

# The Construction of the Medical Writer's Authority and Legitimacy in Late Imperial China through Authorial and Allographic Prefaces

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Die Konstruktion medizinischer Autorität und Legitimation im spätmittelchinesischen Kaiserreich durch allographische und Autorenvorworte

Im Verlauf der Ming- und anschließenden Qing-Dynastie stieg die Anzahl der im medizinischen Bereich tätigen Personen erheblich an. Und auch die Anzahl medizinischer Abhandlungen wuchs proportional zum Anstieg medizinischer Experten. In dieser Hochphase medizinischer Publikationen, in der das Fehlen eines institutionalisierten Zulassungssystems einem breiten Personenspektrum gestattete sowohl Medizin zu praktizieren als auch darüber zu schreiben, mussten sich die Autoren eine besondere Strategie zur Legitimierung und Aufwertung ihrer Bücher einfallen lassen, zumal seit dem 19. Jahrhundert Europäer mit der Verbreitung unterschiedlicher Techniken und Kenntnisse begonnen hatten und dadurch die ohnehin schon starke Konkurrenz noch weiter anstachelten. Einen wichtigen Faktor dieser Strategie bildete das Vorwort. Was ein Autor über sich selbst und seinen Text aussagte, wen er bat, sein Vorwort zu schreiben und was diese Leute wiederum als wichtig zur Empfehlung eines neuen Buches erachteten, ist Gegenstand des Artikels. Diese Aspekte sollen ein Bild davon vermitteln, worauf im späten chinesischen Kaiserreich medizinische Autorität und Legitimation beruhten.

*Schlüsselwörter:* China, Qing-Dynastie, Medizin, Vorwort, medizinische Autorität, medizinische Legitimation

*Keywords:* China, Qing, medicine, preface, medical authority, medical legitimacy

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Before the twentieth century no professional institution had taken a close census of the physicians<sup>1</sup> working on Chinese soil, yet various historical sources do give clues about the evolution of this community before the institutionalization of the medical profession. In fact, local gazetteers—a type of official historical source that regularly provided the court with economic, cultural and social data on each administrative unit of the empire—always reserved room for biographies of physicians. On the basis of these collections of biographies, several scholars have shown that in late imperial times, that is, over the last four centuries of the empire, the number of people involved in

medical assistance rose dramatically both, in central, rich and urban areas as well as in remote, rural and poorer areas. This growth was due to the social transformation of late imperial China and was fueled by an increase in social mobility. On the one hand, the demographic boom and simultaneous reduction of official posts had led an increasing number of educated men to choose medicine as a second-choice career after failing the civil service examinations. On the other hand, medicine, with its long scholarly tradition and its underlying morality, was considered a respectable means of making a living and a status for more and more literate families belonging to merchant or lower social circles.<sup>2</sup>

The bibliographic census preserved in these local historical sources shows that the number of medical treatises expanded in proportion to this increase in the number of physicians (Guo 1987). In these times of proliferation of medical texts and acute competition, when in addition the lack of an institutional system of licensing allowed a great variety of people to practice medicine and to write and distribute medical texts, the authors had to develop a strategy to valorize and legitimize their books. Part of this strategy was the prefatory discourse.

Obviously we cannot reduce the prefatory discourse to a solely advertising discourse. As Gérard Genette emphasizes (1987: 199–239, 1991), a preface usually fulfills diverse functions and allows the person who writes it to do various things at the same time: declare intent, give generic definition, narrate the book's genesis, guide the reader, and so on and so forth. However, regardless of the preface writers' intentions, the preface constitutes the specific space in a book which will decide if the reader—regardless if a simple user, a potential editor or a publisher—is going to continue reading, buying, editing or printing the book or not. Hence the preface can be considered a threshold<sup>3</sup>, trying to lure its potential readership to enter within. What an author says about himself and his text<sup>4</sup>, and to whom he refers to write a preface and what these people consider as important to say in order to recommend a new book, are the focal points of this article. They will give some clues to understanding on what medical authority and legitimacy relied on in late imperial China, when no central institution regulated the field and where, furthermore, since the nineteenth century, Europeans had started to spread different techniques and knowledge thereby increasing the already fierce competition.

The prefaces in the focus of the present study belong to medical literature produced in the far south of China, far away from the major cultural centers of that time. From a medical perspective, this part of China sounded particularly promising. Indeed, in the eyes of the scholars who were employed to write the local gazetteers, the far south was specific in the respect that it offered the worst health conditions for people. The area was notorious for its recurrent miasmas (*zhang*) as well as its poisons (*gu*) and its epidemics (*yi*) in which the

unequivocal proverbs that still applied in the early twentieth century had their roots (Tian 1987, Benedict 1996, Bretelle-Establet 2002, Bello 2005). Were the prefaces of medical books then the place to evoke this local particularity in an effort to construct medical authority on the ground of regional arguments? Or were they the place to display arguments used in other prefaces attached to more central, prestigious and less unhealthy areas that had been examined thus far?<sup>5</sup>

## What Constituted the Prefatory Discourse in Chinese Medical Treatises?

### Corpus

The corpus assembled here is made up of 70 prefaces attached to 32 medical texts written between the mid-eighteenth and the beginning of the twentieth century in the far south of China including the provinces of Yunnan, Guangxi and Guangdong (see table 1). These 32 medical texts are nearly all that has survived from the medical literature produced in these three provinces during the Qing dynasty (1644–1911). Local gazetteers report that between two and three hundred medical texts were written there during the last dynasty. Library catalogues reveal that only 33 of them have survived (Xue 1991). Thus the medical texts and prefaces examined in this contribution cover almost all that is available today in libraries from that area.<sup>6</sup>

I found the majority of these prefaces in the books themselves, only nine come from other sources. In fact, sometimes, the gazetteers reproduced prefaces to local books in their entirety. Consequently, and in a somewhat unexpected way, a number of prefaces are still extant while the texts they were supposed to introduce have disappeared. It is a remarkable point since it draws attention to at least two paradoxes about prefaces. While we usually consider prefaces as (literally) secondary, it is interesting to note here that these secondary texts have been better preserved than the actual texts. Then, while the prefaces originally depended on a main text, they were sometimes separated from it later. We do not know for certain, why local historical sources reproduced some prefaces and others not. We must admit, however, that when prefaces were separated from their original text, they transformed from a metatext (introducing or commenting on a particular text) into an autonomous text, prized for itself, either for its literary qualities or its comments on medical literature and medicine in general. In these cases, at least, the prefatory discourse allows us to understand on a more general level, what was prized or not in medical literature and in medicine in general, since, as we will soon see, the prefaces were mainly the place of a general discourse on medicine.

**Table 1** Authors (medical books and prefaces) in alphabetical order

Author/date/province	Book title/year of publication, reprint	Authorial preface zixu	Authorial preface xu by	Authorial Foreword	Post-face
Chen Cong 陈琼 (active in 1832) From Xingren 兴仁, Guangdong <i>Jiansheng</i> 监生 "purchased degree." Involved in local defence and academies during 1821–1850	Shanghan shu 伤寒述 <i>Cold diseases Techniques</i> 1832	Yes, pr. 1832 copied in the gazetteer of Shaoxing, 1922 in (GUO 1987: 1936)	?	?	?
Chen Huantang 陈焕堂, (active in 1849) from Dongguan 东莞, Guangdong. Known as a physician only.	Shanghan lun guizhen 伤寒论归 真 <i>Back to the true Shanghan lun</i> 1849	Yes, pr. undated	-Jiang Shencun 蒋慎 存, from Dongguan, 东莞, Guangdong, pr. 1849	-	-
Chen Yi 陈义 (active in 1877) Unclear whether he was from Shunde 顺 德, Guangdong or Gengshan 耕山, Guangxi. Hereditary physician.	Yifang buqiuren 医方不求人 <i>A medical vade-mecum</i> 1911 [1877]	Yes, pr. 1877	-	-	-
Cheng Kangnan 程康南 (ca. 1821–1908), from Gaoming 高明, Guangdong. Hereditary physician	Erke miyao 儿科秘要 <i>Secrets in pediatrics</i> 1919 [1893]	-	-	Fanli 凡例 from Luo Sifan 罗思范	Xie Yun 谢允, 1919, from Cangwu, Guangxi
Cheng Zhenge 程珍阁 (active in 1892) from Xinhui, 新会, Guangdong. Grandson of the physician Chen Bichen (Wang Qingren lineage and interested by Western anatomy). In 1886, he visited a British hospital in Singapore.	Yigang gongshu 医纲总枢, <i>Pivot of medical threads</i> 1892	Yes, pr. undated	-	-	-

Table 1 continued

Author/date/province	Book title/year of publication, reprint	Authorial preface zixu	Allograph prefaces xu by	Authorial Foreword	Post-face
Feng Xinlan, 冯心兰 author (订), (active in 1897) likely from Guilin 桂林, Guangxi. Director of Education in Guangxi 广西学政 in 1897.	Baihou jibiao juewei 百喉忌表 扶微 <i>Subtle list of taboos for white throat disease</i> 1894 (?)	?	-Liang Xilei 梁锡类 reviser, 1899. -Lian Yuanfu 梁元辅 corrector, Nanhai 南海, held official posts at the capital and in Guangxi (1852-1862) Copied in the gazetteer of Foshan 1923, in (Guo 1987: 1985- 1986)	-	-
Gong Pengshou 龚彭寿 (1862-1926), from Tongling 桐岭, Guangxi. Xiangsheng 庠生, pupil of a Confucian school or licentiate. Known as excellent in medicine and divination.	Yixue cuzhi. 医学粗知 <i>Rough medical knowledge</i> 1887	Yes, pr. 1887 copied in the gazetteer of Guixian 1934, in (Guo 1987: 2033)	?	?	?

Table 1 continued

Author/date/province	Book title/year of publication, reprint	Authorial preface zixu	Allograph prefaces xu by	Authorial Foreword	Post-face
Guo Zhi 郭治 (ca. 1736–1796) from Nanhai 南海, Guangdong. <i>Fu gongsheng</i> 附贡生 "tribute personnel." Known only as a physician.	Mairu, 脉如 <i>About the pulse</i> 1827 [1753]	Yes, pr. undated	-He Mengyao 何梦瑶, <i>jinsi</i> 进士 and physician, pr. 1738 or 1798 -Xi Yi 洗沂 a local poet, pr. 1827 -Guo Linbiao 郭麟臯, cousin, pr. 1827 -Zhuang Youxing 莊有信, Hanlin member, pr. undated	-	-
Guo Zhi 郭治 (ca. 1736–1796)	Shanghan lun 伤寒论 <i>Treatise on cold diseases</i> 1827	-	-	-	Huang Renheng 黄任恒 (1876–1953), from Nanhai, Guangdong 1930
He Mengyao 何梦瑶	Yifang quanshu 医方全书 <i>Complete book of formulas</i> 1918 [1751]	-	-Director of Liangguang tushuju yinhang 两广图书局主人, editor, pr. 1918	-	-

Table 1 continued

Author/date/province	Book title/year of publication, reprint	Authorial preface <i>zixu</i>	Allograph prefaces <i>xu</i> by	Authorial Foreword	Post-face
He Mengyao 何梦瑶 (1693–1764), from Nanhai 南海, Guangdong. “Presented scholar” <i>jinsshi</i> 进士 in 1730, magistrate, mathematician, poet, and physician in Guangxi, Liaoning, Guangdong.	Yibian 医编 <i>The Stepping stone for medicine</i> 1994 [1751]	Yes, pr. 1751	-Zhao Linlin 赵林临, <i>jinsshi</i> 进士, magistrate, undated -Xin Changwu 辛昌五, <i>jinsshi</i> 进士, Hanlin member, undated	<i>Fanli</i> 凡例 in 12 points	-
He Mengyao 何梦瑶 and Monk Huchan 僧互, 禅 Guangdong.	Lezhitang ren zi xuxhi 乐只堂人子须知 <i>What sons need to know from Palace Lezhi</i> 1885 [1872]	-	-Director of the palace, pr. 1885 -He Mengyao's second son 次男, pr. undated -Director of Baishuang xuan 主人百双轩, pr. 1872	-	-
He Mengyao 何梦瑶 and Liu Xiangfu 刘相輔, from Qiyang 祁阳, Hunan.	Douzhen jiyao 痘疹辑要 <i>Compilation on smallpox</i> 1775	-	-Zhou Yuanli 周元理, <i>juren</i> , high official, pr. 1775 -Huang Tiduan 黄体端, from Guidong 桂东, Hunan, local official and author of medical texts, pr. 1775	-	-

Table 1 continued

Author/date/province	Book title/year of publication, reprint	Authorial preface zixu	Allograph prefaces xu by	Authorial Foreword	Post-face
Huang Chihua 黄炽华 (active in 1909) from Huaxian 花县, Guangdong. Went to the capital in 1898 for the examinations.	Yixue chuyan 医学自言 <i>Modest discourse on medicine</i> 1909	Yes, pr. undated	-Xu Yuqiu 许玉球 from Panyu, pr. 1919 -Cai Minyu 蔡敏预 from Nanhai, pr. 1909 -unidentified	-	-
Huang Huishi 黄晖史 (active in 1909). From Dabu 大埔, Guangdong.	Yixue xunyuan 医学寻源 <i>Origins of medicine</i> 1909	Yes, pr. undated	-unidentified	-	-
Huang Yan 黄岩 (active in 1800) From Jiyang 嘉应 (Hakka region), Guangdong. Known only as a physician.	Yixue jingyao 医学精要 <i>Essentials of Medicine</i> 1918 [1800]	-	-Li Guangzhao 李光昭, magistrate, pr. 1831 -Wen Baochun 温葆 淳, official historian of Hanlin, pr. 1830	Dufa 读法 in 17 points	Liao Xuesong 廖 雪松 (editor), 1830, in 1866's edition
Huang Yan 黄岩	Yanke zuanyao 眼科纂要 <i>Compilation on Ophthalmology</i> 1879	Yes, pr. undated	-	-	-
Huang Yuanji 黄元基 (ca. 1700–1778) From Henan, he moved as an official to Guangdong and Guangxi. Juren 举 人 “recommended man” in 1733.	Jingyun zhai jiyang fang. 静耘斋 集验方, <i>Mature formulas from Jinyun pavilion</i> 1799 [1763]	Yes, pr. 1763	-Fan Xian 范咸, jinshi 进士, pr. 1763	-	-



Table 1 continued

Author/date/province	Book title/year of publication, reprint	Authorial preface <i>zixu</i>	Allograph prefaces <i>xu</i> by	Authorial Foreword	Post-face
Huang Zijian 黄子健 (Post 1742 before 1836). From Nanhai 南海, Guangdong. Zengsheng 增生 "tribute student." Known only as a physician.	Dingzheng jingui yuhan jing 订正金匮玉函经全书集注 <i>Collection of commentaries about the Golden Casket</i> Post 1742 before 1836	Yes, pr. undated, copied in the gazetteer of Nantai 1836 in (Guo 1987: 1934)	?	?	?
Jin Jinghua 金菁华 (active in 1810). Migrated from Zhejiang to Guangdong. Received <i>fubang</i> 副榜 in 1810 (2 <sup>nd</sup> class <i>Juren</i> list). Official posts in Lianzhou 廉州, Boluo 博罗, Yong'an 永安, Qinzhou 钦州, in Guangdong.	Yixue jiyao, 医学辑要 <i>Compilation of Medicine</i> Post 1810 before 1872	Yes, pr. undated, copied in the gazetteer of Panyu, 1872, in (Guo 1987: 1961)	?	?	?
Liang Lianfu 梁廉夫 (ca. 1810–1894) From Chengxiang 城厢, Guangxi. <i>Fugong</i> 副贡 (2 <sup>nd</sup> class <i>Juren</i> list) in 1846. Official posts in Lingchuan 灵川, Baise 百色, Nanning 南宁, Guangxi, during 1862–1874.	Bu zhi yi biyao 不知医必要 <i>What an ignorant person in medicine should know</i> 1936 [1881]	Yes, pr. 1881	-Xu Chuncen 旭春岑, pr. 1882. -Jiao Zhaojun 焦肇骏, <i>jinsi</i> in 1845 and magistrate of Fuchuan 富川, Guangxi, in 1875, pr. 1880.	Yaoyan 要言 in 18 points	-
Lin Xianfu, 林贤辅 (active in 1888) From Yangjiang 阳江, Guangdong	Huoluan liangfang, 霍乱良方 <i>Excellent formulas against Sudden turmoil disorders</i> , 1888	Yes, pr. 1888 copied in the gazetteer of Yangjiang 1925, in (Guo 1987: 1939)	?	?	?
Liu Yuan 刘渊 (active in 1739), from Changning 长宁, Guangdong. Military licentiate 武生	Yixue zuanyao 医学纂要 <i>Compilation of Medicine</i> 1873 [1739]	-	-Wang Shu 王恕, Governor General of Guangdong, pr. 1740	Fanli 凡例 in 10 points	-

Table 1 continued

Author/date/province	Book title/year of publication, reprint	Authorial preface zixu	Allograph prefaces xu by	Authorial Foreword	Post-face
Lu Shunde 路顺德 (active in 1823), Juren from Rongxian 融县, Guangxi. Miao Fuzhao 缪福照 (editor)	Zhi gu xinfang 治蛊新方 <i>New formulas for treating poisons</i> 1935 [1823]	-	-Miao Fuzhao 缪福照, from Jiangsu 1835	-	-
Mai Naiqiu 麦乃求 (ca. 1819–1876) Xiangshan 香山, Guangdong. Zhusheng 诸生 licentiate.	Shanghan fayan 伤寒法眼 <i>Exact meaning of Cold Diseases (Treatise)</i> 1876	Yes, pr. 1875	-Tao Guangrong 陶广荣, pr. 1875 -Chen Li 陈澧, Juren in 1832, Academies director, pr. 1875. -Feng Daliang 冯大梁, Guangzhou magistrate, pr. 1876	例言 <i>Liyan</i> in 13 points by Wu Qiqun 吴淇羣 (pupil)	-
Pan Mingxiong, 潘明熊, (ca. 1807–1886) from Panyu 番禺, Guangdong. Zhusheng 诸生. Known only as a physician.	Pingqin shuwu yilue, 评琴书屋医略 <i>Abstract of medicine from Pingqin library</i> 1868 [1865]	Yes, pr. undated	-Li Guangting 李光廷, local scholar, co-director of Xuehai Academy in 1863, pr. 1865 -Huang Dehua 黄德华, teacher, pr. undated -Chen Pu 陈璞, Juren in 1844, magistrate, co-director of Xuehai Academy in 1861, pr. undated	Fanli 凡例, in 4 points	-

Table 1 continued

Author/date/province	Book title/year of publication, reprint	Authorial preface zixu	Allograph prefaces xu by	Authorial Foreword	Post-face
Pan Mingxiang 潘明熊, (ca. 1807–1886)	Pingqin shuwu 评 琴书屋叶案括要, <i>Abstract of M. Ye's medical cases from Pingqin library</i> 1935 [1873]	Yes, pr. 1873	-Li Guangting 李光廷, local scholar, co- director of Xuehai Academy in 1863, pr. undated	<i>Fanli</i> 凡例, in 6 points	-
Qiu Xi 邱熹, (active in 1817), from Nanhai 南海, Guangdong. Known as vaccinator.	Yindou lue, 引痘略 <i>Summary of smallpox inoculation</i> 1864 [1817]	Yes, pr. 1817	-Wen Rushi 温汝适, pr. 1817 -Zheng Zhaoheng 郑 兆斯, 1821	-	-
Wang Xueyuan 王学渊 (active in 1838). From Maoming 茂名, Guangdong. Known as a physician only	Shuzheng zhinan 暑症指南 <i>Guide for Summer-Heat Diseases</i> 1838	Yes, pr. 1838	-	<i>Fanli</i> 凡例 in 11 points	-
Yu Tingju 俞廷举, (active in 1780) from Quanzhou 全州, Guangxi. <i>Juren</i> 举人在 1768 "recommended man" and magistrate in Yingshan 营山, Sichuan.	Jintai yihua 金台医话 <i>Medical anecdotes from Jintai</i> 1991 [1783]	Yes, pr. 1780	-Li Mudu 李慕砥, provincial director of instruction 提督 学政, pr. 1797	-	-
Zhan Ruiyun 詹瑞云, (Post. 1808 before 1931). From Panyu 番禺, Guangdong. Known as physician only.	Maifa mi'ao, 派法 秘奥 <i>Secrets of pulse diagnosis</i> Post 1808 before 1931	Yes, pr. undated, copied in the <u>gazetteer of Panyu</u> 1931 in (Guo <u>1987</u> : 1963)	?	?	?
Zhao Zhibeng 赵之璩 (19th century), from Longling 龙陵, Yunnan. Known as a physician only.	Zhi zhangdu 治瘴毒 <i>Treating the miasmatic poison</i> , Undated lost	?	-Zhao Jinsheng 赵金 声, his son <i>engong</i> 恩贡 1876, copied in local gazetteer of Longling 1914	?	?

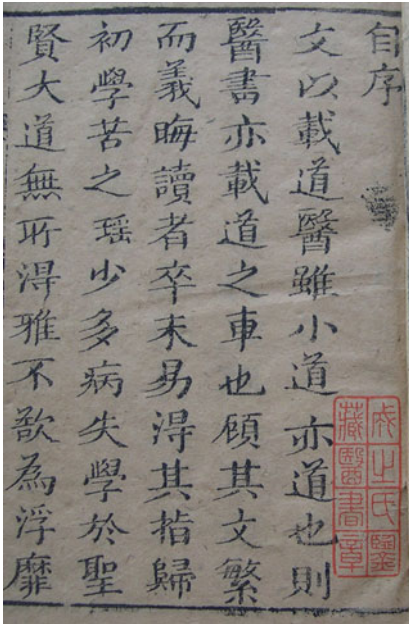
## The Different Layers of the Prefatory Discourse

The prefatory discourse, as it appears in these 32 medical books, is composed of different layers of paratext. Firstly, it is made up of texts that either precede or close the main text. For Genette, who mainly worked in the field of European literature, these pieces of paratext, regardless if placed before or after the main text, have usually more in common than points that divide them (1987: 164). He thus classifies them under the same type of paratext, the prefaces. David L. Rolston (1990: 64) who has worked extensively on Chinese literature came to the same conclusion: “The post-faces are, for the most part, very similar to the prefaces.” In the sample of medical texts under discussion, the post-face *ba* is rare: Only three texts have a post-face, and for one of them, it was put before the main text in the third edition at least but perhaps even earlier (Huang 1918 [1800]: 1).

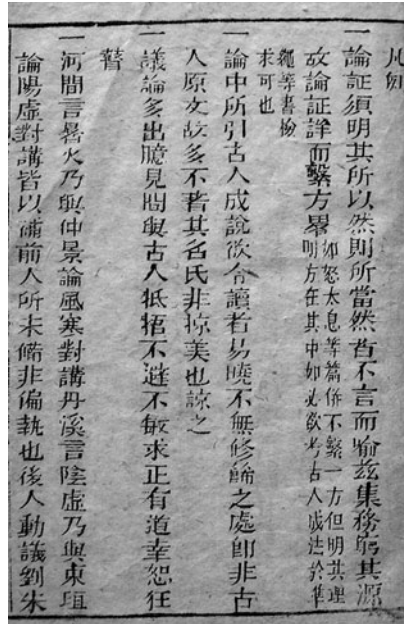
The corpus under discussion here is too small to draw firm conclusions from. However, this finding conforms with Genette’s (1987: 241) own findings in European literature. Genette noticed that post-faces in literature were rather rare in comparison with prefaces. In his opinion, a post-face should be more relevant on a logical level since it allows the author to speak to a well-informed reader. However, on a pragmatic level, a post-face has a poor efficacy since it lacks the two cardinal functions of a preface, namely, to engage the reader and to guide her/him through her/his reading. Though it remains a subject of future research why there are so few post-faces in Chinese medical texts, it is a fact that post-faces in this corpus are rare, while all the texts have a preface. Consequently, the paratext we are now going to explore is mainly composed of texts placed before the main text.

Secondly, the prefatory discourses in these medical texts could be written by the author or by other people. Nearly all the extant books have both authorial and allographic prefaces. As shown in table 1, the books that received a preface only by the author are in fact no longer extant. These prefaces have come down to us through contemporary local historical sources in which they had been copied or in anthologies of prefaces.<sup>7</sup> It can not be ruled out that these lost books had allographic prefaces as well, but as the books are no longer extant, or, at least, not available in academic libraries, there is no way of ascertaining this.

Finally, in some books, we find two types of authorial discourse preceding the main text: the *zixu* (fig. 1 and 4) that I will now call the authorial preface and, at times, another text that I will call the foreword (fig. 2 and 3), translating thereby different Chinese locutions (*fanli*, *dufa*, *yaoyan*, *liyan*<sup>8</sup>). The simultaneous presence of these two types of authorial discourse, in seven books only (two forewords were not authorial but probably added by the publisher), allows for comparison. Clearly, these authorial prefatory discourses are different. Firstly, they are located in distinct parts of the prefatory discourse:



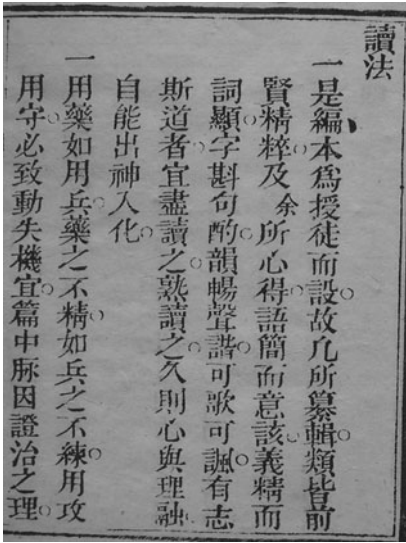
**Fig. 1** He Mengyao's authorial preface *zixu* to his *Stepping-Stone for Medicine* (*Yibian* 1751), in handwriting calligraphy, pr. 1751. (He [1751] 2nd edition, Tong wen tang, undated, Preface: 1)



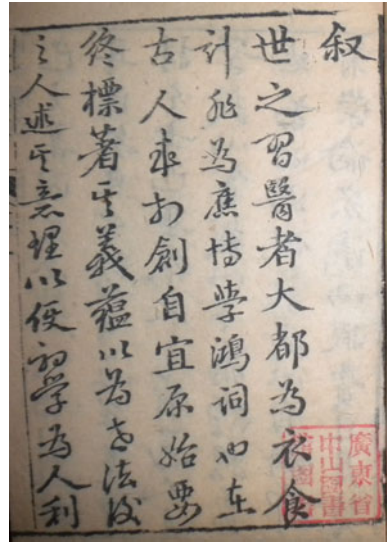
**Fig. 2** He Mengyao's foreword *fanli* to his *Stepping-Stone for Medicine* (*Yibian* 1751), in standard script (He [1751] 2nd edition, Tong wen tang, undated, Foreword: 1)

In the original or ancient editions, the *zixu* or authorial prefaces are always located after one or more allographic prefaces *xu*, most likely reflecting the author's humility toward his peers, as Marta Hanson (1997) pointed out. When an author added a foreword (*fanli*, *dufa*, *yaoyan*) he always put it after the set of allographic and authorial prefaces (*xu* and *zixu*) and close to the contents. This order was usually the one chosen in original or ancient editions. It may have been changed in successive editions.<sup>9</sup>

Secondly, these authorial before-text discourses are also distinguishable by the style of their writing. A thorough analysis of their stylistic features, notably the types of illocutionary acts used in these different parts of the paratext, and of their typographical features would be very interesting to carry out, in a systematic way.<sup>10</sup> This analysis remains to be done, but some differences still appear very clearly: The style of the authorial forewords is much more didactic than that used for the authorial prefaces proper. As shown in figures 2 and 3, the foreword is usually written as an enumeration of the different points the author wants to make—between 4 and 18 in the sample here under discussion—and that he renders particularly visible by using a typographical marker, similar to our contemporary em-dash, but which in fact looks like the Chinese character *yi* “one” and indicates where a new point begins. The text is



**Fig. 3** Huang Yan's foreword *dufa* to his *Essentials of Medicine* (*Yixue jingyao*, 1800), in standard script (Huang 1867 [1800], Foreword: 1)



**Fig. 4** Authorial preface *zixu* in handwriting by Huang Yan to his *Compilation on Ophthalmology* (*Yanke zuanyao*, 1879), preface undated. (Huang 1867, Preface: 1)

frequently punctuated, simple and clear. Furthermore, the calligraphy is always in standard script. By contrast, the authorial prefaces which accompany the allographic prefaces are unpunctuated, and use an allusive and metaphorical language laced with scholarly references and names which, for a contemporary Chinese scholar were probably easy to decipher, but which very often leave the modern reader circumspect. Moreover, as figures 1 and 4 in contrast to figures 2 and 3 show, authorial prefaces could at times be written in cursive handwriting, even if handwriting was more generally used in allographic prefaces. As recalled earlier, authorial prefaces, together with allographic prefaces, were the first pieces a reader would look at when opening a book. Undoubtedly, the author made it his goal to be over-zealous in these very first pages. Seemingly, he shows off his talent by demonstrating that he has mastered the compact and metaphoric language of scholars who, as we shall soon see, in late imperial China still played a major role in the process of legitimizing intellectual works, including medical texts. By their positioning in the book and their stylistic features, the authorial foreword and preface, while both written by the same hand, do not have much in common. Very likely, these authorial words did not target the same audience. The types of arguments developed in these different parts of the paratext differ too and lead us to think that these authorial pieces of paratext were intended to play different roles.

To summarize, the prefatory discourse, as it appears in this corpus, is either composed of one or two distinct sets of paratext. To give an image borrowed from Chinese architecture, the allographic and authorial prefaces, *xu* and *zixu*, are the gateway of the book, which, in a Chinese house, as Francesca Bray (1997: 92–93) underlined, met the double function of being a physical threshold and a “notice board” advertising the home’s worthiness to visitors. The foreword, always located after the prefaces, close to the contents, and opening onto the text, is its accessory second inner gate. We will follow this textual architecture, which the author, and more likely the publisher, usually chose when they presented the book to their contemporaries for the first time. And we will analyze what all these paratextual elements do to engage their reader, in what the persuasive rhetoric employed consists and what it tells us about the question of medical authority and legitimacy in late imperial times.

### How to Take the Reader Across the Threshold: Allographic Prefaces

As noted earlier, in original or ancient editions of a medical text, the floor is first given to people other than the author. Undoubtedly, this order conveys the author’s humility. It has a pragmatic effect as well. It is always difficult to valorize a text without giving the impression of valorizing its author, and thus, authors usually prefer to leave the task of valorizing their talent and genius to someone else. Nothing is more efficient in terms of valorization when this person is even more highly regarded than the author.

#### Peers and Their Endorsements

The identity of the people chosen to write prefaces to these medical texts gives clues to knowing from whom legitimacy in medical literature could be obtained. With the exception of He Mengyao (ca. 1692–1764) and Liang Lianfu (1810–1894) who were renowned, at least locally, for their medical practice and texts, and who, respectively, wrote a preface to the *About the Pulse* (*Mai ru*) of Guo Zhi (ca. 1736–1796) and the *Essential Capture of Medical Books* (*Yishu sheyao*) of Gong Zhengjia (1836–1906), they were never physicians.<sup>11</sup> And in fact, while He Mengyao and Liang Lianfu were locally renowned for being good medical experts and authors, they had above all functions within the imperial bureaucracy. Both had succeeded in the civil service examinations, He Mengyao was a *jinshi* (“presented scholar,” the highest degree taken in metropolitan examinations) and Liang Lianfu was a *fugongsheng* (second list of the “recommended man,” the intermediate degree, taken in provincial examinations) and they had relationships with the most famous scholars of their time, as the allographic prefaces to their own medical



books testify. In fact, besides He Mengyao, Liang Lianfu, and three prefaces written by family members, we mainly find officials and degree-holders whose titles and functions were specified in their signature, at the end of the preface (see table 1). We thus find a provincial governor, a provincial director of education, several *jinshi* and members of the Hanlin academy, the most prestigious scholarly institution of the empire, several magistrates, unspecified bureaucrats and some directors of local academies, such as Li Guangting (1812–1880), who after teaching in the Duanxi Academy in Zhaoqing (Guangdong) went on to be a co-director of the Xuehai Academy, in Guangzhou (Miles 2006: 151).

The majority of the people chosen to write prefaces were thus men whose legitimacy was linked with functions or titles outside the realm of medicine. However, the symbolic capital their signature bestowed was high enough to serve as an uncontested endorsement. Choosing people who had never been involved in medicine to write a preface to a medical text shows that mastering technical knowledge such as medicine was not sufficient to convince a simple reader, an editor or a publisher, to buy, to read or to print a text respectively. Until the beginning of the twentieth century, which is the end of our corpus, it was necessary to have the compensatory support and the endorsement of men involved in a public service career, of degree-holders and thus masters of the great classical culture. This confirms the lowly position of medicine in the hierarchy of knowledge and in society, which obliged these scholars to reserve a large part of their preface to argue the contrary.

The analysis of the identity of the people selected to write prefaces highlights a shift in the system of recommendation to another sphere. Just as scholars were requested to recommend young talent for the civil service examinations, they were also requested to recommend a new medical text to an audience or to an editor, even if they had little knowledge of the subject. As a matter of fact, some of these scholars confess their scant acquaintance with medicine and mention their embarrassment or uneasiness in writing a preface, which is a common topos in allographic prefaces, in general (Genette 1987: 276–277). In 1880 the “presented scholar” and local magistrate in Fuchuan, Jiao Zhaojun, writes in Liang Lianfu’s book: “My friend asked me to write a preface to his *What an Ignorant Person in Medicine Should Know* [...] for my part, I do not know medicine,” (Liang 1936 [1881]: 1–2) while Xu Chuncen adds, in 1882, “I do not know medicine and I did my best to write this modest and simple note.” (Liang 1936 [1881]: 1). The already mentioned Li Guangting in his prefaces to Pan Mingxiong’s two books stresses: “After he completed his book, he asked an ignorant man to write an introduction, I thus composed this preface,” (Pan 1868 [1865]: 3) and “I am not yet very well educated in medicine” (Pan 1935 [1873]: 2). The fact that these people were not physicians and had no specialized knowledge in medicine, probably explains why we never find precise information relating to the prefaced text. In fact, the valorization



strategy for a medical text mainly calls on aspects other than on its internal properties or intrinsic values and appears largely codified.

### Medicine: Highly Complex Knowledge as Valuable as Classical Studies

We find in allographic prefaces a number of themes also addressed in the authorial prefaces. Firstly, an allographic preface very often takes the form of a forum where the person who writes it develops a general reflection on medicine, according to a valorization strategy very frequent in prefatory material. By valorizing the subject to which the prefaced work is linked, the preface emphasizes the importance of considering the book (Genette 1987: 201). Nearly all the allographic prefaces thus underline the importance of medicine and its difficulties and strive to establish that medicine in general is worthy of consideration. In doing so, preface writers in fact contributed in fueling a long-standing debate about the status and place of medicine in the configuration of knowledge. Medicine had long been considered a minor discipline in comparison with Confucian studies and medical practitioners had long been seen as artisans, with a status far inferior to that of the Confucian bureaucrats. In spite of the Song scholar Fan Zhongyan (989–1052)'s declaration that placed the physician on the same level as the highest bureaucrat, and in spite of the philosopher Zhu Xi's (1130–1200) assertion that medicine and other "minor disciplines" (*xiao dao*) were part of the Great Way (*dao*), practicing medicine had long been considered a second-choice alternative to better careers, such as the civil service, and medicine a controversial field of knowledge.<sup>12</sup> The preface writers' main effort thus consists in depicting medicine as being on a par with classical Confucian studies in terms of complexity and as the best way for he who knows and practices medicine to be an accomplished Confucian, notably able to take care of his parents. Li Guangting, in his prefaces to Pan Mingxiong's books, writes "The discipline of medicine is subtle," (Pan 1868 [1865]: 1; 1935 [1873]: 1) while the General Governor of Guangdong Wang Shu, in Liu Yuan's book (pr. 1740), says "it is difficult to know its important points" (Liu 1873 [1739]: 4). The usefulness of knowing medicine for the benefit of humanity and, to start with, for the benefit of one's parents is also given prominence in many allographic prefaces. In the preface by the Provincial Director of Education Li Mudu (pr. 1797) to Yu Tingju's book, we read a somewhat plagiarized formula from the eminent physician Xu Chunfu (1526–1596): "Medicine and Confucianism, these are two things that a man cannot ignore" (Yu 1991 [1783]).<sup>13</sup> Medicine is an important, difficult, useful subject that, consequently, should give he who masters it a high position in society. The famous saying of the Song scholar Fan Zhongyan, mentioned earlier, appears very often in these prefaces, and in many other prefaces of late imperial medical literature. In the preface to Huang Yuanji's book, the "presented scholar" and bureaucrat Fan Xian (pr. 1763) explains: "In the past, Mr. Zhongyan said 'If I cannot become a minister than I

shall become a physician'. This is because a physician has the power of death or life for people; his merits are as high as those of a minister" (Guo 1987: 2024). The local poet Xi Yi (pr. 1827) in Guo Zhi's book states: "The sages of the past used to consider a good minister and a good physician as being equally important, the minister having the power and the physician the techniques for saving lives." (Guo 1981 [1753]: 1)

The difficulty of medicine and its usefulness for being a good person are reasons why scholars accepted to write a preface, even if they had only little knowledge in medicine. Writing a medical text, even more than practicing medicine, was considered a moral enterprise that needed to be supported. Fan Xian's preface (pr. 1763) to Huang Yuanji states this clearly:

When a physician, in his vacations, has written books and that these books are published their merits are very great [...] Danyuan (in fact, Huang Yuanji) gave (his book) to be printed and he asked of me a preface. I praise the man who wants to help people and I offer him this gift. In this way, (his book) will be handed down to future generations, not like the good actions of the ministers, which, by comparison, last only a short time; this is why I wrote a preface. (Huang 1799 [1763]: 2)

Whether the idea that writing medical texts was charitable, is sincere or just a rhetorical formula—we find this idea in several allographic prefaces—is difficult to decide. Let us note, however, that unlike other textual productions, like novels for instance, which the Confucian scholars perceived as a school of lies (Postel 2006), medical texts dealt with a subject that did not belong to the world of fiction, but to that of human reality. Making medical knowledge accessible, open to all, and not kept secret within the family, may well have been considered a truly charitable enterprise that deserved the support of Confucian scholars, especially in remote and rural areas of the empire, where books were very likely scarce.<sup>14</sup> The already mentioned Fan Xian underlines this clearly: "If/when this book is published, the readers will be able to obtain the most subtle (knowledge) and to largely transform people's difficulties into long and good lives." (Huang 1799 [1763]: 3) The usefulness of the book and its philanthropic target were thus at the heart of the valorization strategy contained in the prefatory discourse, a strategy that, in turn, granted the prefatory discourse writer a part of this charitable endeavor. By favoring the access of medical knowledge to all, he who agreed to write the preface together with he who printed and circulated the book were, by association, charitable men (Hanson 1995, Widmer 1996).

### The Spiritual Affiliation of the New Author

In order to have a new text accepted in a discipline whose difficulties, importance and usefulness have been highlighted, the preface writer invokes in his recommendatory discourse the greatest figures of medicine and the most ancient and classical texts. In order to praise Pan Mingxiong's skills, Li Guangting, in his preface (pr. 1865), did not hesitate to resort to the figure of

Bian Que, who was, according to legend, the earliest known Chinese physician (ca. 500 B.C.) (Pan 1868 [1865]: 2). Liang Lianfu was given (pr. 1880) the various traits of the ideal physician as detailed in the *Chronicle of Zuo* (*Zuozhuan*, compiled in the fourth century B.C.) and in the *Book of Rites* (*Liji*), one of the Chinese Five Classics of the Confucian canon.

I have never seen anyone who has mastered medicine in such a subtle way. With respect to this discipline, he really is someone who has become a competent doctor 'through treating broken upper arms three times' [...] *The (Book of) Rites* says: 'One should not take the medicine of a physician who does not come from three generations' [...] There is no difference between this third generation physician and my friend who as a young man started to practice, as a mature man became reliable, and as an old man is not tired. (Liang 1936 [1881]: 2)<sup>15</sup>

The allographic prefaces strive to emphasize the relationship between the new texts and other ancient texts, which, over the course of history, had reached a canonic status like the *Rites of Zhou* (*Zhouli*), the *Book of Change* (*Yijing*), the *Inner Canon of the Yellow Emperor* (*Huangdi Neijing*, composed of the *Suwen*, *Plain Questions*, and the *Lingshu*, *Divine Pivot*, and compiled between the final centuries B.C and 2 A.D., for its major part), the *Classic of Difficulties* (*Nanjing*, ca. 2 A.D.) Zhang Ji's *Treatise on Cold Diseases* (*Shanghan lun*, 3 A.D.) but also some famous medical authors such as Ye Gui (1667–1746) or Zhang Jiebin (1563–1640). Xi Yi (pr. 1827) for instance writes: "Mr. Guo Zhi [...] wrote a *About the Pulse*, a *Treatise on Cold Diseases* and a *Book of Clinical Cases*, by referring to the *Plain Questions*, the *Divine Pivot*, the *Classic of Difficulties* and the other historical books." (Guo 1981 [1753]: 2) Li Guangzhao, in his preface (pr. 1831) to Huang Yan's text stresses: "He especially loved medical books; he could recite the medical cases of the *Divine Pivot*, the *Plain Questions*, of Zhang, Li, Liu, Zhu, Xue and the secrets of Zhang Jingyue" (Huang 1918 [1800]: 1).<sup>16</sup> This sample of Chinese medical text prefaces shows us a strategy emphasized by Bokiba in the prefaces written to valorize the African writer.

A text is particularly valorized when it is placed close to the other texts, which are farthest from it, in time and space. The universal transhistoricity that emerges from this merger process enhances the legitimacy of the new text and gives it a quasi-mythic dimension. (1991: 86, translation is mine).

By referring to the most ancient and uncontested figures of medicine, the preface writer acts as the conductor of an orchestra, in Bokiba's words, allowing the new text to make its voice heard in this intertextual concert. By doing this, the author of the preface strives to emphasize a spiritual affiliation between the new author and his forbearers and expects that the reader will grant the descendant some of the forbearers' accumulated heritage of prestige and legitimacy.

### A Medical Author Had To Be a Confucian Scholar

Once the preface writer has succeeded in establishing the author and the text in a discipline whose legitimacy has been evoked on the grounds of its ancient

literary tradition, the preface writer sometimes moves on from general matters to biographical data. However, in revealing aspects of the author's life to the public, the preface writer very often wishes to ennoble the author with this information. In case of the Chinese medical author, this embellishment consists in giving the physician the traits of the Confucian physician *ruyi*. In fact, biographical information, in the prefaces, is short and often limited to mentioning the degrees an author had obtained or the different official posts he had occupied in the imperial bureaucracy. The *jinshi* and magistrate Zhao Linlin (pr. undated) introduces He Mengyao by writing: "My friend Xichi was a *jinshi* at 38 [...] after having taken examinations, Xichi strove to obtain posts in Guangxi, he was a magistrate in Yining, Yangshuo, Cenxi, Si'en, and in other places, then he became prefect of Liaoyang, where he obtained a good reputation as a public official." (He 1994 [1751]: 49) Fan Xian (pr. 1763) presents Huang Yuanji in these terms: "The Lord Huang Danyuan of Guiling, succeeded in the imperial examinations in the same year as I did, in 1732, in the province of Guangxi. I was an instructor in Duanxi, and the Lord was a magistrate in Lingshan." (Guo 1987: 2024) And Jiao Zhaojun (pr. 1880), when speaking about Liang Lianfu, says: "This cultivated young man was the youngest degree holder in his canton" (Liang 1936 [1881]: 1). If an author had no degree or no higher function than that of physician, the preface writer either makes no mention of the author's life or endeavors to frame the author as a scholar all the same, stressing for instance his great classical culture or evoking some ancient scholarly origins. The magistrate Li Guangzhao (pr. 1831) describes Huang Yan as a man who had no other interest than that of writing books, and "who was good in poetry, in classical Chinese and lyric poetry" (Huang 1918 [1800]: 1). If an author had no degree, he may still have had some honorable familial origins or relationships worthy of interest for valorizing a text. The young cousin of Guo Zhi, Guo Linbiao (pr. 1827) exploits this topos by retracing Guo Zhi's family tree:

My cousin on my father side Yuanfeng, styled Zhi, had as an ancestor Guanya, styled Biao, who occupied a function in education in the province of Guangxi and was a magistrate in the sub prefectures of Wuxuan, Liuzhou and Xiangzhou. He had an excellent reputation as a public official. After the grand uncle Guanya, and following in his footsteps without interruption, six generations provided the town with lowest and highest degree holders, until the birth of my cousin who is an extraordinary man. (Guo 1981 [1753]: 1)

Another way of raising a medical author to the rank of scholar was to relate some medical anecdotes that, in addition to testifying to the author's perspicacity and efficacy, attested above all, to his close contacts with the local scholarly elites, and to start with, with the preface writer or with one of his family members. This narration allows the personal prestige of the preface writer to be reflected onto the book's author, prestige that is explicit either in his signature at the end of the preface or in the preface itself. In fact, in several

allographic prefaces, we get more biographical information on the preface writer than on the book's author, and these biographical details are always very flattering in terms of academic success and social status.<sup>17</sup> Interestingly, the allographic prefaces never address the medical author's life, if the biographical elements cannot raise the physician to the status of the scholar physician. Defending the discipline and raising the author to the rank of the scholar are thus the most important points discussed in these allographic prefaces.

In fact, we have little information on the actual texts. Contrary to the allographic prefaces that we usually find for European as well as Chinese literary works, which often give the preface writers the opportunity to suggest, if not to impose a particular interpretation of the work being introduced in the shape of long comments, the allographic prefaces to medical texts do not discuss at length the text they are expected to present.<sup>18</sup> In some cases, they simply avoid the subject: "I think that He Mengyao in his preface has summarized the essential, it is not necessary to add anything," writes Zhao Linlin in his preface to He Mengyao's *Stepping-Stone for Medicine (Yibian)* (He 1994 [1751]: 51). "Noted scholars have already commented on this book, it is not necessary that I repeat them," says the allographic preface (pr. 1885) to He Mengyao's *What Sons Need to Know from Palace Lezhi (Lezhi tang ren zi xuzhi)* (He 1885 [1872]: 1). When the preface writers do not shy away from the subject, their comment on the text is usually short and expressed in stereotypical terms. As already mentioned, nearly all allographic prefaces underlined how the new book had its roots in a long scholarly tradition, stressing that the author was particularly well-versed in the classical texts. In addition to alluding to the new text's classical roots, the allographic prefaces bring out above all the clarity, simplicity and easiness of the new text, praise that, of course, contrasts with the high level of difficulty and complexity of medicine stressed earlier. In 1900 the local official Liang Yuanfu writes about Feng Xinlan's book: "His argumentation is very detailed, his explanations on the origins and on the processes are very understandable" (Guo 1987: 1986). "The language is simple and appropriate, its meaning is simple and clear," writes the son of He Mengyao in his father's posthumous book (He 1885 [1872]: 1). Xin Changwu writes of He Mengyao's *Stepping-Stone for Medicine (Yibian)*: "This book is concise and its meaning is appropriate. It explores (things) in their depth but makes them appear very clear." (He 1994 [1751]: 52) The two allographic prefaces praise Liang Lianfu's book along the same lines: "I applied myself to read this book critically. It analyses everything in detail. It is simple and easy," and "I saw that his discussions on diseases are clear" (Liang 1936 [1881]: 1–2). Finally, Li Guangting (pr. 1863) praises one of Pan Mingxiong's books using a metaphor: "He brought together all that was scattered, he simplified all that was complicated, it is like a room full of scattered silver coins that nobody had yet put in order. Once they are threaded on a string they are easy to hold" (Pan 1935 [1873]: 2).

In addition to focusing on the clarity and simplicity of the text, the preface writer can turn the reader's attention to other aspects as well, but these aspects are more specific. Comprehensiveness is the only feature by which one preface writer defines the book he is prefacing: "In his *Mature formulas from Jinyun pavillon* (*Jingyun zhai jiyuan liangfang*), with its 56 entries, its 39 detailed divisions, its 8 chapters, and its 26,000 characters, from preventive health against the accumulation of evils, to formulas against strange diseases, everything is considered," writes Fan Xian, in 1763 (Guo 1987: 2024). In two prefaces, we find the morality of the author at the focus of the valorization strategy for the book. Li Guangting praises Pan Mingxiong for not having plagiarized the eminent physician Ye Gui when he wrote his book about Ye Gui's medical cases. In a more conservative way, Fan Xian praises in 1763 Huang Yuanji for not having introduced new and personal ideas and formulas when good ones already existed, following advice formulated by the Song scholar Su Dongpo (1036–1101).<sup>19</sup> In a more pragmatic way, Liang Xilei, the editor of a manuscript written by Feng Xinlan on the disease *baihou* (lit. "white throat" and used today for diphtheria) reported to have recently emerged in the south of China, writes that the book allows many victims of this disease to be saved (Pan 1935 [1873]: 2; Guo 1987: 2024, 1986). The task of the allographic prefatory discourse is to present, comment on or introduce the text to the reader, it does not answer to an alleged need for explanation. In these allographic prefaces we do not find a critical commentary of the text, but a rather codified discourse, aimed at valorizing some aspects of it: its clarity, its simplicity, its attempt to be universal and not a biased work, leaning toward one of the "four masters" and particular doctrines that had emerged in the Song, Jin and Yuan dynasties (twelfth to fourteenth centuries).<sup>20</sup>

In sum, the allographic prefaces to these medical texts assume the function of recommendation, which is the main function of an allographic preface. As the recommendation relates to an activity practiced and discussed by educated as well as by uneducated people, the preface writers' main task is to underline the way the text and its author pertain to a scholarly tradition. It is interesting at this point to compare the valorization strategy contained in the prefatory material with that contained in another type of indirect discourse about physicians also written by scholars: official biographies. Biographies of physicians assembled in local gazetteers were mainly written to provide examples for posterity, and consequently emphasized the experts' qualities. While biographies often framed the physicians as accomplished scholars, it was still possible to find in these biographies a discourse of virtue on the themes of the experienced practitioner displaying diagnostic and curative genius, particularly when they were hereditary physicians (Bretelle-Establet 2009). In the prefaces, the valorization discourse never resorts to these images but only those that show the medical author as an accomplished scholar.

A good medical practitioner could be an experienced, efficient and perspicacious expert. A good medical author should be a learned scholar. Seemingly, this image is more authoritative to a readership, that, by definition, is literate and for whom, very likely, the scholar was still a model of social achievement. The authors themselves augment this image, as we shall now see.

### How To Engage the Reader: The Alleged Author's Voice

We could expect to find in the first authorial words (*zixu*) an intimate discourse where, to take Eliot's image, the author comes to speak with his readers, makes confessions, speaks about himself and of his work:

No part of a book is so intimate as the Preface. Here, after the long labor of the work is over, the author descends from his platform, and speaks with his reader as man to man, disclosing his hopes and fears, seeking sympathy for his difficulties, offering defence or defiance, according to his temper, against the criticisms which he anticipates. It thus happens that a personality which has been veiled by a formal method throughout many chapters is suddenly seen face to face in the Preface. (Eliot 2004 [1909]: 3).

In fact, and contrary to this rather naive statement, we find very little confession and intimacy in the authorial prefaces to these medical texts. This may be due to the fact that these *zixu* did not come from the author's own hand.<sup>21</sup> But even more so because an authorial preface, in this context of acute competition among medical authors and texts, had another function than disclosing intimate details.

### Medicine: A Highly Complicated Branch of Knowledge That Must Be Learned

Authorial prefaces provide, above all, the author with the opportunity to hold a general discourse about medicine. All the authors emphasize the difficulties of medicine and the necessity of learning it so as to avoid becoming a victim of quacks' errors, and to protect the health of one's parents. Zhan Ruiyun, a late nineteenth-century physician, contested the idea that medicine was easy. This idea, he said, had been introduced by Chen Xiuyuan (1753–1823) and his book *The Study of Medicine Is Really Easy* (*yixue shi zaiyi*). Zhan Ruiyun wrote: "For my part, I have long experience and I know that things in their depth are not easy." (Guo 1987: 1963) Gong Pengzhou, presented as an eminent physician of Guangxi in the nineteenth century, quoting an ancient scholar, explains: "Mr. Cheng Yichuan said: those who leave sick people in the hands of quacks lack compassion and filial devotion. This is why he who is in charge of his family must know medicine." ((Ibid.:2033) 1987: 2033). By highlighting both, the difficulty of the subject and the worth of mastering it so as to become a good



Confucian, the author invites his reader to reconsider the established hierarchy of knowledge and to attach more value to medicine, which is precisely the objective of the book. Unlike allographic prefaces, authorial prefaces usually do not directly state that a physician is equal to a minister. It would be too pretentious to refer to Fan Zhongyan's famous declaration putting the physician on a par with the highest bureaucrat and an author would not embarrass his reader by doing so. Unless when the medical author is also a bureaucrat like He Mengyao, who in allusion to the long-lasting discussion among scholars on the status of medicine in the overall configuration of knowledge, and quoting the philosopher Zhu Xi's statement, openly pleaded (pr. 1751) for the rectification of the hierarchy of knowledge. Like Zhang Jiebin (1563–1640) before him, he invites his readership to understand that while medicine is a small discipline (*xiao dao*) it is still a part of the Way (*Dao*), (*yi sui xiaodao yi dao ye*), and that practicing medicine is a good manner to achieve the Way, as many Daoxue or “neo-Confucian” scholars, following Zhu Xi, argued. Such is also the case of the magistrate Yu Tingju, who (pr. 1780) stated: “We can deduce that the discipline (*dao*) of medicine is as important as the disciplines of the Six classics (or six arts) *liujing*, and cannot hold the name of technique and craft *yishu*.” (Yu 1991 [1783]).

Thus in these authorial prefaces, we are above all dealing with generalities: as noted earlier, the best way to valorize a text is to valorize the subject it deals with. However, authorial prefaces are also the place for personal information. Let us look at what the medical authors chose to reveal of their own persona. I have shown in 2009 that official biographies included in local gazetteers could be crucial material for shedding light on the social and cultural history of medicine, but I also stressed that this kind of material was biased and furthermore offered a slanted view of the persona under consideration. *A priori*, we would expect authorial prefaces to be the place for less biased personal information than that obtained in the official and exemplary biographies. In fact, the analysis of these authorial prefaces is disappointing for those, who would like to hear the private confessions of these men writing about their work in the field of medicine in remote areas of the empire; areas, ridden with “miasmas,” “poisons,” and “epidemics.” In fact here too the author only lifts the veil, if the facts of life revealed can associate him with the figure of the scholar.

### Biographical Confessions: A Physician's Career and the Genesis of His Book

Authors can seize the opportunity of a preface to describe the course of their medical career. However, these narratives are too similar not to correspond to a rhetorical discourse: whether we read the authorial prefaces of He Mengyao (pr. 1751), Huang Yuanji (pr. 1763), Yu Tingju (pr. 1780), Jin Jinghua (post 1810 before 1872), Gong Pengshou (pr. 1887) or Lin Xianfu (pr. 1888), the



same process is described. All fell sick during their early childhood and none of the physicians subsequently called to their bedsides succeeded in curing them; and due to their diseases, some even had to abandon the classical studies that would have offered them good careers in the bureaucracy. Instead they returned home and started to read medical books by famous authors of the past. From their private reading initially motivated by personal need the children and later young adults acquired their medical knowledge. With this narrative on the course of the physician's genesis, the author draws attention to various things. Firstly, the author informs his readers that he did not choose medicine as a vocation but became good at medicine through force of circumstance, and especially, to avoid having to put up with quacks in the future. In this formulaic narrative, the author lays great stress on a second point that had been the concern of much debate for some centuries already: what requires proper medical training to become a legitimate physician. In fact, the issue of apprenticeships in medicine had been at the center of a debate that lasted until the Tang dynasty (618–907) and intensified later as the community of medical practitioners grew, and the competition between them increased. This debate focused on the issue of what a good physician should be and it fueled a long-standing discussion on the meaning of the already quoted passage of the *Book of Rites*, “*yi bu sanshi bu fu qi yao*, one should not take the medicine of a physician who does not come from three generations.” The *sanshi* of the above sentence, which had usually been interpreted as “three generations” and thus put the emphasis on experience through hereditary lineage has come to be reinterpreted by some scholars, since the Tang dynasty, as the “three medical classics” attributed to legendary sages (Chao 2000),<sup>22</sup> a reinterpretation that put textual learning as the basis of medical training. Would then a good physician be the one, who has great experience thanks to his hereditary medical background, the hereditary physician *shiyi*, or the one able to master the medical texts and classical learning, the scholar physician *ruyi* (Ibid.)<sup>23</sup> As various scholars have stressed, this sentence of the *Book of Rites* was widely quoted in the medical books of the late imperial period. Hence, when an author explained in his preface that for personal reasons he had studied the medical books of the past thoroughly, there was undoubtedly the intention of positioning himself and showing his readers that he had acquired medical knowledge through book-learning, and not solely through experience inherited from his family.

The narrative on the physician's trajectory is so similar in many authorial prefaces that it lets us think that this narrative is less a private confession than formulaic rhetoric intended to draw a clear line between themselves and the other healers, including hereditary physicians. No author would take the risk of inconveniencing his readers by proclaiming himself a good physician and an author of genius—but would follow the reverse strategy that consists in describing one's inability to treat such a difficult subject, a classic and universal

strategy also used in the *captatio benevolentiae* of Latin rhetoric. Yet authors do not hesitate to paint a picture of the bad physician, the *yongyi*. He is always the one, who practices medicine without reading texts, copying only the odd formula found by chance here and there and learnt by rote.

Medicine is not easy. For my part, I did research for a long time and I have not succeeded in understanding more than the superficial, thus I do not dare to compare my work with the subtlety obtained by the Ancients. I am just surprised to see that the people who practice this activity have not observed the essential points, do not know the principles of the pulse, have no multi-chapter books at home, know just a few famous masters' teachings and can only recite one or two versified formulas to fit with diseases that constantly change and do not have a single form. (Yu 1991 [1783]: 281)

This writes Yu Tingju in 1780, while, a century later, Liang Lianfu continues to lament: "I saw that town market physicians nowadays (or, town market hereditary physicians) often copy some versified formulas, they know just a few of them." (Liang 1936 [1881]: 2)

In addition to the narrative of the physician's career that underlines the acquisition of knowledge through book-learning, some authorial prefaces recount other personal elements. Here again, the author agrees to disclose personal details when they allow for an association to a more honorable milieu than the one of medical practitioners. Success in imperial examinations is an important topos. The ways of expressing one's academic success could be explicit, such as in Yu Tingju's preface: "In 1780, I went to take the metropolitan examination," (Yu 1991 [1783]). Some prefer not to mention the fact they are degree-holders or that they had obtained a post in the bureaucracy—with the good reason that it had already been recounted in the allographic prefaces—but prefer using a more implicit discourse. Huang Yuanji (pr. 1763), Zhan Ruiyun (pr. late nineteenth century), Jin Jinghua (pr. nineteenth century), and Liang Lianfu (pr. 1881) for instance explain that they learnt medicine during their administrative vacations. This indirect formula informs the reader that they had obtained a permanent or temporary position in the bureaucracy, and thus belonged to the highest strata of society. Moreover, it underlines that as reliable and virtuous Confucian officials, they did not waste time on leisure activities, but used their public financial support to devote themselves entirely to public welfare.<sup>24</sup>

Unlike the allographic prefaces, the authorial prefaces do not give a lot of information about the author's friends and acquaintances or familial origins. Only two prefaces mention the author's human environment. Jin Jinghua (pr. nineteenth century) indicates that he had once cured his mother. This information not only stresses his filial piety, a common topos in many prefaces, but also gives him the opportunity to give his mother's honorific title *ruren*, a title given to women married to bureaucrats of the 7<sup>th</sup> to 9<sup>th</sup> rank (Guo 1987: 1960). Pan Mingxiong (pr. 1865 and 1873) explains that he wrote his book for

his nephews, who had left Panyu to study in Guangzhou (Pan 1868 [1865], 1935 [1873]). Yu Tingju (pr. 1780), for his part, mentions in his preface that he had a few hours discussion with Zhang Juru (1805–1879), thereby informing the reader of his acquaintanceship with a famous scholar and painter. In fact, an author evokes his familial origins or acquaintances only when the information can give credit to the author. In a somewhat unexpected way, we thus do not find any mention of local medical masters in the prefaces and only one author points to his familial medical heritage (Chen 1911 [1877]: 1). The lack of reference to local and contemporary medical masters and medical networks thus brings us a long way from the medical practice that Volker Scheid (2007) describes in Menghe, (Jiangnan region of central China) which, he shows, was deeply anchored in medical lineages and networks. As far as we can ascertain from the collection of biographies in local gazetteers, hereditary medical lineages and local medical networks also existed in the far south of China. The fact that the prefaces never mention local medical masters, ancestors, or local medical networks, but rather establish fictive textual lineage with texts considered to be part of the inherited classical medical canon, leads us to think that at least two things were important in a valorization strategy: firstly, it was better for these medical authors to project an image of themselves as scholars attached to the world of scholars and their bookish culture rather than as physicians belonging to a specialized medical environment; and secondly, it was better to project an image of their work as integrated into the “universal” medical tradition rather than into a local, regionally-based medical tradition.

Finally, these prefaces provide the authors with the opportunity to write some words about their text. In addition to briefly evoking their intention, defining the genre of text they have produced and sometimes giving some indications about the contents, it is quite often the place for an author to narrate the book's genesis. In this discourse on the book's genesis, the author refers again to the different texts he has read and has endeavored to compile, synthesize, or rewrite in simple language. In the narrative on the book's genesis we thus find the recurrent image of accumulated ancient, classical and sometimes even contemporary texts, an image that not only depicts the author as a learned scholar, but also as a medium for conveying knowledge of the past. In fact, neither personal intervention nor original contributions are at the fore in justifying the creation of a new medical text. Some authors explain that they have not added anything themselves. Chen Huangtang (pr. 1849) explains: “[T]his book is composed of the real techniques and formulas of the Master (Zhang Ji). I don't dare proclaim myself clever nor do I add different opinions without thinking.” (Chen 1849: 2) Some explain that they have added only some small personal details. He Mengyao (pr. 1751), for instance, wrote: “I collected the sayings of the physicians that I used to recite when I was young [...] I added my own considerations in writing this book.” (He 1994 [1751]: 47) Liang Lianfu (pr. 1881) explained: “I took the theories and the formulas which

had been written before me [...] Then, I added what I had seen by myself and assembled the whole to make this book.” (Liang 1936 [1881]: 2) Even if this statement of humility that implicitly refers to the famous saying of Confucius —“Transmitting but not creating *shu er bu zuo*” (Analects 7.1)—is rhetoric, inscribing one’s text in the succession of more ancient and recognized texts is a recurrent argument used in authorial prefaces.<sup>25</sup> A medical author gains more authority and legitimacy when he can feature himself as an heir to a classical scholarly tradition and a vehicle to convey knowledge of the past, rather than as an author who so despises his heritage that he brushes it off and only displays his own points of view.<sup>26</sup> Jin Jinghua (1810 > pr. > 1782), who explained that he had compiled his book relying on the medical part of the *Complete Libraries of the Four Treasuries* (*Siku Quanshu*), a large collection of books commissioned by Qianlong emperor and completed in 1782, states this very clearly:

Who could build bricks without a mold, and ax handles without a template. To learn medicine, why would we not take the medical books of the past as mold and template? The famous physicians of the past do not write any longer, their deep truth is contained precisely in their extant books. Some people even when they read these books do not succeed in mastering their deep truths but I have never heard of people who without reading them have succeeded in mastering all their depth. (Guo 1987: 1960–1961)

Inscribing one’s text in a long tradition remains an argument for the authority of medical texts produced until the beginning of the twentieth century, even when the author seems to align his book with a rupture with past thinking or practices. Qiu Xi (pr. 1817) and Liang Xilei (pr. 1899) declare that they wrote their books to introduce, respectively, a new therapy and to address the outbreak of a new type of disease in the area. However while Qiu Xi (pr. 1817) explains that he wrote his book to introduce China to something new—Jennerian vaccination against smallpox—he first takes care to explain that he is only conveying something that has been invented elsewhere. Further, he inscribes the European method within a set of other ancient and indigenous practices related to smallpox inoculation, widely supported by the *Golden Mirror of the Orthodox Lineage of Medicine*, an imperially commissioned book, in 1742.

The *Golden Mirror of the Orthodox Lineage of Medicine* says: Treating smallpox is what you do when you have the disease but smallpox inoculation is the process that you apply before having the disease [...] even if there are differences between all the inoculation techniques, all are good methods for driving it outside the (body). (Qiu 1864 [1817]: 22–23)

Liang Xilei (pr. 1899), for his part, does not claim any personal invention but underlines that he is just the editor of a manuscript written by someone else, which his uncle found on his travels and sent to him (Guo 1987: 1985).

The majority of the authors use the prefaces to show themselves as non-controversial users of the knowledge of the past, hiding themselves behind the

coattails of tutelary figures of medicine. Some authors like Huang Zijian (1742 < pr. > 1836), Chen Huangtang (pr. 1849), Mai Naiqiu (pr. 1876) focusing on Zhang Ji's medical texts (third century A.D.), positioned themselves in the ancient, or "Han learning" tradition, characterized by an emphasis on ancient classical learning and rigorous philological analyses in order to recapture the "true meanings" formulated by the sages of antiquity.<sup>27</sup> Others like Zhang Jinsheng (*engong* in 1876), Liang Xilei (pr. 1899) express the idea already expressed by Jin, Song and Yuan scholars that the old remedies no longer matched modern diseases, and allusively positioned themselves in the new or "Song learning." But the common ground on which almost all these authors agreed was the rejection of medical practices, biased by any one of the particular schools that had emerged in the Song, Jin and Yuan dynasties. Authorial prefaces could thus be the place to insert oneself into the broad medical landscape. However, very few use this threshold to defend their own point of view. Interesting enough, in the corpus of prefaces under discussion, when an author uses the preface as a forum to present own controversial opinions, it is always someone who has already proved himself in other areas, and in particular in classical culture. A *jinshi* like He Mengyao openly contradicted the medical doctrines and practices of Zhang Jiebin (1563–1640), which were widely spread at that time, and advocated the use of warming and tonifying drugs. Huang Yuanji *juven* in 1733 recommended the diagnosis in three instead of four stages, marginalizing pulse-reading while Liang Lianfu a *fugong* in 1846 defends the importance of inquiry in comparison with pulse-diagnosis. But even when these authors express their own points of view, they always defend their position by referring back to other famous ancient medical masters. While contesting Zhang Jiebin's medical style, He Mengyao, for instance, justifies his critics by referring to Liu Wansu's (1120–1200) theories, one of the great masters of the Jin.

In order to engage his readers a medical author uses this threshold primarily to associate himself with being a "literatus" and the book with ancient and uncontested medical culture. Even in the medical branch an author had to have the traits of a scholar. The valorization discourse, in these first pages, stays on the level of generalities and neither describes at length nor interprets the main text that the reader has in his hands. In fact, this first set of prefaces seems to target not only future readers of the text but also potential editors and printers. Actually we find evidence in several prefaces that the scholars, who agreed to add some words to the text, were quite aware of the fact that these words would help the distribution of the book. The Hanlin member, Wen Baochun (pr. 1830), for instance underlines the charitable nature of Huang Yan's work and book ("he has the will to save the living"), and finally asks two other local officials with whom he had discussed the book and the opportunity to facilitate its printing: "How couldn't we support the principle of extending human lives?" (Huang 1918 [1800]: 1)

The threshold of a text must beckon a large number of people to cross it, including users, editor and printers. The valorization strategy displayed therein cannot go against the conventions of the time and nor can it be too specialized. This is probably why these prefaces thrive on clichés and banalities that the historian, familiar with texts of the period, will recognize immediately. However, some authors seemed not to have been satisfied with such a conventional introduction to their text and felt the need to add another prefatory discourse, a foreword. Let us now have a look at this last liminal text to see if the authors used it to valorize their text and, if so, which arguments they used.

### How To Make the Reader Continue?

Authorial forewords, when they exist, always follow the first set of prefaces (*xu* and *zixu*) and precede the main text. They constitute the last passing point before the proper text. We must note that while nearly all the authors wrote an authorial preface *zixu* to their books, not all of them decided to add a foreword. In this corpus of 32 medical books, there are only nine forewords. Perhaps we would have had more, if the medical texts, whose prefaces have been copied in the gazetteers and have thus been preserved independently of the book, had not been lost. Although authorial and allographic prefaces (*xu* and *zixu*) were sometimes reproduced in local gazetteers, forewords were never copied in these historical sources, even when the said prefaces were followed by a foreword.<sup>28</sup> This unequal treatment between these different sets of paratext confirms, I think, the different status and functions these prefatory texts were intended to meet. To give more evidence, let me briefly describe what we find in these forewords.

Some of these forewords are entirely devoted to discussing the text that immediately follows them. The foreword *fanli* to Pan Mingxiong's two books have a metatextual function, since they mainly talk about the texts they precede. We read in the foreword to his *Pingqin shuwu Ye'an kuoyao*: "This book is made up of [...]; The reading of verses allows you to master the clinical cases of Mr. Ye [...]; In this book, I added some clinical cases of my own that I treated taking (him) as a model." And in his *Pingqin shuwu Yilue*: "This book especially addresses those who do not know medicine but who suddenly need it. Punctuation has been added in order to speed the reading [...]; this book mainly discusses the diseases that young people contract easily through not having been careful of food, usual life, the seven emotions." (1935 [1873]: 1–2; 1868 [1865]: 1–2)

It is also the case of He Mengyao's foreword *fanli* to his *Yibian*, which reserves eight points out of twelve to discussing the text. The author starts by explaining how he came to write his book, and then continues how he

structured its contents and how the reader should go about doing research in his book and how to search for remedies. In these three authorial forewords, the authors guide the reader through the main text he has at hand.

By contrast, some forewords almost completely ignore the text they precede. Liang Lianfu, for instance, in his foreword *yaoyan* in 18 points, reserves only one point to talk about his book: remembering the motivations that led him to write the text. In fact, the 17 other points allow him to give a discourse on the most important points of medicine in general. He lists some of the mistakes that one must avoid—notably here, taking a woman's advice for curing someone—and reminds the reader of the practical and theoretical bases of medicine like the different stages in diagnosis and the notions of heat-excess and cold-deficit. Like Liang Lianfu, Wang Xueyuan rarely mentions his text in his very long foreword. In fact, only three points deal with the text. The first point explains the structure of his text—and with good reason since this text does not have a table of contents—and the last two points, at the end of the foreword, underline, with humility, that the text is just a compilation of the different theories from the past and that it is likely to be incomplete. At the core of his foreword is an enumeration of different theories presented in the past regarding summer-heat diseases which, he explains, he refers to when discussing some particular summer-heat diseases in his own text. In both cases, the foreword has no circumstantial link to the book, it is a kind of technical and pragmatic introduction to the subjects dealt with in the book: medicine and summer-heat diseases.

Falling between the metatextual *fanli* (He Mengyao, Pan Mingxiong) and those essentially devoted to introducing the reader to the subject matter of the book (Wang Xueyuan, Liang Lianfu), one of the forewords discusses both the book and the subject in a tone which is very close to a marketing discourse. This is Huang Yan's foreword *dufa*. This case is unusual, because the author chose to write a foreword and not an authorial preface. When we analyze this specific foreword, we see that in fact it concatenates the functions of valorization and of initiation to medicine. Indeed, in his foreword, Huang Yan highlights the most important difficulties of the subject dealt with in the book, medicine, and emphasizes that in the book he takes special care to help the reader to overcome them. The different points in his foreword follow the same pattern: medicine presents such and such a difficulty; this book will help you to overcome it.

The Ancients used to say: it is easier to treat ten men than a single woman. And it is easier to treat ten women than a single child.[...] Given these two difficulties, this book begins with children and ends with women [...] Even if medicine is a complicated discipline, we can reduce it to a single sentence: the yin and yang [...] This is why this book offers a very detailed analysis of these two principles. (Huang 1918 [1800], *dufa*: 2)

This brief overview of the content of these authorial forewords highlights that authorial prefaces and authorial forewords, in addition to occupying different



parts of the prefatory material, to use a different style, were the places for distinct discourses as well. Firstly, authorial forewords were closely dependant on the text, whether they had a purely metatextual function, or were a part of the book proper. This is probably why, unlike the prefaces (*xu* and *zixu*) they were never separated from the main text to be copied in local gazetteers. Then, while the authorial prefaces strove mostly to valorize the text, the types of argument displayed in this other before-text show that authorial forewords had another function. It provided the reader with guidance that would either help him/her to navigate through the book or to assimilate its content. The target audience of these pieces of paratext was less the publisher/editor than the potential reader and user of the book.

While authorial prefaces had the function of engaging the reader, authorial forewords acted as an orientation for the reader. The two key functions of any preface, as Genette stated, were thus fulfilled by the different pieces of paratext in these Chinese medical books. However, even if forewords acted mainly as a guide, they sometimes did deliver the final arguments to convince the reader to continue with the book. Interestingly, in these last pages before the main text, the author does not always valorize and legitimize his book solely on the grounds of scholarly authority. Though authors introduce themselves in their authorial prefaces as mediums of knowledge of the past, quoting extensively from their ancestors, we can also find in these pages discourses that distance them from tradition, especially when the author has already proven his ability in dealing with classical culture and by having obtained an imperial degree. This distance is first palpable through the quotation of sources. Wang Xueyuan, for instance, who had no degree and who could not fall back on even one single allographic preface, reserves his foreword to inscribe his book in the long textual tradition of medicine. As noted earlier, his foreword is a long list of quotations extracted from ancient authors and ancient books. His foreword allows him to show his readers that he has carefully read his forbearers' work, from which he has derived his knowledge of summer-heat diseases (Wang 1843: *fanli*). On the contrary, the *fugong* and bureaucrat Liang Lianfu, whose text had received several prefaces from scholars, does not feel necessary, in his foreword, to ground his general statements about medicine on ancient sources or masters. Likewise, He Mengyao, a *jinshi* who had held several posts and whose text received the prefaces of prestigious scholars explains in his foreword that he did not mention his sources. He writes:

I slightly modified the opinions of the Ancients which are quoted in this book, as I wanted that the reader understands them easily. This is why it is not the original text of the Ancients, and why in many places I did not write their names." (He 1994 [1751]: 54)

Further, for some authors, the foreword was the place in the book to affirm their own originality or personal contribution. He Mengyao who, in his



authorial preface, had briefly stressed that he had added some personal considerations, goes much further here: “In the discussion, I have expressed many personal opinions which sometimes are opposed to those of the Ancients, I cannot refrain myself, searching for the rectitude is laudable, I hope that you will forgive my criticisms.” (Ibid.) And in order to justify his personal intrusions into the established corpus of knowledge, he explains that others before him had dared to introduce new and polemical ideas: “When Hejian talked about the fire of summer-heat, he opposed Zhongjing’s theory about the cold and wind. When Danxi talked about Yin deficit, he opposed Dongyuan’s doctrine of the Yang deficit. Both supplemented the deficiencies of the forbearers.” (Ibid.) As this short quotation shows, He Mengyao presents himself, in his foreword as having mastered the knowledge produced by the Ancients and as a researcher as well, introducing in his medical text some original considerations and violent criticism of some therapeutic fads.

Huang Yan, as noted previously, did not write a preface *zixu* but only a foreword *dufa* where he declared that his book would allow the readers to master the difficulties of medicine. In fact, in addition to a valorization discourse in the form of an advertising discourse, Huang Yan stressed his own original contribution in the last points of his foreword, strongly emphasizing the inclusion of many secret prescriptions, a rhetorical strategy often used to make the book sell well: “In my book, the treatments of childhood malnutrition, measles and smallpox, and dysentery in children and old people, are secret, they were not addressed in the ancient books. They are the fruits of my own work and of the secrets transmitted by my masters and friends.” And he continues: “In this book, there are some secret formulas, they deserve to be carefully preserved,” (Huang 1918 [1800]: 6–7.<sup>29</sup>)

This corpus of authorial forewords is too small for general conclusions. However, it does reveal that while authors in their prefatory discourse *zixu* mainly strove to valorize their text by hiding themselves behind the uncontested figures of medicine, some of them also took advantage of this last liminary text to provide the reader with a guide and to valorize their text by emphasizing their own personal contribution.

## Conclusion

As Nathalie Kremer (2007: 17) underlined by quoting Thémiseul de Saint-Hyacinthe’s preface to his *Histoire du Prince Titi*—“Si ce livre paraissait sans préface, à peine aurait-il l’air d’un livre. Il en faut donc faire une, mais que dire? (if this book was to appear without a preface, it would not look like a book. There must be one but what can I say?)”—, a preface, in spite of its conventional discourse and its codes, is often necessary to transform a text into a book.

A text usually needs other external elements that will position it, justify its existence, and provide its identity as a book.<sup>30</sup> Prefaces are particularly necessary for texts dealing with a poor relation to literature. Medical texts written in the far south of the Qing Dynasty could be considered a poor relation for two reasons. They dealt with a subject that did not occupy the highest rank in the hierarchy of knowledge. Further, they were produced in the margins of the empire considered at the antipodes of the Chinese civilization (Hanson 1997: 69–84, Bretelle-Establé 2010, Miles 2006: 1, Rowe 2001). In these conditions, and given the huge number of texts in competition, receiving a preface, particularly if it came from the most respected milieu, must have been an important mark of recognition that facilitated the transformation of a private text into a public book worthy of preservation. In that respect, and as Bokiba (1991) stressed when he examined African literature, prefaces belong to what Bourdieu described as the external regulation of intellectual and aesthetic goods whose legitimacy rarely comes from their intrinsic properties alone.

How the authors and the different people they invited to write a preface did their best to valorize and validate the legitimacy of a medical text in eighteenth and nineteenth century China has been discussed at length in the article. What did not enter into this valorization strategy and did not constitute a convincing argument that a physician could use to establish his authority is also interesting.

Firstly, among these 70 prefaces attached to 32 medical texts written in a specific region of the empire, not one resorts to the argument of locality. Regardless of whether the author had in mind that he was writing for an audience wider than that of his immediate surroundings, or whether he considered medicine as a set of universal theories and practices that one could apply in a similar way wherever one was in the empire, or whether he was conscious that it was not a good valorization strategy, one thing is sure. None of these authors and none of the people invited to write a preface before the beginning of the twentieth century, based their valorization discourse on the idea that a medical book was valuable because it offered particularly appropriate solutions to the health problems of a particular locality. This is surprising for two reasons. First, because in the scholars' imagination, as we can detect by reading local historical sources, the far south was painted as a particularly unhealthy area, with rampant miasmas, *zhang*, epidemics, *yi*, and poisons, *gu*, where one better avoided to be transferred to. Second, because the idea that southerners had distinct health problems requiring distinct therapeutic interventions had developed since the Ming dynasty in Jiangnan area,—a macro region which was located far from the north capital—and it was in the nineteenth century an argument extensively used to valorize new medical texts produced in that area.<sup>31</sup> In the corpus here assembled, two text prefaces that deal specifically with “miasmas” and “poisons,” *Treating the Miasmatic Poison* and *New Formulas for Treating Poisons* emphasize the local nature of these

particular problems. However, the preface to *New Formulas for Treating Poisons*, written in 1835 by Miao Fuzhao, did not valorize the book by claiming that the text gave local solutions particularly well-suited to local people, but only stressed its effectiveness (Lu/Miao 1935 [1835]). The preface to *Treating the Miasmatic Poison*, (a book no longer extant but probably written in the nineteenth century) by the author's son, Zhao Jingsheng, (degree-holder, *engong* in 1876) and copied in 1914 in the gazetteer of Longling, only mentions that his father had read Wu Youxing's book about epidemics (*Wenyi Lun* 1642) and was convinced by its content. However, the preface does not inscribe Wu Youxing (ca. 1580–1660) or Zhao Zhibeng within a well-identified local medical tradition (*Longling xianzhi* 1968 [1914]: 299–300, 537–539). Likewise, Li Guangting, by the end of the nineteenth century, praises Pan Mingxiong for following Ye Gui's (1667–1746) ideas, but he does not feature Ye Gui or Pan Mingxiong as belonging to a particular local school either. In fact, the first prefaces that praise an author for being conscious of the differences between northerners and southerners, and for delivering suitable treatments accordingly, were written in the 1910s.<sup>32</sup> Hence, until the beginning of the twentieth century, whether the far southern followers of Wu Youxing and Ye Gui did not identify these seventeenth- and eighteenth-century authors as belonging to the clear-cut local medical tradition that was later known as the “hot disease school” *wenbingxue*;<sup>33</sup> or if they did identify them as such, in a valorization strategy, far southerners mostly preferred to build their authority by inscribing themselves in a universal and not a local medical tradition.

Secondly, until the end of the nineteenth century and in spite of the expansion of Western medicine in China, and in the far south in particular (Bretelle-Establet 2002), the authors did not valorize their books through comparison with or against Western medicine. In fact, with the exception of only one text preface (Cheng, pr. 1892 in Cheng 1892) which mentions Western medicine (*Xiyang zhi yi*), not only do none of these prefaces ever mention Western medicine, but nor does any preface writer feel it necessary to specify the national essence of the medicine discussed in the book.<sup>34</sup> Certainly, Qiu Xi's preface explained how smallpox vaccination had been discovered in the West and how it had reached China but there is no mention of it being either Chinese or Western medicine. On the contrary and as already mentioned, the author justifies the smallpox vaccination by stressing that the underlying process—treating the disease before it appears—was similar to the other strategies of inoculation supported by the orthodox and imperially published *Golden Mirror of the Orthodox Lineage of Medicine*. In a nutshell, to be recognized as a legitimate author in the period between the eighteenth and the early twentieth century in the far southern margins of the empire, one had to wear the scholar's universally recognized clothes and symbols.

## Acknowledgments

I would like to express my gratitude toward the three anonymous referees who have given me many suggestions to improve this article. I would like also to thank Karine Chemla, Jacques Virbel, and all the researchers who attended and enriched the seminar “Histoire des Sciences, Histoire du Texte” in the REHSEIS team (Recherches Epistémologiques et Historiques sur les Sciences Exactes et les Institutions Scientifiques). Finally, I would like to thank Richard Kennedy and the copy editor of *NTM* for ‘polishing’ my English. All remaining problems and errors are my own.

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## Endnotes

- 1 For convenience, I use “physician” to designate the people who were, in their time, renown for mastering medicine, in its practical or intellectual dimensions. However, one must bear in mind that behind this term stands a wide range of different social and cultural profiles that render this entity hard to define.
- 2 Chao 2009 and Bretelle-Establet 2002, 2009 provide statistical evidence of this increase which led to the acute competition mentioned notably in Leung 1987, Grant 2003, Furth 1999, Hanson 1997, Scheid 2007, Volkmar 2000.
- 3 Genette introduced this term in his book *Seuils* where he explores the status and the functions of all the signs and fringes which frequently surround the text itself and which he coins the *paratext* of a work. His book has given birth to a large amount of other works on titles, prefaces, notes and the like, which have been helpful for analysing the prefatory material attached to the Chinese medical treatises discussed here. A systematic investigation remains to be done on book covers, titles, tables of content and illustrations which played an important role for attracting a potential audience in a context where commercial printing was booming (Brokaw et al. 2005, Brokaw 1996, Chia 1996, 2002). However, we have limited ourselves to the prefaces to highlight what sort of rhetorical strategy was displayed by the author, his peers and the editor to show what a good medical author and a good book should be.
- 4 All medical texts and prefaces that have survived in this corpus were written by men.
- 5 All historians of medicine in China have used and still use prefaces to learn about texts and authors’ contexts. In this article, I propose to look at prefaces not only for the information they convey on one text or author but also to highlight the features and functions of this type of text. Moreover, I propose to explore the prefaces of medical texts and authors that still remain marginal in the historiography of medicine in late imperial China, mostly centered on the brilliant Jiangnan area (with the notable exception of Paul U. Unschuld’s recent project on rural manuscripts (2010)). Because they are still marginal in the historiography of medicine, the medical authors and preface writers, mentioned here, will sound unknown to most readers. Miles’s work on the intellectual life in Guangdong province (2006) has provided me with some details on a handful of preface writers. But biographical data for all these protagonists is scarce, if it exists at all (see table 1).
- 6 It is likely that in the future we will discover more texts since the *Catalogue of Medical Books in Chinese Libraries* (Xue 1991) which lists the medical books available in 113 major libraries in China is far from error free. A closer look at the Guangdong libraries’ holding, for instance, shows that some books written in the province of Guangdong and held in one of the Guangdong libraries had not been included in this general catalogue (Lu 2008). My own experience of the Local Historical Material Department of the Sun Yatsen Library in 2010 confirms this, since I found three books that had not been included in the catalogue.
- 7 In recent decades wide corpora of prefaces have been published in China such as (Yan et al., 1990–1993) for the field of medicine. Weightman (2004: 266) mentions that a number of anthologies of prefatory writings have been published in the last decades as well in the field of literature.
- 8 As Rolston (1990: 61) states, these different pieces of paratext, in spite of bearing different names, were not very different with regard to their function.

- 9 According to the editions, some prefaces were withdrawn, others were added especially by those who strove to reprint the texts. In fact, as Genette 1987 and Guay 1998 highlight, the mobility of paratext is very common and not specific to the Chinese medical treatises and this mobility gives clues to understanding how the successive editors molded the reading of a book according to time and to their expected readership.
- 10 Cayuela 1996 and MacLean 1990 provide good examples of the interest of applying such an analysis to highlight what the authors are doing in these pieces of paratext.
- 11 As authors' names and book titles are given in Chinese characters in table 1, I give an English translation with *the pinyin* in the main text. I give the date of people when they first appear in the text. For other Chinese names, book titles and places, see the list of characters. The fact that Liang Lianfu wrote a preface to Gong Zhengjia is recorded in the latter's biography (Guo 1987: 2030-2031). However, Gong Zhenjia's book and preface are no longer extant, which is why the author is not mentioned in table 1.
- 12 On the status of medicine and medical practitioners, see Hymes 1987, Hinrichs 2003, Chu 2008.
- 13 "Confucianism and medicine cannot be separated" wrote Xu Chunfu, quoted in (Leung 2008: 1457).
- 14 On access to books in general see MacDermott 2006, and for evidence of book shortages in remote areas, see Rowe 1994 and Bretelle-Establet 2010.
- 15 Here, the "*sanshi*" is interpreted as the three stages of life. We will see later that this interpretation was not the most common.
- 16 As often in the prefaces, the names of famous physicians and treatises are abbreviated. Here, Zhang refers either to Zhang Ji (150-219) or Zhang Congzheng, (1158-1228) Li to Li Gao (1180-1252), Liu to Liu Wansu (1120-1200), Xue to Xue Ji (1488-1558), Zhang Jingyue to Zhang Jiebin (1563-1640). All are very famous physicians.
- 17 See for instance the prefaces of Zhuang Youxing in Guo 1981 [1753], Wen Baochun in Huang 1918 [1800], or Jiao Zhaojun in Liang 1936 [1881].
- 18 On prefaces to Chinese literary works see Weightman 2004, Postel 2006, Rolston 1990.
- 19 The introduction of new ideas was a common critique addressed to medical authors since at least the Song dynasty. Su Dongpo in the eleventh century criticized those who discarded old learning and who put forward new ideas and Kou Zongshi in the twelfth century did the same in the field of *materia medica*. (Unschuld 1986a: 44, 1986b: 87).
- 20 A critique very often expressed in the medical literature of the late imperial period. See for instance the text by Xu Dachun (1693-1771) in Unschuld (1985: 210). For more information on the "four great masters" of this period (*si da jia*) and how they came to be identified, during the Ming, as the founders of the "four schools" see Unschuld (*ibid.*:168-179) and Scheid (2007: 384-387).
- 21 As Volkmar 2000 shows with the example of Wan Quan (1500-1585)'s manuscript, the medical literature in late imperial China was often plagiarized, published under different titles, and an entire book could be copied verbatim with minimal changes (dates, names) that veiled the identity of the original author. We thus cannot be totally sure that an authorial preface *zixu* was written by the author himself.
- 22 They were the *Yellow Emperor's Canon on Acupuncture (Huangdi zhenjiu)*; the *Classic of the Pulse of the Sunü (Sunü maijue)* and the *Divine Husbandman's Materia Medica, (Shennong Bencao)*.
- 23 On the development of the so-called category of scholar physicians *ruyi* under the Song dynasty and on its significance in late imperial times, see (Hymes 1987, Chu 2008).
- 24 Stressing in one's preface that a book was written during the author's leisure time recalls a rhetoric that was used many centuries earlier in another empire, the Roman Empire. Pliny the Elder was procurator and held several functions in the imperial palace during the reign of Vespasian. He wrote in his dedication of his *Natural History*, which had no relation to his public functions: "for I am a mere mortal, and one that has many occupations. I have, therefore, been obliged to compose this work at interrupted intervals, indeed during the night, so that you will find that I have not been idle even during this period. The day I devote to you, exactly portioning out my sleep to the necessity of my health" Pliny The Elder, *The Natural History*. Ed. by John Bostock. Dedication. C. Plinius Secundus To His Friend Titus Vespasian. [<http://www.perseus.tufts.edu/cgi-bin/ptext?lookup=Plin.Nat.toc> (last accessed: 05/07/2011)]. I am grateful to Stéphane Schmitt for having indicated this reference.

- 25 It is also in these terms that, for instance, Wan Quan presented his work (Volkmar 2000: 8).
- 26 See note 19. On the early roots of this way of presenting one self, see Llyod 2002.
- 27 On this intellectual trend see Elman 2001 [1984] and Guy 1987.
- 28 For instance, Pan Mingxiong's preface to his *Pingqin shuwu yilue* was copied in the gazetteer (Guo 1987: 1967), but not his foreword, which still existed in the book.
- 29 On the strategy of mentioning secrecy in medical books, see Widmer 1996 and Wu 2000.
- 30 In that respect these small pieces of paratext look like the identification labels, discussed by Cambefort (under review), that one finds in an entomologist's collection. At first glance, they appear secondary in comparison with the insects and species they identify, but they are in fact necessary to give the collection its scientific entomological identity.
- 31 Hanson (2001, 2006) analysed the development of medical regionalism in late imperial China and shows that the argument that people in the south had particular bodies that suffered specific diseases and required special treatments was often expressed in the prefaces to some Jiangnan books in the nineteenth century.
- 32 See Cai Minyu's preface to Huang 1909 and the publishing house director's preface to He 1918 [1751].
- 33 Confirming thereby Marta Hanson's thesis (1997, 2001) according to which this local tradition was invented in the latter half of the nineteenth century in a political context marked by the weakening of the centralised Qing power and the rise of regionalism after local armies put down the Taiping rebellion. The nineteenth century promoters of this local medical tradition presented Wu Youxing and Ye Gui as its main founders, a reputation developed far beyond the evidence, according to M. Hanson.
- 34 This case study thus confirms Xu Xiaoqun's study (1997) and also provides evidence that, until the end of the nineteenth century, Western medicine was not identified by Chinese medical authors as an important and competitive current of learning and body of practice.

## List of Chinese Characters

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baihou 白喉  
 ba 跋  
 Bian Que 扁鹊  
 Chen Xiuyuan 陈修园  
 Dao 道  
 dufa 读法  
 engong 恩贡  
 Fan Zhongyan 范仲淹  
 fanli 凡例  
 fu gongsheng 附贡生  
 fubang 副榜  
 Fuchuan 富川  
 fugong 副贡  
 Gong Zhenjia 龚振家  
 gu 蛊  
*Huangdi Neijing* 黄帝内经  
*Huangdi zhenjiu* 黄帝针灸  
 Jiangnan 江南  
 jiansheng 监生  
 jinshi 进士  
 juren 举人

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*Liji* 礼记  
 Liu Wansu 刘完素  
 liujing 六经  
 liyan 例言  
 ruren 孺人  
 ruyi 儒医  
*Shanghan lun* 伤寒论  
*Shennong bencao* 神农本草  
 shiyi 世医  
 shu er bu zuo 述而不作  
 si da jia 四大家  
*Siku Quanshu* 四库全书  
*Sunü maijue* 素女脉诀  
 wenbingxue 温病学  
*Wenyi lun* 瘟疫论  
 Wu Youxing 吴有性  
 wusheng 武生  
 xiangsheng 庠生  
 xiaodao 小道  
 xiyang zhi yi 西洋之医  
 xu 序  
 yaoyan 要言  
 Ye Gui 叶桂  
 yi bu sanshi bu fu qi yao 医不三世不服其药  
 yi sui xiao dao yi dao ye 医虽小道亦道也  
 yi 一  
*Yijing* 易经  
*Yishu sheyao* 医书撮要  
 yishu 艺术  
*Yixue shi zai yi* 医学是在易  
 yi 疫  
 yongyi 庸医  
 zengsheng 增生  
 Zhang Jiebin 张介宾  
 Zhang Juru 张菊如  
 zhang 瘴  
*Zhouli* 周礼  
 Zhu Xi 朱熹  
 zhusheng 诸生  
 zixu 自序  
*Zuozhuan* 左传

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