshu* (n. 12), 369–435, quotation on 371.

15. *Ibid.*, 371.

16. On medicine as a metaphor in intellectual and political thought in the course of the Ming dynasty, see Chen Mengjun 陳孟君, “Yao bing weiyu de jingshen shi: yi Qian Qianyi wei zhongxin de kaocha” 藥病為喻的精神史 – 以錢謙益為中心的考察 (Ph.D. diss., Department of Chinese Literature, Guoli zhongyang daxue, 2015).

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monk. This relieved him from having to adhere to the tonsure decree imposed by the Qing government on July 21, 1645, which forced all Han Chinese men on the threat of death to wear their hair in the Manchu style. It was thus also an act of political defiance and a path adopted by many other Ming loyalists.

The late sixteenth century had witnessed a widespread revival of interest in Chan Buddhism among the Chinese elite that reached its apogee during the early Qing and thoroughly blurred the boundaries between literati and religious Buddhist communities.¹⁷ The reciprocal links between these communities and the field of medical practice have never been explored in any detail, even though we know that many prominent physicians and medical authors of the time were interested in Buddhism and studied with named Buddhist masters. They include Li Shizhen (1518–93), Miao Xiyong 繆希雍 (1546–1627), Wang Kentang 王肯堂 (1549–1613), Zhao Xianke 趙獻可 (1573–1664), Li Zhongzi 李中梓 (1588–1655), and Lu Zhiyi 盧之頤 (1598–1664).¹⁸ These physicians also mixed freely with prominent members of the Jiangnan literati elite, many of whom, in turn, had an active interest not only in Buddhism but also in matters medical.

17. Jiang Wu, *Enlightenment in Dispute: The Reinvention of Chan Buddhism in Seventeenth-Century China* (Oxford: Oxford University Press, 2008); Jennifer Lynn Eichman, *A Late Sixteenth-Century Chinese Buddhist Fellowship: Spiritual Ambitions, Intellectual Debates, and Epistolary Connections* (Leiden: Brill, 2016).

18. Shi Yongxin 釋永信 and Li Liangsong 李良松, eds., *Zhongguo fojiao yiyao quanshu* 中國佛教醫藥全書 (Beijing: Zhongguo shudian, 2011).

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Like all of his writings Yu's *Notes* contain references to Neo-Confucian, Daoist, and Buddhist concepts, images, and authors but also to poetry, statecraft, history, and many other fields of knowledge. Such eclectic interests and an openness to all the three major schools of Chinese thought were characteristic of many late Ming intellectuals. Yu Chang himself had trained in the Caodong school, one of the five major schools of Chan Buddhism that originated in Tang China (618–907).¹⁹ Use of Buddhist imagery in his *Notes* and in a later case record involving his patron Hu Youchen suggest that even before the fall of the Qing Yu Chang was already deeply embedded within the social networks that connected literati and Buddhist communities at the time.²⁰

In the early years of the Qing, these networks became instrumental also in the organization of anti-Manchu resistance,²¹ bringing Yu Chang in contact with the famous poet and intellectual Qian Qianyi 錢謙益 (1582–1662), with whom he shared mutual interests in literature, Chan practice, and medicine.²² It was on the invitation of Qian that Yu

19. On the formation of the Caodong school of Buddhism in China, see Morten Schlütter, *How Zen Became Zen: The Dispute over Enlightenment and the Formation of Chan Buddhism in Song-Dynasty China* (Honolulu: University of Hawai'i Press, 2008).

20. Yu Chang 喻昌, *Shanglun pian* 尚論篇 (1648), in *Yu Jiayan yixue quanshu* (n. 12), 1–96, quotation on 49–50.

21. Lin Hsüeh-Yi, “Qian Qianyi as a Buddhist in the Ming-Qing Transition,” *J. Chinese Buddhist Stud.* 31 (2018): 75–115.

22. Dai Zuming 戴祖銘, “Yu Chang yu Qian Qianyi 喻昌與錢謙益,” *Zhejiang zhongyiyao zazhi* 3 (2001): 152.

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Chang settled in Changshu, a town in the vicinity of Suzhou, sometime around 1653. By then this area had already returned to some kind of normality, whereas in his home province of Jiangxi the Qing armies fought Ming loyalists unceasingly until 1659. Until his death, Yu Chang regularly lectured on medicine to large groups of students who came to him from all over Jiangnan. He also wrote two more books that had a significant impact on the development of Chinese medicine: *Communing with the Ancients* (*Shanglun pian* 尚論篇),²³ published in 1648, and *Methods and Precepts for Physicians* (*Yimen falü* 醫門法律), published ten years later in 1658. Qian Qianyi wrote forewords to both of these books and further honored his friend with a posthumous poem.²⁴ Despite Qian's contentious status as a political turncoat, a self-professed Ming loyalist who nevertheless accepted the offer of a position in the Qing government, these endorsements cannot but have facilitated the dissemination of Yu Chang's ideas.

Having already suffered a stroke several years earlier, Yu Chang died in 1664 at the age of seventy-nine. His coffin was returned to Jiangxi, where he was buried next to the Han dynasty scholar Xu Zhi 徐稚 (97–168), providing some indication of the esteem in which he was held by his peers.

23. The title is a reference to *Mencius* 5b.17, where Mencius exhorts scholars “to ascend and befriend” (*shang you* 尚友) the men of antiquity by studying their writings and the historical contexts in which they lived.

24. Qian Qianyi 錢謙益, “Yu Jiayan Yimen falü zu” 俞嘉言醫門法律序, 5:718, and “Yushi Shanglun bian xu” 喻氏尚論篇敘, 7:398, both in *Qian Muzhai quanji* 錢牧齋全集, ed. Qian Cengjian 錢曾箋 (Shanghai: Shanghai guji chubanshi, 2003).

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Yu Chang's Impact on the Development of Medicine

Yu Chang's writings quickly spread throughout China and into Japan. In the two hundred fifty years between the date of their first publication and the end of the Qing dynasty, his *Notes* were reprinted twenty-five times, *Communing with the Ancients* twenty-seven times, and *Methods and Precepts* thirty-five times.²⁵ A Japanese edition of *Communing with the Ancients* appeared as early as 1665, only seven years after its first publication in China.²⁶ All three works were included in the *Complete Library of the Four Treasuries* (*Siku quanshu* 四庫全書), an imperial effort to gather all of China's valuable writings throughout history into a single authoritative text series, completed in 1782.²⁷ They were reprinted throughout the twentieth and twenty-first centuries and are readily available today in modern Chinese

25. These numbers are derived from the editions listed in Xue Qinglu 薛青錄, ed., *Quanguo zhongyi tushu lianhe mulu* 全國中醫圖書聯合目錄 (Beijing: Zhongguo guji chubanshe, 1991).

26. Yu Chang, *Yimen falü* 醫門法律 (Murakami Kanbe'e 村上勘兵衛尉, 1665). Another early print in Japan is *Shanglun pianfang lun* 尚論篇方論 (Takemura Shinbe'e 武村新兵衛, 1696). See also Wu Zhongping 吳中平, Chen Cunyin 陳孝銀, Ke Xuefan 柯雪帆, and Yu Xueru 俞雪如, "Ming Qing shiqi Jiangnan shanghan mingjia Dui Rebing Hanfangyi Gufangpai De Yingxiang" 明清時期江南傷寒名家對日本漢方醫古方派的影響, *Shanghai zhongyiyaxue xuebao* 14, no. 4 (2000).

27. *Siku quanshu*, *Wenyuange Dianziban* 文淵閣四庫全書 (Complete Library of the Four Treasuries of Wenyuange, Electronic Edition) (1782).

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editions. An essay by Tang Dalie 唐大烈 (d. 1801) in his compilation *Collected Lectures by Suzhou Physicians* (*Wuyi huijiang* 吳醫匯講) from 1793 listed Yu Chang among the eight greatest masters of medicine of all times.²⁸ Another essay in the same volume singled out Yu Chang's approach to epidemic diseases for its singular effectiveness.²⁹ The authors of the *Draft of Qing History* commended Yu Chang for both his scholarship and clinical acumen.³⁰ Yu Chang's innovative ideas extended across a wide spectrum of medical problems, both conceptual and practical. They included one of the first discussions in the history of Chinese medicine of the brain as the ruler of the body, a revision of the system of conduits and vessels that underpinned Chinese anatomy, a rethinking of key aspects of *qi* physiology, as well as major contributions to the understanding and treatment of fevers and epidemic disorders. He also became an important channel for disseminating the innovative ideas of two other authors whose works might otherwise not have circulated as widely as they later did. These were Fang Youzhi's 方有執 (1523–93) critical philological approach to reading the *Treatise on Cold Damage* (*Shanghan lun* 傷寒論) by the Han dynasty author Zhang Zhongjing 張仲景 (150–219), a text that since the eleventh century had functioned as the go-to manual for the

28. Tang Dalie 唐大烈, *Wuyi huijiang* 吳醫彙講 (1793; Shanghai: Shanghai kexue jishu chubanshe, 1983), 18–19.

29. *Ibid.*, 22.

30. Zhao Erxun 趙爾巽, ed., *Qingshi Gao* 清史稿 (1928), j. 502, <https://zh.wikisource.org/wiki/清史稿/卷502>.

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treatment of fevers in Chinese medicine;³¹ and Wu Youxing's 吳有性 (1582–1652)

radically new doctrine regarding the causes and treatment of epidemic disorders formulated in response to a series of devastating epidemics that swept through China in the sixteenth and seventeenth centuries.³²

Interestingly, this allowed Yu Chang to contribute to two counterposed trends in late imperial medicine. On the one hand, Yu Chang constitutes the link between Fang Youzhi and two later Changshu physicians, Ke Qin 柯琴 (ca. early seventeenth century) and Xu Dachun 徐大椿 (1693–1771).³³ Ke and Xu are viewed today as leading representatives of efforts to move medicine away from cosmology and metaphysical speculation toward a practice grounded in empirical observation and a critical reading of the canons. The advocates of this approach argued that Zhang Zhongjing's Han dynasty writings on cold damage, once they were freed from the distorting interpretations of post-Song commentators, provided the firmest foundation for this new style of practice. The editors of the *Four Treasuries* therefore specifically praised Yu Chang for having “overcome eight centuries of misinterpretation” and

31. For an overview, see Liu Shijue 劉時覺, ed., *Siku ji Sujiu siku yishu zongmu* 四庫幾續修四庫醫書總目 (Beijing: Zhongguo zhongyiyao chubanshe, 2005), 215–17.

32. Marta E. Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China* (Abingdon: Routledge, 2011), 90–103.

33. Volker Scheid, “Transmitting Chinese Medicine: Changing Perceptions of Body, Pathology, and Treatment in Late Imperial China,” *Asian Med.* 8, no. 2 (2013): 299–360.

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“rediscovered the principles” of Zhang Zhongjing’s therapeutic approach after fifteen hundred years.³⁴

However, while other leading figures within this movement busied themselves reimagining Zhang Zhongjing as the Confucius of Chinese medicine whose therapeutics were timeless and universal, Yu Chang helped to lay the foundations for warmth disorder (*wen bing* 溫病) therapeutics, an approach to treating fevers and epidemics that moved decisively beyond Zhang Zhongjing’s cold damage approach.³⁵ Wu Youxing’s ideas, filtered through Yu Chang, became central to this new medical current, but his own ideas and formulas, too, were picked up by the inventors of warmth disorder therapeutics in nearby Suzhou.³⁶ Polemics between proponents of cold damage and warmth disorder therapeutics shaped the field of Chinese medicine until well into the twentieth century. Writing in the 1920s, the historian Lu Jinsui 陸錦燧 claimed that among all the different physicians in Jiangnan only those from the town of Menghe under the leadership of Fei Boxiong 費伯雄 (1800–1871) had succeeded in bridging the divide between the two approaches.³⁷ Lu did not mention Yu Chang’s contribution also to this synthesis. Fei Boxiong had studied with the famous court

34. Elman, *On Their Own Terms* (n. 4), 234.

35. Volker Scheid, “Promoting Free Flow in the Networks: Re-imagining Chinese Medicine in Early Modern Suzhou,” *Hist. Sci.* 56, no. 2 (2018): 131–67.

36. Hanson, *Speaking of Epidemics in Chinese Medicine* (n. 32), 118–21.

37. Lu Jinsui 陸錦燧 and Lu Chengyi 陸成一, *Xiangyan jing* 香岩徑 (Suzhou: Suzhou luzhai, 1928), 3a.

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physician Wang Jiufeng 王九峰 (1753–1815), who admired Yu Chang’s work and whose family had entertained personal connections with him during his lifetime.³⁸ One of Wang’s associates, the scholar physician Li Guanxian 李冠仙 (b.1772), named his own collection of case records *Imitating [Yu Chang’s] Notes on Implied Conceptions* (*Fang Yuyicao* 仿寓意草).³⁹ Fei Boxiong’s seminal work *Refined Medicine Remembered* (*Yichun shengyi* 醫醇剩義) likewise stands in direct conversation with Yu Chang and even borrows the structure of *Methods and Precepts*. In other words, Yu Chang not merely played a major role in gestating the two most important currents of medical practice in late imperial China but also contributed to their synthesis within Menghe medicine.⁴⁰

Yu Chang’s impact on these different currents underlines the importance not only of his ideas but also of the social networks through which they circulated both during his life and after his death. The seventeenth century saw the development of more open relations between physicians that transcended constraints inherent in master-disciple and family-based styles of knowledge transmission. Yu Chang’s lectures to large groups of students, many of whom became famous physicians themselves, were indicative of these transformations and

38. Volker Scheid, *Currents of Tradition in Chinese Medicine, 1626–2006* (Seattle: Eastland Press, 2007), 83–84.

39. Kong Shenyan 孔沈燕 and Li Chengwen 李成文, eds., *Yuyicao Fang Yuyicao hebian* 寓意草仿寓意草合編 (Zhengzhou: Henan kexue jizhu chubanshe, 2018).

40. Scheid, *Currents of Tradition* (n. 38), 157.

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allow us to see them in a new and different light. Historians have hitherto interpreted such activities as signifying if not the development of a medical profession in the modern sense then at least of a proto-professional orientation among Jiangnan literati physicians.⁴¹

Viewing these developments in the context of Yu Chang's life, instead, foregrounds the role of locally contingent historical factors linked once more to his Buddhist affiliations.

In the course of the seventeenth-century Chan revival, efforts by Ming literati affiliated with Wang Yangming's style of Neo-Confucianism to educate the masses through public lectures often merged into single events with public Buddhist teachings.⁴² I therefore suggest that Yu Chang's oeuvre itself might fruitfully be read as just another of these teaching events. For even as his writings address multiple problems of anatomy, physiology, and clinical practice, the single thread that runs through his entire work is his commitment to helping aspiring physicians become better clinicians and better human beings. In the next section, I examine these efforts more closely in order to show how Buddhist practices and beliefs became increasingly central to Yu Chang's conception of medical practice and education.

41. Yüan-ling Chao, *Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou, 1600–1850* (New York: Peter Lang, 2009); Angela Ki Che Leung, "The Yuan and Ming Periods," in Hinrichs and Barnes, *Chinese Medicine and Healing* (n. 2), 129–59, quotation on 146.

42. Wu, *Enlightenment in Dispute* (n. 17), 76.

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Buddhist Elements of a Practice-Oriented Medicine

Yu Chang was trained in and, in turn, drew on all of the three dominant traditions of learning and cultivation in late imperial China: Confucianism (specifically strands of Neo-Confucianism developed since the Song dynasty), Buddhism (specifically Chan), and Daoism. By the late Ming, such philosophical eclecticism and religious syncretism had become an intrinsic element of upper-class lifestyles.⁴³ However, historians are only gradually beginning to pay attention to the effects of such heterogenous plurality in the domain of medicine. Daoism's role in shaping medical knowledge at the time has been too obvious to be overlooked but is commonly portrayed as providing mere supplements to the Neo-Confucian core of literati medicine.⁴⁴ Buddhism fares worse. The assimilation of Buddhist medical ideas and practices (itself grounded in Indian Ayurveda) into Chinese medicine after the introduction of Buddhism into China during the first centuries of the

43. Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960–1665* (Berkeley: University of California Press, 1999); Leung, “Yuan and Ming Periods” (n. 41), 153–54.

44. Peter M. Engelfriet, “Linked Faiths, Divergent Paths? Some Remarks on Taoism and Medicine in Late Ming and Early Qing China,” in *Linked Faiths: Essays on Chinese Religions and Traditional Culture in Honour of Kristofer Schipper*, ed. Jan de Meyer and Peter M. Engelfriet (Boston: Brill, 2000), 248–68.

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Common Era is well documented. However, it is understood that after the eleventh century elite physicians rapidly lost interest in Buddhism as a tool for developing their tradition.⁴⁵ Yu Chang's writings challenge such broad generalizations. To begin with, even though he is widely portrayed as an archetypical literati physician, Yu Chang himself explicitly rejected Confucian based scholarship (*ru* 儒) as insufficient for developing effective medical practice in the foreword to his very first book. He acknowledged exceptions to this rule, specifically the work of Zhang Zhongjing, but noted that the number of truly proficient literati physicians throughout history paled by comparison with Buddhists and Daoists. Clearly, therefore, the path (*dao* 道) of medicine had to be centered on something else than textual study.⁴⁶

Yet what should this other center be? The full title of his book, *Notes on Implied Conceptions*, indicates it to be “conceptions,” my rendering into English of the Chinese term *yi* 意. *Yi* is a difficult to translate but important concept in Chinese intellectual history whose use in the domain of medicine goes back to the Han period. Simplifying somewhat, Yu Chang used *yi* to denote an understanding of complex problematics developed from a conjuncture of learning, practical experience, and focused attention that allowed for the

45. Paul U. Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985), 151–53; Salguero, *Translating Buddhist Medicine* (n. 7), 143–45. Note also that the only entry for late imperial China in Salguero's forthcoming anthology *Buddhism and Medicine: An Anthology of Modern and Premodern Sources* (New York: Columbia University Press, 2019) is my own translation of forewords to two of Yu Chang's books.

46. Yu Chang, *Shanglun pian* (n. 20), 50.

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formulation of context-specific effective interventions. Charlotte Furth thus translates Yu Chang's use of *yi* as "judgement."⁴⁷ Barbara Volkmar favors "(therapeutic) idea" or "meaning" to bring out late Ming physicians' efforts to understand illness from within the context of a person's life.⁴⁸ Both authors emphasize the Confucian heritage of the term. Yu Chang did, indeed, situate his own interest in conceptions within the wider Neo-Confucian project of "investigating things and extending knowledge" (*gezhi* 格致) that Elman links to "natural studies" and associates with physicians like Li Shizhen and Zhu Danxi 朱丹溪 (1281–1358).⁴⁹ However, within the Neo-Confucian tradition Yu Chang clearly aligned himself with Wang Yangming's 王陽明 (1472–1529) contemplative style

47. Charlotte Furth, "Producing Medical Knowledge through Cases: History, Evidence, and Action," in *Thinking with Cases: Specialist Knowledge in Chinese Cultural History*, ed. Charlotte Furth, Judith T. Zeitlin, and Ping-chen Hsiung (Honolulu: University of Hawai'i Press, 2007), 125–51, quotation on 143–45.

48. Barbara Volkmar, *Die Fallgeschichten Des Arztes Wan Quan (1500–1585?): Medizinisches Denken Und Handeln in Der Ming-Zeit* (Munich: Elsevier, 2007).

49. Benjamin Elman, "The Investigation of Things (*gewu* 格物), Natural Studies (*gezhi* 格致學), and Evidential Studies (*kaozheng* 考證學) in Late Imperial China, 1600–1800," in *Concepts of Nature: A Chinese-European Cross-Cultural Perspective*, ed. Hans Ulrich Vogel and Günther Dux (Leiden: Brill, 2010), 368–99, quotation on 371.

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rather than Zhu Xi's 朱熹 (1130–1200) rationalist approach that Zhu Danxi is said to have introduced into the domain of medicine.⁵⁰

One again simplifying a more complex relationship, Zhu Xi emphasized (book) learning as the main tool for extending knowledge. Such knowledge, in turn, was conceived as the basis of sincere conceptions and morally correct action. Wang Yangming, instead, perceived such knowledge to be already present within us and in need only of realization in concrete contexts of practice. Responding to a student's question he therefore wrote that "the investigation of things and the extension of knowledge are the results achieved by sincerity of conception."⁵¹ Yu Chang brought his own search for such sincere conceptions into close conjunction with two core Buddhist practices: meditation (central to Caodong Chan) and empathy with the suffering:

From youth to old age, I paid close attention to what my ears and eyes told me about a disease. I never failed to quieten my *qi* and reduce [the activity] of my mind. Attuning our breathing I first transformed my body to that of the patient. Becoming their shadow, groaning with their grief, faint and indistinct to begin with, I gradually transformed my heart-mind into the heart-mind of the patient.⁵²

50. Charlotte Furth, "The Physician as Philosopher of the Way: Zhu Zhenheng (1282–1358)," *Harvard J. Asiatic Stud.* 66, no. 2 (2006): 423–59.

51. Julia Ching, *The Philosophical Letters of Wang Yang-Ming* (Canberra: Australian National University Press, 1972), 38. I have changed Ching's translation of *yi* as "intention" to "conception" to avoid additional explanation.

52. Yu Chang, *Yuyicao* (n. 14), 371.

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Throughout the remainder of his book, Yu Chang highlighted the value of “getting into it by way of sudden insight” (*cong wu ru* 從悟入) as a technique for understanding complex cases.⁵³ “I sat there [in meditation] for a long time,” we read in another case, “for I must shoulder the blame if there should be a clinical error.”⁵⁴ In later writings, such meditative practice was employed also as a tool for penetrating the true meaning of ancient texts: “My sole conception having firmed my vigor through breathing is to truly penetrate through to the ancient hidden [knowledge], like when seeking enlightenment of one’s ignorance through a face to face audience.”⁵⁵

Neo-Confucianism in general and Wang Yangming’s school in particular were, of course, already shaped by the appropriation of Buddhist and Daoist ideas and practices. “Yangming Chan” was an epithet applied to followers of Wang Yangming who found Chan-Buddhist notions like sudden enlightenment and nondualism appealing.⁵⁶ Hence, it could be argued that at the time of composing his *Notes*, Yu Chang was simply appealing to a literati audience for whom syncretist attitudes had become the norm and of which he himself was but a representative. Once he had become a wandering monk, however, his commitment to Buddhism clearly moved center stage. It is expressed explicitly in the forewords to his later books and becomes visible in his efforts at employing different aspects of Buddhism as tools

⁵³. Ibid., 380.

⁵⁴. Ibid., 382.

⁵⁵. Yu Chang, *Shanglun pian* (n. 20), 3.

⁵⁶. Wu, *Enlightenment in Dispute* (n. 17), 5.

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for improving medicine: first, by employing Buddhist (Indian) medical theories and practices; second, by modeling the teaching of medicine itself on Buddhist monastic practices; and third, by fundamentally rethinking the relationship between canonical teachings and their situational adaptations to concrete clinical practice. I will discuss each of these in turn.

Using Buddhist Medical Theories and Practices to Improve Medicine

Yu Chang was well aware of earlier efforts to assimilate Indian and Buddhist ideas into the Chinese medical tradition. Citing the famous Tang dynasty physician Sun Simiao (581–682), he placed himself in a long line of such syncretists that he extended all the way back to the late Han dynasty author Zhang Zhongjing himself. In the foreword of *Methods and Precepts* he argued in the absence of any historical evidence that Zhang had been working hand in hand with the earliest disseminators of Buddhism in China.⁵⁷ If that strikes us as odd, we should remember that the scholarly persona of Zhang Zhongjing as portrayed in most late imperial medical texts was but an earlier rewriting of his life by Song dynasty literati seeking to refashion the author of one of the most important medical canons in their own image.⁵⁸

57. Yu Chang, *Yimen falü zu*, in *Zhongguo yibian tongkao* 中國醫籍通考, ed. Yan Shiyun 嚴世芸 (Shanghai: Shanghai zhongyi xueyuan chubanshe, 1991), 2:2799–2801.

58. Miranda Brown, *The Art of Medicine in Early China: The Ancient and Medieval Origins of a Modern Archive* (Cambridge: Cambridge University Press, 2015), 110–29.

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One of the clearest examples of how Yu Chang himself used Buddhist medical theory is the “Treatise on Yin Disorders” (*Yinbing lun* 陰病論) in the second chapter of the same text.⁵⁹

In this essay Yu Chang put forward a novel approach for treating acute and potentially fatal disorders manifesting with symptoms including a strong aversion to cold, abdominal pain, diarrhea, vomiting, sweating, urinary incontinence, swelling and blockage of the throat, protruding eyes, tics and muscle spasms, opisthotonus, cyanosis, and eventual death.⁶⁰ Yu Chang argued that these conditions were caused by direct penetration of *yin* cold into the body’s interior. Physicians failed to understand and successfully treat these conditions either because they wrongly interpreted their acute nature and the presence of upper body symptoms as an excess of *yang* (fire) or because they correctly perceived the presence of cold in the interior but interpreted this as stemming from a deficiency of the body’s own internal fire. This was an implicit critique of the two dominant currents of internal medicine at the time, both of which were fixated on physiological fire. One current perceived this fire as always tending toward excess because of people’s tendency to exhaust their yin essence, the other as chronically insufficient and in need of replenishment. In this context, Yu Chang’s advocacy of fiercely mobilizing yang fire to overcome external yin cold’s deadly presence in the body’s interior stands out as entirely unique.

59. Yu Chang, *Yimen falü* (n. 26), 215–17.

60. For an explanation of the meaning and use of these concepts in Buddhist medicine in China, see C. Pierce Salguero, “‘This Fathom-Long Body’: Bodily Materiality and Ascetic Ideology in Medieval Chinese Buddhist Scriptures,” *Bull. Hist. Med.* 92 (2018): 237–60.

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As throughout his entire oeuvre, Yu Chang synthesized ideas and practices from a variety of sources bending them toward his own ends. He found the tools to treat these yin disorders in Zhang Zhongjing's *Treatise on Cold Damage* but argued that their original usage had been lost. He also clearly borrowed from post-Song innovations in understanding the physiology of yang fire within the body, even as he criticized the application of these doctrines in clinical practice. Yet it was his involvement with Buddhism that provided him with a perspective that, in his own words, literati scholars had never discussed, and physicians therefore never heard of. The essence of this perspective, elaborated in great detail and with references to the Buddhist medical theories of the five aggregates 五蘊 (Chin. *wu yun*; Skt. *skandha*) and four great elements 四大 (Chin. *si da*; Skt. *mahā-bhūta*), Buddhist cosmology and Chan koans, is an ontological opposition between heaven and earth, between that without form and that with form, and by extension between yang and yin. Unlike indigenous Chinese metaphysics, which views yin and yang as mutually constitutive even though it often values one more than the other, Yu Chang's essay defines yin (earth, form) as intrinsically bad, polluted, and dangerous and in need to be saved, transformed, and ultimately transcended. Hence, unlike the late Ming proponents of "warm supplementation" (*wenbu* 溫補), who theoretically and clinically focused on the generation of yang (fire) out of yin (essence), Yu Chang advocated a reliance in this dangerous clinical pattern entirely on the mobilization of yang (fire) in order to dispel yin (cold).

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A second example for how Yu Chang drew on Buddhism to push the conventional boundaries of medical thinking is his discourse on the “great qi” (*daqi* 大氣) of the chest.⁶¹ Nathan Sivin has equated the great qi to environmental air (*tianqi* 天氣) accumulating in a reservoir of qi (*qihai* 氣海) in the chest. It was one of many different types of qi within the human body discussed by the authors of the foundational canons.⁶² Yet, Yu Chang asked, “How is it that later people did not publish even one chapter on it?” Yu did not answer his rhetorical question directly but proceeded, instead, to propose a newly important role for the hitherto neglected great qi.

It is well known that physicians and medical authors at the time were generally fixated on another reservoir of qi, located in the lower abdomen and known as the “cinnabar field” (*dantian* 丹田) or “gate of vitality” (*mingmen* 命門). Physicians considered the gate of vitality, an important focus of Daoist internal alchemy, to be the source and storehouse of a person’s prenatal endowment, crucial to issues of fertility and longevity. From the Song dynasty onward, the importance of this gate of vitality in the understanding of human health and disease increased exponentially to the extent that some well-known seventeenth-century physicians considered it to be the true ruler of the body.⁶³ In this context, it was significant

61. Yu Chang, *Yimen falü* (n. 26), 182–83.

62. Nathan Sivin, *Traditional Medicine in Contemporary China* (Ann Arbor: University of Michigan Press, 1987), 155 (esp. n. 49).

63. Leslie de Vries, “The Dangers of ‘Warming and Replenishing’ (*wenbu* 溫補) during the Ming to Qing Epistemic Transition,” *Asian Med.* 10, nos. 1–2 (2015): 90–120.

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that Yu Chang highlighted the role of the great qi, not just as a new medical concern, but as “the number one fulcrum of life and death.”⁶⁴

As ever, Yu Chang made his case through a syncretic mode of argumentation that drew on his own clinical experience, his close reading of the Han dynasty medical canons, his intimate familiarity with the scholarly literature, and, as I will show, Buddhist ideas and practices. In the present case this meant conjoining Mencius’s famous exhortation to nourish the “flood-like qi” that fills “all between heaven and earth” with a naturalistic account of the great qi as not just air but the macrocosmic force that suspends the earth in the cosmic void and sustains its physical form.⁶⁵ Yu Chang argues that it is only through this form-giving nature of the great qi that other qi have stable matter to act upon. Great qi was also therefore prior to the “four forms” (*si xing* 四形), or (Buddhist medical) elements, stored in the human body. Yu Chang outlined strategies for treating disorders of the great qi with the help of several of Zhang Zhongjing’s formulas. He also advised people to avoid its excessive consumption in the course of a hectic life.

While we do not know what initially stimulated Yu Chang’s interest in what was then a somewhat forgotten type of qi, we can make some educated speculations. An increased interest into the workings of qi was in the air, so to speak, as late Ming intellectuals began to shift their attention from the search for the principles behind things to the concrete

⁶⁴. Yu Chang, *Yimen falü* (n. 26), 182.

⁶⁵. Mencius 2A2. For a translation, see Robert Eno, *Mencius: An Online Teaching Translation* (Version 1, 2016), <http://hdl.handle.net/2022/23421>.

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functioning and nature of things.⁶⁶ However, as I have shown elsewhere, for a variety of reasons this led most physicians to focus on liver physiology and pathology.⁶⁷ Additional motivating factors are therefore called for.

One of these factors may have been Yu Chang's desire to align the qi-based ontology of Chinese medicine with the elements-based ontology of Buddhist medicine, a desire already highlighted in Yu's discussion of yin disorders. In this essay Yu had explicitly distinguished the four elements earth, fire, wood, and water, associated with the four hundred four disorders of Buddhist medicine, from metal, the fifth element in Chinese cosmology that has no direct equivalent in the Buddhist humoral system. Yu argued that while belonging to the realm of form, metal was hard and therefore not as easily perturbed by the destructive forces of earth/yin. To prove his point, he pointed to the western Buddha land as the abode of those who have escaped the cycle of birth and rebirth. West, in Chinese five phases thinking, is associated with metal, with the lungs, with dryness, with air, and by implication with the chest. In fact, another of Yu Chang's influential innovations was his bold revision of dryness disorders discussed in the *Inner Canon* (*Neijing* 內經) that led him to compose a new and

⁶⁶ Dagmar Schäfer, *The Crafting of the 10,000 Things: Knowledge and Technology in Seventeenth-Century China* (Chicago: University of Chicago Press, 2011), documents this trend through an examination of the work of Song Yingxing (1587–1666?).

⁶⁷ Volker Scheid, "Depression, Constraint, and the Liver: (Dis)assembling the Treatment of Emotion-Related Disorders in Chinese Medicine," *Cult. Med. Psychiatry* 37, no. 1 (2013): 30–58.

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since widely used formula titled Clear Dryness to Assist the Lung Decoction (*qingfei qiuzao tang* 清燥求肺湯).

The lungs are, of course, also the organ of breathing, so important in Yu Chang's meditative practice. In fact, he placed his "Treatise on the Great Qi" immediately following an essay that discussed how to attend to a patient's breathing in the process of diagnosis. This essay went far beyond the more common practice of using one's own respiration to measure the relative slowness or speed of the patient's pulse, for it instructed students to glean the condition of a disorder by attending to the circulation of the patient's breath between the chest and abdomen.⁶⁸ From this focus on breath during diagnosis, it was a small step to turn the stuff that was being breathed into matter of clinical concern as well.

At the same time, by defining the great qi as the macrocosmic force that suspends the earth in the cosmic void, Yu Chang also linked it to the space element. In Buddhist medical discourse the space element is associated with emptiness, whereas breath itself is more typically associated with the wind element. Yu Chang's great qi thus stood in a similar relation to the lungs as the fire of the gate of vitality did with the kidneys in the writings of the proponents of warm supplementation. And just as their ideas were formed in dialogue with Neo-Confucian philosophies and Daoist imaginaries of the body,⁶⁹ Yu Chang's discourse on the

⁶⁸. Yu Chang, *Yimen falü* (n. 26), 181.

⁶⁹. Furth, "Physician as Philosopher of the Way" (n. 50); de Vries, "Dangers of 'Warming and Replenishing'" (n. 63).

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great qi clearly can ultimately be understood only with reference to Buddhist ontologies and cultivation practices.

Remodeling Medicine on the Buddhist Monastic Tradition

Like many intellectuals of his time, Yu Chang was extremely concerned about a widespread decline in standards of medical practice. Historians trace such perceptions to the development over the course of the Ming of an increasingly competitive but largely unregulated medical market. Employing images borrowed from Buddhist scriptures, Yu Chang described his time as being a living hell for everyone unfortunate enough to suffer from an illness and requiring medical attention. He argued that neither intelligence alone (i.e., being a scholar) nor the possession of proven formulas or remedies (i.e., access to empirical knowledge) was sufficient to guarantee desired clinical outcomes. The ever-changing nature of the world was too complex to be grasped by rational calculus alone and too impermanent to be condensed into fixed recipes, important as both undoubtedly were. But how could an open-ended, progressive, nonscholastic, and ethical medical practice be built on the foundation of past knowledge and experience that was fixed through the medium of written language?

Yu Chang's focus on conception (*yi*) as a tool for getting to the crux of a medical case was an attempt to solve precisely this problematic. In *Methods and Precepts for Physicians* he turned to Buddhist monastic education as a model for helping aspiring physicians to realize this ideal. *Methods and Precepts for Physicians* is at once a clinical handbook that teaches practical treatment methods (*fa* 法) and an institution building exercise that lays down

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precepts (*lü* 律) for physicians. I first focus on these precepts, before saying more on treatment methods in the next section of this article.

In common Chinese parlance, the term *lü* designates a law, written regulation, statute, or ordinance. In Buddhism, as part of the compound term *jieü* 戒律, it refers to the rules of discipline or norms of behavior for the clergy, the precepts designed to train the self to move along the Eightfold Path toward enlightenment. In Yu Chang's text, these precepts function as disciplining devices that simultaneously define, constrain, shape, and guide medical education and practice.

For instance, his "Treatise on Inquiring After an Illness" (*Wen bing lun* 問病論), which outlines how one should conduct patient intake interviews, is followed by this precept:

Any case of treating a disease, where one does not inquire in detail about the patient's physical condition and does not come to an understanding of their illness and general situation, [but] where one hastily rushes through the diagnosis, employs medicines without having grasped the condition and causes innumerable harm, is the physician's mistake.⁷⁰

Precepts like this define medical skills and behaviors in an aspirational manner to which most of Yu Chang's readers could easily subscribe. Precepts like those appended to the "Treatise on Yin Disorders," on the other hand, closely tie Yu Chang's project to his own style of practice and its Buddhist roots:

Any physician curing a *yin* disorder can prevent a natural disaster from occurring, and this will certainly be noted in both the heavenly and human realms. Those unable to cure patients' serious disorders merely hope for a lucky escape from a disaster that they themselves are unable

70. Yu Chang, *Yimen falü* (n. 26), 183.

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to deal with. Yet, even if there are many lucky people in this world, what kind of skill is this to rely on?⁷¹

This precept draws on Buddhist notions of soteriology with which most of Yu Chang's readers would have been familiar through the "ledgers of merit and demerit" that had become important tools for self-cultivation among the Jiangnan elite. Grounded in Buddhist and Daoist notions of karma and fate, these ledgers were used to meticulously chart one's meritorious deeds, achievements, and faults over the course of one's life. As such, they assisted critical self-reflection within the Neo-Confucian tradition of self-improvement, but merit accumulation practices were also used simply to improve one's karma in this and the next life.⁷² Yu Chang's readers would have readily understood this metaphorical allusion: just as clear standards for self-improvement and good moral behavior led to improvements in one's social standing, so too rules and precepts were important stepping stones for becoming a clinically effective and morally good physician. Indeed, Yu Chang equates this good physician with the good monk, and even with the Māhayāna bodhisattva, a powerful being that compassionately vows to assist the suffering in times of need. Conversely, he likens the bad physician to the bad monk who does not keep the precepts and is duly punished.

For ordering [things] under heaven we have the precepts of emperors and kings. For ordering celestial beings and spirits, we have the

⁷¹. Ibid., 219.

⁷². Cynthia Joanne Brokaw, *The Ledgers of Merit and Demerit: Social Change and Moral Order in Late Imperial China* (Princeton, N.J.: Princeton University Press, 1991); Joanna F. Handlin, *Action in Late Ming Thought: The Reorientation of Lü Kun and Other Scholar-Officials* (Berkeley: University of California Press, 1983).

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precepts of heaven. As for the Buddhists, their precepts are especially strict. Of the classical writings of the Tripitika, one third is devoted to etiquette and precepts. . . . I have envied that amongst the Buddhists, monks who violate the precepts are no longer allowed to live together with the other monks. Those who do not want to surrender [their monks'] robes must clean the latrines and do odd jobs for three years. Then, when they have pleaded in front of all the Buddhas for twenty monks of precepts to recommend and vouch for them, they can once again begin to become Buddhist monks. Are there such [rules for] physicians today? I hope this would be surpassed in the conduct of physicians.⁷³

However, the idea of sheepishly obeying rules in order to collect positive points for adjusting one's karma and keeping up good appearances also met with disapproval, if not scorn, by members of the monastic community. True observance meant using monastic precepts to rid oneself of all the defilements associated with common selfhood to reach back to pure nature, which, according to Buddhist soteriological views, everyone carries within themselves. The physician-monk Yu Chang made this point explicit: "Out of the five precepts come the five hundred precepts, and the five hundred precepts lead directly to establishing the innate purity (*zixing qingjing* 自性清淨) wherein precepts no longer need to be issued but the path emerges [by itself]."⁷⁴

The goal of Chan Buddhism as outlined in *The Platform Sutra* (*Liuzu tanjing* 六祖壇經), the sermons of the semilegendary sixth patriarch and founder of the Southern Chan school of Chinese Buddhism Huineng 惠能 (638–713), was to realize one's innate or

73. Yu Chang, *Yimen falü* (n. 26), 200–201.

74. *Ibid.*, 200.

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original purity. In the *Platform Sutra* this was likened to an image of the mind as a mirror that clearly reflects reality. Usually this pristine Buddha nature that we all carry within us is obscured by habits, prejudice, and even conceptual thought itself. The disciplines of monastic life were conceived as a more conducive path to vesting oneself of these impediments and to “cultivate a naturalness and spontaneity that came from deep within.”⁷⁵

Above we saw how Yu Chang’s emphasis on conceptions (*yi*) aligned the Neo-Confucian project of the investigation of things with Buddhist notions of sudden enlightenment and empathy with the suffering. By the time he came to write *Methods and Precepts for Physicians* his Buddhist beliefs and practices clearly had become the central axis around which the other traditions he incorporated into his oeuvre were aligned with each other. His concern for methods is a third arena in which this can be clearly observed.

Methods for the Pursuit of Clinical Excellence

In Yogâcâra Buddhist theory, with which Yu Chang was undoubtedly familiar, the great perfect mirror wisdom realized in establishing one’s innate purity is known as the “dharma body” (Chin. *fashen* 法身, Skt. *dharmakâya*). *Dharma* itself has many different meanings, but the most important of these is that of the teaching delivered by the Buddha that is in full accord with reality. In Mahâyâna Buddhism, to which Chan belongs, students are guided on

75. For a brief synopsis, see Robert E. Buswell, *Encyclopedia of Buddhism* (New York: Macmillan, 2004), 655.

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the path to enlightenment through “skillful means” (Chin. *fangbian* 方便, Skt. *upāya*, *upāya-kauśalya*), situationally specific ways of expressing and transmitting the dharma in accord with the capacities of any given individual.⁷⁶

In Chinese medicine the term *fa*, which in Buddhist writings designates the dharma, refers to the methods, models, or strategies by means of which a physician treats a disease. Such *fa* underpin the composition of medical formulas (*fang* 方) in the same way that rhyme schemes, rhythm, and other poetic devices structure a poem, or attention to thickness, fluency, slant, or baseline of the brushstroke informs calligraphy, or military strategies become manifest in battle formations.⁷⁷ Simultaneously, the formulas of famous physicians function as models in medical education and practice, much as the accomplishments of famous poets, calligraphers, and generals inspire later generations. By the seventeenth century, the formulas collected in Zhang Zhongjing’s *Treatise on Cold Damage* had achieved a status among physicians that might thus be compared to Tang poetry in the Sinophone literary world or Shakespeare’s sonnets in the Anglophone one. Like poets, calligraphers, and military generals, physicians were also constantly torn between the need to adhere to proven methods and the risk that such methods would no longer be efficacious because of changes in diseases, patients, and contexts. In their attempts to negotiate this tension, they borrowed terms originating in Buddhism, literature, and the arts.

⁷⁶. Ibid., 217–24, 871–72.

⁷⁷. Volker Scheid, “Remodeling the Arsenal of Chinese Medicine: Shared Pasts, Alternative Futures,” *Ann. Amer. Sociol. Assoc.* 583 (2002): 136–59.

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Clearly drawing on Chan Buddhist notions of enlightenment through skillful means, poets from the Southern Song onward distinguished between “vital” (*huo* 活) and “dead” (*si* 死) words or sentences, between those that resonated with an audience and those that did not, and between vital or productive methods of composition and dead ones that embodied a hypothesized norm or taught a student to write quite mechanically in a particular style.⁷⁸ Yu Chang’s contemporary, the calligrapher-physician Fu Shan 傅山 (1606–84), likewise described the works he produced commercially for stingy Shanxi merchants as “dead calligraphy.”⁷⁹

Physicians also valued vital methods, though it was the military general rather than the poet or calligrapher whom they admired most for his skills at adapting to constantly shifting conditions in a world of chance, uncertainty, and ambiguity.⁸⁰ Yu Chang was no

78. Stephen Owen, *Readings in Chinese Literary Thought* (Cambridge, Mass.: Harvard University Press, 1992), 417. In Buddhism, living words or sentences are those that do not have an obvious or fixed meaning.

79. Qianshen Bai, *Fu Shan’s World: The Transformation of Chinese Calligraphy in the Seventeenth Century* (Cambridge, Mass.: Harvard University Asia Centre, 2003), 224.

80. The term “vital methods” (*huofa* 活法) becomes a recurrent term in titles of medical books and treatises from the twelfth century onward. See also Schmidt, J. D. “The ‘Live Method’ of Yang Wan-Li,” in *Studies in Chinese Poetry and Poetics*, ed. Ronald C. Miao (San Francisco: Chinese Materials Center, 1978), 287-320, who translates it as “method of life” and traces its use in what is called the Jiangxi style of poetry to Chan Buddhism. The image of the physician as general was most influentially promoted by the Yuan dynasty

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exception. He clearly struggled with the tension between formulas as the embodiment of ancient wisdom and proven effectiveness and their tendency to become but traces of past actions. Ancient knowledge was the essential foundation of one's practice, and yet one also needed to know how to continuously revise it if one wanted to be an effective physician in the present: "One by one, the scholar must understand the central ideas of our predecessors' formulas, so that no situation arises where the gap between thought and action is not filled by a spontaneous grasp [of what is going on]."⁸¹

Yu Chang's writings demonstrate a consistent and systematic effort to translate the ideals expressed in passages like this into a workable practice. To this end, *Methods and Precepts for Physicians* first distilled from the canonical literature methods for diagnosing illness and treating distinctive disease presentations but then also added methods for how to think through problematic issues in the canons themselves. *Communing with the Ancients* shared the same focus. It reorganized the *Treatise on Cold Damage* into topical sections, each of which corresponds to a specific treatment method. Each heading was followed by relevant passages from the original text and then Yu Chang's own commentaries. Yu Chang argued that this unveiled the underlying structure of the canonical text and allowed for easy comparison between different methods, and that such comparison would facilitate the translation of these methods into an effective clinical practice that could ultimately free itself from them.

literati physician Zhu Danxi, who became the most influential physician of the early Ming, in his *Jufang fahui* 局方發揮 (1347; Beijing: Renminweisheng chubanshe, 1993), 31.

81. Yu Chang, *Yimen falü* (n. 26), 235.

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Such efforts also required the doctor to distinguish between different historical layers of canonical texts, and here philology was a useful tool. “The ancients have long gone,” Yu Chang noted in his foreword to *Communing with the Ancients*, “and now I carry the burden of the scriptures they bequeathed. They need to be dissected and their many disorderly tangles need to be organized. This is a duty that is difficult to shirk.”⁸² Yet his interests were never antiquarian or sectarian. Zhang Zhongjing’s books were valuable, Yu argued, because they were written at a moment in time closer to the Buddha’s own life and therefore contained knowledge in purer form than that of later authors.⁸³ That did not mean, however, that they might not themselves be in need of supplementation (*bu 補*): not just by teasing out some hitherto unexpressed meaning, reorganizing received versions of the text, or even extending the clinical application of existing formulas but by finding solutions to clinical problems not even discussed by Zhang Zhongjing.

The most important example of this appears in Yu Chang’s *Addendum to Communing with the Ancients* (*Shanglun hou pian 尚論後篇*), where he lays out a novel approach to the treatment of warmth disorders that would become an important reference point for later developments in the field. The pathbreaking nature of these and many other of innovations in Yu Chang’s works can perhaps best be understood by comparing them to analogous writings by authors like Fang Youzhi, Ke Qin, or Xu Dachun. These men shared Yu Chang’s admiration of Zhang Zhongjing and pursued a similar agenda of divesting Zhang’s work of

82. Yu Chang, *Shanglun pian* (n. 20), 3.

83. Yu Chang, *Yimen falü zu* (n. 57).

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what all of them perceived to be the harmful influences of later interpreters. However, the efforts at exegesis and commentary of these other writers remained constrained by their veneration of an ancient past. Yu Chang, on the other hand, pointed to the Buddha himself as a model for extending the boundaries of knowledge in the present:

In former times, Prince Ananda asked the Revered-One of the World: In the past, who did Buddha take as his teacher? The Revered-One replied: I took myself as teacher. That is the meaning of why when he was born he pointed above and below and said “I alone am the honored one” (*wei wu dun zun* 唯吾独尊). From that one can see that with regard to measuring heaven and earth, past and present there is nothing limiting apart from me not being sufficiently brave to push [my boundaries].⁸⁴

Unlike in contemporary Chinese, where the phrase “I alone am the honored one” is used to indicate extreme conceit or arrogance, in Chan Buddhist writings of the time “I” (*wu* 吾) was understood as referring to the Buddha nature, the wisdom and virtues of the Buddha that are present in all sentient beings but usually hidden by a covering of defilement.⁸⁵ In the sense that for Yu Chang the original writings of Zhang Zhongjing had been defiled by later commentators, his attempts at uncovering their original nature directly align with this image. But because Zhang Zhongjing was not himself the Buddha, Yu Chang was also entitled to supplement his works if and where necessary. He was mindful, however, that the freedom to innovate came at a high price because the risk of failure was always equally present:

⁸⁴. Yu Chang, *Shanglun pian* (n. 20), 3.

⁸⁵. Buswell, *Encyclopedia of Buddhism* (n. 75), 826–27.

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When all roads have been exhausted and one is cut off from thinking consciousness and directly enters into a meditative state, the whole body drenched in sweat, this is a truly dangerous [moment]. Esteeming [the past] and daring [to supplement], are these not [methods] for reaching the same goal by different means? This reiterates the koan, wait for when something can be supplemented and only then supplement it.⁸⁶

In the foreword he contributed to *Methods and Precepts*, his patron Qian Qianyi reiterated these sentiments as lying at the very heart of Yu Chang's oeuvre:

It is not always possible to employ old formulas for new diseases. Observing change and judging between life and death lies within nothing more than the three fingers [that feel the pulse] in the course of a single breath. As when two armies face each other, winning or losing is determined within a short space of time. One may insist on studying ancient military techniques and lining up battle formations based on the illustrations [in these texts]. But this is not what a good general would do. The Caodong teachings states: "Move and you are trapped, diverge and you fall into doubt and vacillation. Turning away and touching are both wrong, for it is like a massive fire."⁸⁷ The books written by this man of learning, do they not indicate him as on the point of attaining precisely this?⁸⁸

What Qian is trying to convey here by quoting a koan-like passage from the "Song of Precious Mirror Samadhi," a key text of the Caodong school, is that from a Chan perspective there is no ultimate reality or truth to hold on to in making one's decisions. For most people,

⁸⁶ Yu Chang, *Yimen falü zu* (n. 57).

⁸⁷ The text and a translation of the "Song of Precious Mirror Samadhi" (*Baojing sanmeige* 寶鏡三昧歌) by Dongshan Liangjia 洞山良價 (807–69) are available at www.sacred-texts.com/bud/zen/hz/hz.htm.

⁸⁸ Qian Qianyi, "Yu Jiayan Yimen falü zu" (n. 24).

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this is a frightening, deeply challenging, and unsettling notion that is compared to being confronted by a fire where both turning away and trying to meet it may be fatal. Medical practice likewise is a dangerous business characterized by unavoidable risks, not only to the life of one's patients but also in the consequences that spring from the karmic implications of one's actions, that physicians must face in situations of existential uncertainty. For however helpful past knowledge and experience are, they can never guarantee success in the present. As outlined above, the Sanskrit word *dharma* is usually rendered into Chinese as *fa* 法, the very same term that also denotes military and medical strategies or methods. Yu Chang's solution to the dangerous moments that have to be faced at the bedside and in the library is to connect the path of strict and necessary adherence to various precepts and rules to the idea of "true thusness" (*tathātā*, Chin. *zhenru* 真如).

Like innate purity and Buddha nature discussed above, true thusness is an important concept in Mahāyāna Buddhism, where it refers to things as they are, the absolute reality that goes beyond the phenomena that appear in the world. In the Chan tradition to expound upon the *dharma* means that one is presenting some aspect of the true nature of reality. True thusness is difficult to attain because of the heavy defilement by impure and unwholesome thoughts that are automatically triggered by conventional speech and behavior patterns. In the domain of medicine this is the weight of the past, individually as well as collectively, that is at once enabling and limiting clinical effectiveness in the here and now. The keeping of precepts is a prerequisite or at least a helpful means for transcending these limitations. A common metaphor describes the process of purifying one's mind through practice as polishing a mirror and ridding it from dust. In seeing the purity of one's mind, one then

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glimpses true thusness, “the things as they are.” At that point, the path, as Yu Chang says, emerges of itself.

Conclusion

In this article I have focused on the role Buddhist beliefs and practices played in Yu Chang’s life as a physician, teacher, and scholar. In doing so, I have somewhat marginalized the many other ways of knowing on which he drew, be they conventional scholarship, military strategies, poetry, astrology, or Daoist cultivation. Future studies will wish to piece together their varied assemblages in far greater detail than I have been able to do and engage with how they addressed the expectations of his patients, students, and readers.

Nevertheless, I believe my specific focus is warranted for at least two reasons. First, because Yu Chang himself increasingly placed Buddhism at the center of what he did and was seen as doing so by others. Second, because the fact that something so obvious has been so obviously ignored for so long raises important questions about our approach to Chinese medicine in late imperial China, even more so given that Yu Chang was not a solitary outlier. I have already listed some well-known physicians of the Ming/Qing transition who were actively interested in Buddhism, but there are surely more. Qian Qianyi, to give just one example, wrote forewords to books by two other physicians in which he highlighted the role Buddhist thought and practice played in their work, providing further evidence for the integration of physicians in the literati-Buddhist networks of the time.

During the remainder of the late imperial era physicians continued to draw on Buddhism for inspiration as reflected in book titles like *Enlightening the Mind in Medical*

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Studies (*Yixue xinwu* 醫學心悟) by Cheng Guopeng 程國彭 (1662–1735) or *A Stick to Awaken Physicians* (*Yimen banghe* 醫門棒喝, 1825) by Zhang Nan 章楠 (n.d.). The former was a widely read medical primer whose categorization of treatment strategies is still used today and whose author drew on both Confucian and Buddhist concepts and imagery in very similar ways to Yu Chang. The latter employed the concept of wordless mind-to-mind transmission from a Chan master to his disciple to portray Ye Tianshi 葉天士 (1664–1746), the most important representative of the new warmth-disorder current, as the true inheritor of Zhang Zhongjing’s medical lineage.⁸⁹

This is not to deny that many other physicians inspired by Yu Chang’s ideas were quite happy to ignore his Buddhism. To give just two examples, Fei Boxiong consistently drew on Yu Chang in his own attempts to reconcile the need for clinical innovation with veneration for the canons. To this end he advocated a strategy of “purification” or “refinement” (*chun* 醇) aimed at distilling an essence from the many sources of tradition that might then be unfolded once more into the myriad different responses demanded by concrete clinical situations. While this conceptualization of essence and refinement underpins many vital practices in Chinese culture, *chun* is also a term deployed in Neo-Confucian scholarship where it signifies orthodoxy and, by implication, closure.⁹⁰ Fei Boxiong’s efforts to center

89. The precise term Zhang Nan uses is “mind seal” (*xin yin* 心印). Zhang Nan 章楠, *Yimen banghe* 醫門棒喝 (1825; Beijing: Zhongguo yiyao keji chubanshe, 2011), 47–48.

90. Scheid, *Currents of Tradition* (n. 38), 159–62.

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literati medicine on the virtuosity of *chun* thus wrote Buddhism out of Yu Chang's medicine to align it more closely with hegemonic Neo-Confucian orthodoxies. This included a reemphasizing of book learning, a removal of body-based practices like breathing and meditation from clinical decision making, and, I would argue, a perception of innovation as the recovery of something that is already present in the canons rather than, as for Yu Chang, their potential transcendence.

Fast-forward another century and similar objectives can be detected in modern physicians' attempts to salvage Yu Chang's oeuvre for the kind of scientific rationality that contemporary Chinese medicine feels necessary to embrace:

The concepts in [Yu Chang's *Precepts and Methods for Physicians*] are essential and appropriate, and its analysis is penetrating and clear. Not only are these able to prevent physicians' thinking from going astray, thereby raising clinical effectiveness, but they also contain many individual insights that have received wide praise from later generations of physicians. Unfortunately, the one blemish in this otherwise perfect work consists of its many Buddhist and superstitious subjectivist influences that have seeped into it and that should be expunged.⁹¹

I suspect that the neglected role of Buddhism in the development of medicine in late imperial China among historians of medicine is an effect of such efforts as much as it is of the disciplinary boundaries that separate the study of medicine and religion pointed out in the introduction. I hope my examination of Yu Chang's life and work can contribute to a long-

91. Liu Zuyi 劉祖貽 and Sun Guangrong 孫光榮, eds., *Zhongguo lidai mingyi mingshu* 中國曆代名醫名術 (Beijing: Zhongyi guji chubanshe, 2002), 843.

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due reassessment of the interface not only between Buddhism and medicine but between religion and medicine in late imperial China more generally.

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