

Accounts of Treating *Zhang* (“miasma”) Disorders in Song Dynasty Lingnan: Remarks on Changing Literary Forms of Writing Experience

Chen Yun-ju*

Abstract

This article investigates extant accounts of treating *zhang* (瘴 “miasma”) disorders in Song dynasty Lingnan 嶺南, a region largely encompassing present-day Guangdong province, Guangxi province and Hainan island at that time, and mainly concerns how authors enhanced the trustworthiness of these accounts. Authors of pre-Southern Song medical literature who mentioned prescription strategies for treating *zhang* for the most part stressed the fact that the recipes collected in their works were tested and proven effective. This was their primary means of establishing trustworthiness. By contrast, the majority of Southern Song authors writing about *zhang* medicine sought to render their claims more authoritative by including details drawn from their own experience of the environment and of cases they had treated in Lingnan, adopting what I call a “personally-verified approach.” There is a significant concurrence between the increasing emphasis by authors of Song formularies (*fangshu* 方書) and jottings (*biji* 筆記) on documenting particularities they had experienced and observed in specific places, and the emergence of writing based on authors’ own experiences and observations of regional features in Southern Song *zhang* medicine. In formularies, this trend was a response to a growing expectation for individual

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* Chen Yun-ju (陳韻如) is an assistant research fellow in the Institute of History and Philology at the Academia Sinica.

particularities to be taken into account, and served as a new criterion among educated readers for assessing the reliability of formularies. Jottings, a literary form whose popularity soared in the Southern Song, also highlighted knowledge acquired by authors through first-hand observation and from conversations. Accounts of *zhang* texts containing information about Lingnan were a popular topic of conversation at social occasions of the day, a fact which also fits our general understanding of the social implications of jottings, and an example of how oral discourse and literature were interconnected. This paper argues that the Southern Song was a crucial period that witnessed a closer interlinkage between the consolidation of written medical knowledge and the changing social implications of and criteria for accepted scholarship.

Keywords: written knowledge, Song dynasty, Lingnan, medicine, literati writing cultures

1. Introduction

The Song dynasty (960-1279) was a transitional period for medicine in imperial China, marked by a seminal expansion of scholarly medicine that emphasized textual learning.¹ Historians have examined various aspects of this expansion, including the broad audience for this new scholarship (especially literati as authors and readers of medical genres, and practitioners following its guidance),² its geographical expansion in the south as a vector of “transformation

1 For prime features of healing praxis later identified by historians as scholarly medical traditions in pre-modern China, Greek, and India, see Don Bates, “Scholarly Ways of Knowing: An Introduction,” in Don Bates, ed., *Knowledge and the Scholarly Medical Traditions* (Cambridge: Cambridge University Press, 1995), pp. 2-3. For an acclaimed overview of the development of scholarly medicine from the Song to the Ming (1368-1644), see Angela Ki-che Leung, “Medical Learning from the Song to the Ming,” in Paul J. Smith and Richard von Glahn, eds., *The Song-Yuan-Ming Transition in Chinese History* (Cambridge, MA: Harvard University Asia Center, 2003), pp. 375-382.

2 See, for example, Robert Hymes’ seminal article and Chen Yuan-peng’s revision of Hymes’ opinion: Robert Hymes, “Not Quite Gentlemen? Doctors in Sung and Yuan,” *Chinese*

through teaching” (*jiaohua* 教化),³ and its extended reach into various medical fields, such as specialized treatment for conditions affecting women.⁴

Earlier studies often treat the expansion of Song scholarly medicine occurring in Lingnan 嶺南, the region located to the south of the Five Ranges (Wuling 五嶺) which in Song times largely encompassed present-day Guangdong province, Guangxi province, and Hainan island,⁵ as a response to medical need created by

Science 8 (1987): 9-76. Chen Yuan-peng 陳元朋, *Liang Song de shangyi shiren yu ruyi: jianlun qi zai Jin-Yuan de liubian* 兩宋的尚醫士人與儒醫——兼論其在金元的流變 (Taipei: National Taiwan University chuban weiyuanhui, 1997). Although it was assumed by historians that the body of medical texts printed by the Bureau for Editing Medical Texts (*jiaozheng yishu ju* 校正醫書局) enhanced the availability of those texts, Fan Ka-wai’s recent monograph provides solid evidence to show that in the early Northern Song, most of the medical texts printed by the Song central government were only affordable for scholar-officials; it was not until the late Northern Song, and especially the Southern Song, that more literati and physicians were able to access cheaper versions of medical texts printed by government and private publishers. See Fan Ka-wai 范家偉, *Bei Song jiaozheng yishu ju xintan: yi guojia yu yixue wei zhongxin* 北宋校正醫書局新探——以國家與醫學為中心 (Hong Kong: Zhonghua shuju, 2014), pp. 189-205.

- 3 Both T. J. Hinrichs and Wong Cheung-wai have discussed Song officials’ distribution of medical texts in the south as a way of transformation through teaching, but Hinrichs explicitly indicates that the number and types of medical texts printed and disseminated by Song government greatly exceeded those of their Tang predecessors. See T. J. Hinrichs, “The Medical Transforming of Governance and Southern Customs in Song Dynasty China (960-1279 C.E.)” (Ph.D. diss., Harvard University, 2003); “Governance through Medical Texts and the Role of Print,” in Lucille Chia and Hilde De Weerd, eds., *Knowledge and Text Production in an Age of Print: China, 900-1400* (Leiden: Brill, 2011), pp. 217-238. Wong Cheung-wai 王章偉, “Reality and Illusion in the Advancement of Civilization: Shamans and Shamanism in Lingnan during the Song Dynasty” 文明推進中的現實與想像——宋代嶺南的巫覡巫術, *New History* 新史學 23.2 (2012.6): 1-55.
- 4 For example, Charlotte Furth, *A Flourishing Yin: Gender in China’s Medical History, 960-1665* (Berkeley: University of California Press, 1999).
- 5 Lingnan, also known as Lingbiao 嶺表 and Lingwai 嶺外 in imperial China, since at least the Six dynasties has referred to the region south of the South Ranges (Nanling 南嶺), otherwise known as the Five Ranges (Wuling 五嶺), which are a group of mountain ranges located at the borders of present-day Hunan, Jiangxi, Guangdong, and Guangxi provinces. Lingnan’s southern boundary has varied depending on the location of the Chinese border during different imperial periods. For specific changes to the geographical areas to which

an increasing number of ethnic Han immigrants and by rampant epidemics.⁶ Some studies embracing this approach imply a view of linear progress such that the impetus of medical need would eventually drive the birth of an empirical healing praxis that comes close to biomedicine.⁷ Although this proposition can explain the increasing amount of medical literature on southern disorders, it fails to address the heterogeneity of scholarly medicine at that time, or to examine the process of its expansion in detail, such as how people went about determining what healing methods were therapeutically effective and compiling them into books.

The heterogeneity of scholarly medicine and the intricate processes of its expansion have lately become the main concerns of medical historiography. For instance, recent studies explore a variety of official efforts to suppress laymen's ritual healing praxis in Southern Song China and to extend scholarly medicine there through administrative measures. This approach treats the southward expansion of scholarly medicine as part of a government civilization project, unlike the earlier approach that viewed the expansion as a consequence of the acute medical needs of the Han people.⁸ This recent approach provides new

the phrases “*wuling*” 五嶺 and “*lingnan*” 嶺南 referred in imperial China, see Ma Lei 馬雷, “A Study of the Words Origin of Wuling and Lingnan” 「嶺南」、「五嶺」考, *Journal of Chinese Literature and History* 中華文史論叢 120 (2015): 349-360, 400.

- 6 On the medical needs of the newly arrived ethnic Han immigrants in the south as a trigger of the scholarly medical expansion, see Hsiao Fan 蕭璠, “The Physical Environment and Endemic Diseases in Ancient South China and Their Impact on Human Activities as Viewed from the Documents of Han through Sung Times” 漢宋間文獻所見古代中國南方的地理環境與地方病及其影響, *Bulletin of the Institute of History and Philology, Academia Sinica* 中央研究院歷史語言研究所集刊 63.1 (1993.4): 67-171. Fan Ka-wai 范家偉, “Chang ch’ih Disease and Population Migration in the Ling-nan Region during the Six Dynasties” 六朝時期人口遷移與嶺南地區瘴氣病, *Chinese Studies* 漢學研究 16.1 (1998.6): 27-58. On rampant epidemics stimulating the evolution of Song scholarly medicine, see Asaf Goldschmidt, *The Evolution of Chinese Medicine: Song Dynasty, 960-1200* (London: Routledge, 2009), pp. 72-102.
- 7 See, for example, Hsiao Fan, “The Physical Environment and Endemic Diseases in Ancient South China and Their Impact on Human Activities as Viewed from the Documents of Han through Sung Times.”
- 8 For an account of the Song medical policies of transforming through education in the

insights into the establishment of scholarly medicine in the south, while taking into account few non-administrative factors responsible for the expansion.

This paper takes into account dimensions of scholarly medical expansion in Southern Song China neglected by previous approaches that conceive of the expansion either as a response to medical need or as a vector of transformation through teaching at an administrative level. It explores the literati’s endeavor to effect the expansion at an individual (as opposed to administrative) level. Their campaign, according to extant Song sources, addressed a wide range of issues, including: how to persuade their readers that their medical opinions were reliable; why *zhang* (瘴 “miasma”) disorders were especially pervasive in Lingnan; how various disorders that were classed generally as *zhang* by the locals in Lingnan should be categorized more precisely according to the nosology of existing scholarly medicine; how scholarly medicine could be appropriately applied in light of Lingnan’s distinctive environmental features and local customs; how to develop effective treatments and prevention measures for *zhang*; how to obtain required medicinal substances in remote Lingnan, and so forth.⁹ It is beyond the

south, see T. J. Hinrichs, “The Medical Transforming of Governance and Southern Customs in Song Dynasty China (960-1279 C.E.)” and “Governance through Medical Texts and the Role of Print,” and Wong Cheung-wai, “Reality and Illusion in the Advancement of Civilization.”

- 9 A more detailed explanation of *zhang* disorders is provided in the next section. Besides *zhang*, Song authors also mentioned other disorders encountered in Lingnan during the period, though much less frequently, such as *gu* 蠱 (“poisoning,” see note 19 for further explanation) and *nue* 瘧 (“intermittent fever,” see note 36). A comprehensive discussion of the Song understanding of those disorders is too complex to be dealt with here. To be very brief, it was not until the twelfth century that Chinese authors described how to adapt the application of specific types of drugs to perceived particularities of a given place. In contrast, previous authors often talked about the regional adaption of medicinal therapy as a general principle without indicating specific medicines. More importantly, when twelfth- and thirteenth-century authors discussed specific ways of using medicines in accordance with regional features, treatments for disorders attached to *zhang* in Lingnan was central to their discussion. Given that, in this paper, I choose to focus on Song accounts of *zhang* disorders in Lingnan to examine how the southward expansion of scholarly medicine occurred at an individual level.

scope of this paper to analyze all of the above topics. This paper focuses instead on the methods that, by the thirteenth century, literati and educated physicians were using to develop reliable accounts of the etiology and treatment for *zhang* in Lingnan, without attempting to investigate the specific nature or efficacy of treatments.¹⁰

My inquiry into the measures taken by Song literati to increase the credibility of their *zhang*-related accounts adds moreover to a growing body of literature on the various impacts Song literati had on the formation of written knowledge about scholarly medicine. Relevant studies not only disclose new medical fields that they pioneered, but also point to political and economic developments that encouraged literati to amass medical knowledge.¹¹ Along with this burgeoning scholarly interest in the diversity of the literati's objectives and the new ways that

10 Scholars have examined literary works that mention disorders in the south of imperial China. For instance, Nomiyama attempts to pin down the specific meaning of the word *zhang* in the south that appeared in poems between the fifth and tenth century. Chang classifies different themes appearing in writings left by Tang and Song officials who were exiled to the south. The present study instead focuses on strategies that authors used to establish the credibility of their works, which have received little scholarly attention to date. See Nomiyama Hideki 許山秀樹, "Chinese Classical Poets' Consciousness of the Southern Territory: Considering What the Letter 瘴 (*Zhang*) Meant" 中國古典詩人における南方意識——「瘴」の字を手がかりに, *Chugoku shibun ronso* 中國詩文論叢 26 (1995): 79-93. Chang Shu-hui 張蜀蕙, "Domestication and Observation: The Disease Experience and Discourse of Nation among the Tang, Sung Scholars' Southern Experience" 馴化與觀看——唐、宋文人南方經驗中的疾病經驗與國族論述, *Dong Hwa Journal of Humanities* 東華人文學報 7 (2005.7): 41-84.

11 For example, Chen Yuan-peng notes Song literati's interest in compiling formularies, and later Fan Ka-wai explores some understudied incentives for their writing. Chu Ping-yi and Hinrichs also describe new genres, such as medical histories, composed by the Southern Song literati. Chen Yuan-peng, *Liang Song de shangyi shiren yu ruyi*, pp. 130-161. Fan Ka-wai, *Bei Song jiaozheng yishuju xintan*, pp. 58-163. Chu Ping-yi 祝平一, "Narrations of Histories of Medicine from the Song to the Ming and the Rise of the Confucian Physician" 宋明之際的醫史與「儒醫」, *Bulletin of the Institute of History and Philology, Academia Sinica* 中央研究院歷史語言研究所集刊 77.3 (2006.9): 401-449. T. J. Hinrichs, "The Ru-ness and Yi-ness of Zhang Gao" 亦儒亦醫的張杲, *Chinese Social History Review* 中國社會歷史評論 14 (2013): 65-76.

they recorded medical knowledge, this paper investigates how their writing about *zhang* medicine paralleled the increased focus in literary works on what an author “saw and heard” (*jianwen* 見聞 or *wenjian* 聞見) in Song times.

The writings of literati and physicians about medicine for the treatment and prevention of *zhang* disorders in Lingnan (hereafter, *zhang* medicine) constitute the principal sources on which this paper relies. They appear mostly in formularies (*fangshu* 方書 or *yifangshu* 醫方書, which list medical recipes by the symptoms and disorders that they treat) and in what I categorize as a corpus of jottings (*biji* 筆記, literally “records of the brush”).¹² Although, strictly speaking, these are two separate corpora, Song physicians and literati often drew on materials from more than one genre when compiling medical literature. This cross-referencing of medical knowledge in the Song allows us to develop an argument regarding *zhang* drawn from formularies and the jottings corpus; where differences arise between these two corpora, they are carefully contextualized.¹³

This paper is primarily divided into three sections. The first section begins with a brief introduction to the understanding of *zhang* in Lingnan between the fifth and thirteenth centuries. It goes on to discuss approaches that pre-Southern Song authors of *zhang* medical literature used to establish the credibility of their accounts. The second section turns to the approaches used by Southern Song *zhang* authors. Unlike their predecessors, Southern Song authors of medical literature drew upon their own experiences and observations in Lingnan as a

12 Having noticed the indeterminate bibliographical classification for Song jottings, historians recognize two common features found in, but not limited to, extant Song jottings. That is, jottings presented a wide range of subject matter, but in a less systematic format without any obvious thread linking an array of entries. Given the unresolved question among scholars of whether or not to view Song jottings as a literary genre, I refer to writings about *zhang* disorders that possess these two common features as a jottings “corpus” rather than attempting to define them as a “genre.” For discussion of this question, see Liu Yeqiu 劉葉秋, *Lidai biji gaishu* 歷代筆記概述 (Beijing: Zhonghua shuju, 1980), p. 5; Peter K. Bol, “A Literati Miscellany and Sung Intellectual History: The Case of Chang Lei’s *Ming-Tao Tsa-Chih*,” *Journal of Sung-Yuan Studies* 25 (1995): 121-151, especially 124-127.

13 For a view of this changing medical culture, see T. J. Hinrichs, “The *Ru*-ness and *Yi*-ness of Zhang Gao.”

means of bolstering the authority of their writing. The third section investigates how this change in Southern Song *zhang* medicine coincided with an increased emphasis on experience, first-hand observation, and documenting individual and local particularities in formularies and jottings.

2. Tested Recipes: Medical Texts for Treating *Zhang* in Lingnan prior to the Southern Song

The term *zhang* is often translated as miasma or malaria in English-language scholarship.¹⁴ However, recent studies show that, depending on the context, the term *zhang* could refer either to harmful miasmatic conditions or to various disorders or symptoms that were considered to be endemic to the south, making one reluctant to endorse these translations. More importantly, the symptoms and disorders that were mentioned by Song authors and categorized under the term *zhang* are too varied to be translated as malaria. Accordingly, this paper uses the word *zhang* without resorting to the common English translations.¹⁵

14 For instance, in his work on the south in Tang China, Schafer mentions that in medical texts, *zhang* could refer either to a miasmatic condition in the south that would give rise to various disorders, or to “malaria” as a disease endemic in the south. Edward Schafer, *The Vermilion Bird: Tang Images of the South* (Berkeley: University of California Press, 1967), pp. 130-132. For the discussion of *zhang* as miasma, see James Hargett, *Treatises of the Supervisor and Guardian of the Cinnamon Sea: The Natural World and Material Culture of 12th Century South China* (Seattle: University of Washington Press, 2010), pp. 133-135. For a discussion of *zhang* being understood as southern disorders, see Feng Hanyong 馮漢鏞, “Zhang qi de wenxian yanjiu” 瘴氣的文獻研究, *Chinese Journal of Medical History 中華醫史雜誌* 11.1 (1981): 44-47. For an example of *zhang* being translated as malaria, see Miyashita Saburō 宮下三郎, “Malaria (*yao*) in Chinese Medicine during the Chin and Yuan Periods,” *Acta Asiatica* 36 (1979): 90-112.

15 Other works that refrain from using the conventional translations include Yang Bin’s and Cong Ellen Zhang’s recent articles on *zhang* in China. See Yang Bin 楊斌, “The *Zhang* on Chinese Southern Frontiers: Disease Constructions, Environmental Changes, and Imperial Colonization,” *Bulletin of the History of Medicine* 84.2 (2010): 163-192 and Cong Ellen Zhang, “Between Life and Death: Song Travel Writings about *Zhang* 瘴 in Lingnan,” *Journal of Song-Yuan Studies* 41 (2011): 191-225.

The sheer volume of studies on *zhang* in imperial China has enriched our understanding of this notorious southern feature.¹⁶ Indebted to these documents, this section introduces multiple references to *zhang*, its geographical distribution, the most commonly recognized contributing circumstances, and medical literature devoted to the south dating up until the Song dynasty. The recorded geographical distribution of *zhang* up until Song times covered different regions, including the Tibetan plateau and present-day Jiangxi, Sichuan, Guangdong, and Guangxi provinces.¹⁷ In that spread, Lingnan stands out as being a notoriously *zhang*-endemic region since the mid-imperial period. It has been consistently depicted as a place dramatically different from what literati considered as the central plains of China (*zhongzhou* 中州, *zhongtu* 中土) since mid-imperial times. It was differentiated by its pervasive, harmful *zhang*; a considerable number of non-Han ethnic groups; perceived unorthodox customs (including a preference for shamans (*wu* 巫) over physicians,¹⁸ abandonment of sick relatives, and cultivation of *gu* 蠱

16 In very general terms, their findings show that prior to the nineteenth century, accounts of *zhang* in far-southern China subscribed to long-standing stereotypes against and fear of China’s unfamiliar southern frontiers and the indigenous, non-Han ethnic groups there. For a review of recent Chinese-language studies on *zhang*, see Zhou Qiong 周瓊, “Zhang qi yanjiu zongshu” 瘴氣研究綜述, *Trends of Recent Researches on the History of China* 中國史研究動態 2006.5: 12-19. For a brief review of important modern Chinese and English scholarship on *zhang*, see Yang Bin, “The *Zhang* on Chinese Southern Frontiers,” pp. 165-167.

17 Given the broad reference of the term *zhang* to multiple and varied disorders and its wide geographical distribution, Zuo Peng suggests that since the third century, *zhang* could have served as a portmanteau term covering various disorders that resulted from people who had not adjusted to the unfamiliar environment. Zuo Peng 左鵬, “The *Zhang* 瘴 and the Images of *Zhang* in the Han-Tang Period (25-907 A.D.)” 漢唐時期的瘴與瘴意象, *Journal of Tang Studies* 唐研究 8 (2002): 257-275, especially 261-272.

18 For the activities of shamans in Song times, including their healing practices, see Lin Fushih 林富士, “Old Customs and New Fashions: An Examination of Features of Shamanism in Song China” 「舊俗」與「新風」——試論宋代巫覡信仰的特色, *New History* 新史學 24.4 (2013.12): 1-54. One of the aims of the Song government’s campaign to expand scholarly medicine in the south was to change the custom of preferring shamans over physicians. However, the Song government did not legislate against all activities of shamans, according to Lau’s article: Lau Nap-yin 柳立言, “A Re-examination of the Ban

(“poisoning”).¹⁹ The rampant *zhang* there was typically attributed to an extremely hot (*re* 熱) and damp (*shi* 濕) environment as well as plentiful insects (*chong* 蟲) and serpents (*she* 蛇).

Despite *zhang* disorders being widespread and fatal in Lingnan, there seems to have been a lack of widely acknowledged medical texts devoted to them. As for the development of southern medicine before the Song, existing research tends to describe the following progression: During the Six Dynasties (222-589) large numbers of northerners immigrated to Jiangnan 江南 (the lower Yangzi delta) and Lingnan to escape warfare. The immigrants encountered a variety of unfamiliar disorders there, such as *zhang* and *jiaoqi* (腳氣 foot *qi*).²⁰ Six Dynasties

on Witchcraft during the Song Dynasty from the Perspective of Legislature” 從立法的角度重新考察宋代曾否禁巫, *Bulletin of the Institute of History and Philology, Academia Sinica* 中央研究院歷史語言研究所集刊 86.2 (2015.6): 365-420.

19 *Gu* 蠱, or “poisoning,” is a complex term referring to a range of arcane practices, from the use of venom to treat various disorders to the practice of magic by certain minority groups. It was connected with Lingnan from the late Tang onward. Yu Gengzhe indicates that *gu* poisoning had been associated with the lower Yangzi area and Fujian province since the mid-Tang and with Lingnan since the late Tang. See Yu Gengzhe 于賡哲, *Tangdai jibing yiliao shi chutan* 唐代疾病、醫療史初探 (Beijing: Zhongguo shehui kexue chubanshe, 2011), pp. 171-199. For a general description of the concepts of *gu* in ancient and imperial China, see Zhan Yinxin 詹鄞鑫, “Du *gu* chutan” 毒蠱初探, *Xueshu jilin* 學術集林 3 (1995): 141-172. In his article, Zhan attempts to explain disorders caused by *gu* in biomedical terms. For the relationships among *zhang*, *gu*, and other south-specific disorders in terms of etiology in Ming and Qing times, see Marta Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China* (London: Routledge, 2011), pp. 69-90.

20 A variety of symptoms of *jiaoqi* were recorded in medical literature during the Six Dynasties and Sui dynasty (581-619). They include disorders of the feet, such as weakness (*ruo* 弱), obstruction (*bi* 痺), fullness (*man* 滿), swelling (*zhong* 腫), and pain (*jiaoteng* 腳疼), as well as distension and tightness in the chest and abdomen (*xin fu zhang ji* 心腹脹急), extreme heat, or a headache. These various symptoms were all perceived to originate in the feet and were grouped under the name *jiaoqi* (occasionally called *jiaoruo* 腳弱, literally, “foot weakness”). For the development of *jiaoqi* between the Eastern Jin and Song dynasties, see Fan Ka-wai 范家偉, “On Beriberi from the Eastern Chin Dynasty to the Sung Dynasty” 東晉至宋代腳氣病之探討, *New History* 新史學 6.1 (1995.3): 155-177. For the history of *jiaoqi* from ancient to modern times, see Hilary Smith, “Foot *Qi*: History

physicians struggled to find effective treatments for these conditions. Eventually, in Tang times, the need for more effective treatments prompted the appearance of formularies devoted to disorders endemic to the southern regions. These formularies include the *Lingnan jiaoqi lun* (嶺南腳氣論 Discussion of Foot *Qi* in Lingnan), and the *Lingnan fang* (嶺南方 Formularies for Lingnan).²¹ Unfortunately, none of the pre-Song formularies devoted to southern disorders has come down to us.

To the best of my knowledge, the earliest historical references to an etiology and prescription strategy for *zhang* are two entries found in the medical collection, the *Zhubing yuanhou lun* (諸病源候論 *Treatise on the Origins and Symptoms of Various Disorders*) of 610, which was compiled by the medical official Chao Yuanfang 巢元方 and his team under an edict from Emperor Yang 煬帝 (569-618, r. 604-618).²² An etiology and prescription strategy for *zhang* is introduced in the entry on the symptoms of *zhang qi* 瘴氣, in the section on “epidemic pestilences” (*yi li* 疫厲), and an etiology of mountain *zhang nüe* (*shan zhang nüe hou* 山瘴癘候) is given in the section on *nüe* (intermittent fevers).²³ Extant later, pre-twelfth century formularies generally follow the etiology of *zhang* provided in the *Zhubing yuanhou lun* with little alteration; notable differences did not appear until the very late Northern Song.

of a Chinese Medical Disorder” (Ph.D. diss., University of Pennsylvania, 2008).

21 This historical view is mainly based on Fan Ka-wai’s studies. Other Tang formularies on disorders in Lingnan listed in Fan Ka-wai’s work include the *Lingnan jiyao fang* (嶺南急要方 Formularies for Urgent Needs in Lingnan), *Nanzhong sishi shesheng lun* (南中四時攝生論 Discussion on Preserving Life through the Four Seasons in Nanzhong), and *Nan xing fang* (南行方 Formularies for Going to the South). Fan Ka-wai attributes the emergence of the formularies mainly to the large number of immigrants, whose presence gave rise to an increased need to treat southern disorders. Fan Ka-wai 范家偉, *Liuchao Sui-Tang yixue zhi chuancheng yu zenghe* 六朝隋唐醫學之傳承與整合 (Hong Kong: Chinese University Press, 2004), pp. 127-154.

22 (Sui) Chao Yuanfang 巢元方, *Zhubing yuanhou lun* 諸病源候論, in Ding Guangdi 丁光迪, ed., *Zhubing yuanhou lun jiaozhu* 諸病源候論校注 (Beijing: Renmin weisheng chubanshe, 1991), pp. 19-20.

23 *Zhubing yuanhou lun*, *juan* 10, pp. 336-338; *juan* 11, p. 355.

The extant Tang formulary the *Beiji qianjin yaofang* (備急千金要方 Essential Recipes Worth a Thousand, for Urgent Need), compiled by eminent physician Sun Simiao 孫思邈 (ca. 581-682), and the formulary the *Waitai biyao fang* (外臺祕要方 Arcane Essential Recipes from the Imperial Library), compiled by an official named Wang Tao 王燾 (702-772), primarily listed recipes to treat *zhang* without elaborating an etiology.²⁴ Wang Tao attributed his compilation of the *Waitai biyao fang* in part to his personal experience of suffering from *zhang* on his travels when assigned to Fangling 房陵 (in Hubei province).²⁵ Nevertheless, with a total of 19 recipes on *zhang* in the entire formulary of over 6000 recipes in total, he neither offered his own opinions about the etiology and prescription strategy for, nor described his experience of *zhang* in the Fangling region.

To be sure, authors of Tang formularies did stress experiential knowledge; however, the way they highlighted this knowledge was to indicate that therapies collected in their works had been proven to be effective in practice. Tang officials seemingly paid far more attention to compiling recipes that were tested and proven effective in practice by the author or someone else than to explaining in detail the etiology or treatment strategy. This is exemplified by the titles of medicinal recipes, such as *yanfang* 驗方 (tested recipes), and formularies, such as *ji yanfang* 集驗方 (collection of tested recipes). Occasionally, the Tang formulary compilers indicated that they had used or witnessed the efficacy of the recipes in person, or

24 (Tang) Sun Simiao 孫思邈, *Beiji qianjin yaofang* 備急千金要方 (Taipei: Zhongguo yiyao yanjiu suo, 1990), *juan* 7, pp. 143, 145, 149; *juan* 8, p. 157; *juan* 9, pp. 177-178; *juan* 10, pp. 196, 201; *juan* 12, pp. 225, 227, 231. (Tang) Wang Tao 王燾, *Waitai biyao fang* 外臺祕要方, ed. Gao Wenzhu 高文鑄 (Beijing: Huaxia chubanshe, 1993), *juan* 5, pp. 83-86.

25 This is described in Wang Tao's preface to his formulary *Waitai biyao fang*, p. 4. After returning to the capital from Fangling, Wang Tao took advantage of his status as an official, which afforded him access to the Imperial Library (*Hongwen guan* 弘文館), to collect a considerable number of medical recipes from the library and compile them into his formulary. Its bibliographical information is based on Ma Jixing 馬繼興, *Zhongyi wenxian xue* 中醫文獻學 (Shanghai: Shanghai kexue jishu chubanshe, 1990), p. 169.

when and to whom tested recipes that they collected were applied.²⁶ However, reviewing the extant sources from the period between the third and tenth centuries, we find that the authors of most medical literature, apart from declaring that their collected recipes had been found to be therapeutically effective in practice, rarely articulated their own experience as additional evidence. Moreover, they did not differentiate their first-hand experience of applying a given recipe from other people’s experience of using it.

Most authors of extant Northern Song medical literature relating to *zhang* medicine also emphasized tested recipes rather than their own experiences and observations. This was true of the *Taiping shenghui fang* (太平聖惠方 Taiping Era Imperial Grace Formulary), which was compiled by the Northern Song central government from 978 and completed in 992.²⁷ One exception that does include a textual reference to *zhang* medicine in the Northern Song is the *Zhenghe shengji zonglu* (政和聖濟總錄 Comprehensive Record of Imperial Benevolence during the Zhenghe Reign Period). This encyclopedic formulary was compiled by the court during the Xuanhe 宣和 period (1119-1125), but was not published in Song

26 Historians do not have a standardized translation of the phrase “*yanfang* 驗方.” I translate it as “tested recipes” rather than “experiential recipes” because the overtone of authors who used this phrase in their formularies, in my reading, was to emphasize the fact that those recipes were tested and proven effective in practice. Fan Ka-wai reveals how Tang officials collected medical recipes that had proved therapeutically effective in treating disorders in Lingnan and sometimes even compiled them into formularies prior to going there or while there. The titles of those works often included the words *ji yanfang* 集驗方 (“collections of tested recipes”). Unfortunately, only a few of the medicinal recipes in their works have come down to us. Fan Ka-wai 范家偉, *Dayi jingcheng: Tangdai guojia xinyang yu yixue* 大醫精誠——唐代國家、信仰與醫學 (Taipei: Dongda tushu gongsi, 2007), pp. 147-168.

27 (Northern Song) Wang Huaiyin 王懷隱, *Taiping shenghui fang* 太平聖惠方 (Taipei: Xinwenfeng chubangongsi, 1980). Bibliographical information is based on Ma Jixing, *Zhongyi wenxian xue*, p. 173. Johannes Kurz suggests that the projects to compile literary works ordered by Emperor Taizong served as a means of integrating literati from recently conquered southern regions into the new Song regime. Johannes Kurz, “The Politics of Collecting Knowledge: Taizong’s Compilations Project,” *T’oung Pao* 87.4/5 (2010): 289-316.

China due to the siege and capture of Kaifeng in 1126 by the Jurchens.²⁸

The emphasis on textual reference in the *Zhenghe shengji zonglu* was closely associated with the purposes for which it was compiled. The *Zhenghe shengji zonglu*, whose authorship was attributed to Emperor Huizong 徽宗 (1082-1135, r. 1100-1126), was to be part of Huizong's grand publication project that began with the *Shengji jing* (聖濟經 Canon of Imperial Benevolence, 1118). Recent scholarship has shown that this project was part of a series of projects during the Zhenghe reign period (1111-1118) that were aimed at enhancing the legitimacy of Huizong's governance in the face of overwhelming military pressure from the Jurchens in the north.²⁹ The *Shengji jing* no longer survives and only its Song preface remains, which is attributed to Emperor Huizong. This preface to the *Shengji jing* indicates that through this canon of medical knowledge, Huizong aimed to "elucidate the principles of nature and fate" (原性命之理) and to demonstrate his benevolence toward his people by elaborating on ideas contained in the classic medical doctrine, the *Huangdi neijing* (黃帝內經 The Yellow Emperor's Inner Canon).³⁰ Huizong states that the *Shengji jing* offers a "way" (*dao* 道)

28 Bibliographical information is from Ma Jixing, *Zhongyi wenxian xue*, pp. 173-176.

29 Goldschmidt places the textual project of compiling these two medical collections in the context of Huizong's medical policies. Fan's recent work shows that this textual project was embedded not only in medical policies, but also in a series of policies aimed at legitimating his governance. For instance, Fan argues that Huizong tended to enhance the role of the *Huangdi neijing* by elevating it to the status of a Daoist canon as important as the *Dao de jing* (道德經 Canon on the Way and Its Power). Asaf Goldschmidt, "Huizong's Impact on Medicine and on Public Health," in Patricia B. Ebrey and Maggie Bickford, eds., *Emperor Huizong and Late Northern Song China: The Politics of Culture and the Culture of Politics* (Cambridge, MA: Harvard University Press, 2006), pp. 275-323. Fan Ka-wai, *Bei Song jiaozheng yishuju xintan*, pp. 266-306.

30 Okanishi Tameto 岡西為人, *Song yiqian yiji kao* 宋以前醫籍考 (Taipei: Nantian shuju, 1977), p. 790. The *Huangdi neijing* is considered to be the most crucial canonical work in scholarly medicine in Imperial China. In Chinese antiquity, several works circulated under this title. Unschuld suggests that the earliest compilation of the extant *Huangdi neijing* corpus might date from the Han era. However, Keegan regards the extant *Huangdi neijing* as having undergone a series of compilations within the Yellow Emperor medical tradition during the Han and Tang dynasties. Ma Jixing and Sivin point out that the extant

for physicians to acquire a thorough understanding of the “spirit” (*shen* 神), whereas the *Zhenghe shengji zonglu* acts as a means by which physicians could treat disorders effectively.³¹ This design of the textual project indicates that the rationale of the *Zhenghe shengji zonglu* was deliberately based on the *Shengji jing* and the *Huangdi neijing*. The textual reference for *zhang* in the *Zhenghe shengji zonglu* is included in the entry on *zhang qi*. It begins with the words “The commentary states [*zhuan yan* 傳言],” and defines *zhang* as the *qi* of poison and pestilence from mountains and rivers. The entry then introduces the *zhang* etiology and treatment strategy.³²

This section has shown that extant pre-Southern Song medical literature based its claims on tested recipes (with the exception of the *Zhenghe shengji zonglu*, which clearly resorted to textual authority). I call this the “tested-recipe approach” in order to distinguish it from a different approach used by Southern Song authors writing about *zhang* medicine which we will explore in the next section.

Huangdi neijing was massively revised in 1026/1027 and 1067. The extant form of the *Huangdi neijing* consists of two texts, the *Suwen* (素問 Basic Questions) and the *Lingshu* (靈樞 Divine Pivot). The version of the *Suwen* that has come down to us is mainly based on the version compiled by the Northern Song government in 1067. David J. Keegan, “The ‘*Huang-ti nei-ching*’: The Structure of the Compilation; the Significance of the Structure,” (Ph.D. diss., University of California, Berkeley, 1988), pp. 19-20, 64. Ma Jixing, *Zhongyi wenxian xue*, pp. 70. Nathan Sivin, “*Huang ti nei ching* 黃帝內經,” in Michael Loewe, ed., *Early Chinese Texts: A Bibliographical Guide* (Berkeley: Institute of East Asian Studies, University of California, 1993), p. 202. Paul Unschuld, *Huangdi Neijing Suwen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text* (Berkeley: University of California Press, 2003), pp. 3-5.

31 Okanishi Tameto, *Song yiqian yiji kao*, p. 798.

32 (Northern Song) Emperor Huizong 徽宗 (Zhao Ji 趙佶), *Zhenghe shengji zonglu* 政和聖濟總錄, annotated by (Yuan) Jiao Hui 焦惠, *Dade chongjiao shengji zonglu* 大德重校聖濟總錄 (Taipei: Xinwenfeng chubangongsi, 1978), *juan* 37, p. 347. It is possible to interpret the two characters *zhuan yan* 傳言 (a commentary says) instead as *chuan yan* 傳言 (it is said). If we consider that the *Shengji jing* was designed to explain principles in canons, particularly those in the *Huangdi neijing*, a reading of the two characters as *zhuan yan* 傳言 (a commentary says) fits more closely the emphasis of this formulary on textual reference or canonical authority. Moreover, this translation also corresponds with the words *zhuan wei* 傳謂 (a commentary says) in the entry on *zhang nüe*.

3. Local Experience and Observation: The Southern Song Texts Concerning *Zhang* Medicine

Extant Southern Song texts concerning prescription strategies for *zhang* appear in both formularies and the jottings corpus. On close analysis of these texts, we can observe a remarkable change; that is, that the authors of these Southern Song texts explicitly described their experiences and observations in Lingnan as a means of establishing the credibility of their works. The experiences and observations they describe range from bodily experiences of the environment and practical experiences of treating *zhang* or maintaining health in Lingnan, to their observations of local residents' behavior and dietary habits as well as *zhang* sufferers' symptoms. I call this way of description a "personally-verified approach" to highlight the first-hand nature of this knowledge and to distinguish it from the tested-recipe approach of the Tang and Northern Song formularies that I have discussed in the preceding section.³³ I will first discuss Southern Song formularies concerned with the treatment of *zhang* and then analyze the jottings corpus.³⁴

Southern Song authors of formularies for treating *zhang* in Lingnan for the most part attributed their compilation to the lack of useful medical works on *zhang*. This is evident in a formulary composed by Li Qiu 李璆 that came to be known as the *Zhang lun* or *Zhang nüe lun* (瘴 [瘧] 論 On *Zhang* or On *Zhang Nüe*), or alternatively the *Lingnan weisheng fang* (嶺南衛生方 Formulary for Saving Life

33 I do not use the phrase "an empirical approach" to refer to their description of experiences and observations for two reasons. First, this phrase may give the misleading impression that pre-Southern Song authors of texts on *zhang* medicine did not value experiential evidence; their emphasis on tested recipes, I argue, is one of the ways they stressed practical experience. Secondly, no standard for empirical evidence existed in medicine in Song China.

34 The tested-recipe approach and the personally-verified approach were not mutually exclusive. In the case of Southern Song *zhang* medicine, the latter could be used to support the former, as we will see shortly in this section.

in Lingnan).³⁵ *Nüe* 瘧 in pre-modern Chinese medical literature usually refers to intermittent fever. Although one of the titles of Li’s formulary is *Zhang Nüe lun*, he does not use the term *zhang nüe* throughout the extant text, but rather *zhangli* (瘴癘 *zhang* pestilence).³⁶ After obtaining his *jinshi* degree sometime in the Zhenghe

35 This formulary is recorded under the name *Zhang lun* in the *Song shi* (宋史 History of the Song Dynasty). In its extant version, it is entitled *Zhang nüe lun*. (Yuan) Tuo Tuo 脫脫, *Song shi* 宋史 (Taipei: Dingwen shuju, 1980), *juan* 207, p. 5315.

36 *Nüe* 瘧 (intermittent fever) in Imperial Chinese medicine referred primarily to intermittent coldness and heat, which could be either a systematic disorder or a symptom. At the intersection of medicine and religion, *nüe* in mid-Imperial China could be treated either by pharmacotherapy or by religious healing. For example, as Fan Ka-wai describes, in the Tang *nüe* was prevented or treated with Buddhist or Daoist rituals. Fan Ka-wai, *Dayi jingcheng*, pp. 244-252. The type of disorder referred to as *nüe* in Imperial China and how it related to *zhang* are issues still open to debate. Some scholars identify *zhang* (“miasma”) and *nüe* (“intermittent fever”) as malaria because both disorders have symptoms of intermittent coldness and heat; see, for example, Miyashita Saburō, “Malaria (*yao*) in Chinese Medicine during the Chin and Yuan Periods,” pp. 90-112; Hsiao Fan, “The Physical Environment and Endemic Diseases in Ancient South China and Their Impact on Human Activities as Viewed from the Documents of Han through Sung Times,” pp. 105-134. Nevertheless, recently historians have been more hesitant to endorse this equivalence as it risks anachronism and ignores other varied symptoms to which *zhang* and *nüe* referred in Imperial China; for example, Zuo Peng, “Han-Tang shiqi de *zhang* yu *zhang* yixiang”; Yang Bin, “The *Zhang* on Chinese Southern Frontiers: Disease Constructions, Environmental Changes, and Imperial Colonization.” Moreover, as shown by Elisabeth Hsu, in pre-modern Chinese medical texts, symptoms similar to malaria were often categorized into different types of disorders. See Elisabeth Hsu, “Diverse Biologies and Experiential Continuities: Did the Ancient Chinese Know that Qinghao had Anti-Malaria Properties?” *Canadian Bulletin of Medical History* 26.1 (2009): 203-213. Proposing that *zhang* could refer to a trigger of disorders rather than a disorder itself, Feng Xiang claims that at least since the Sui dynasty, *zhang* could refer to a south-specific trigger of *nüe*. In Feng’s opinion, it was as late as the early Southern Song when Li Qiu’s *Zhang lun* began to treat *zhang* as a category of disorders. Nonetheless, Feng Xiang does not take into account the entries on *zhang qi* in the Sui and Song medical texts and thus his division between *zhang* as a trigger of disorders and as a category of disorders is incomplete. Feng Xiang 馮翔, “A Discussing about the Disease Zhang in South China from Song Dynasty to Ming Dynasty and Its Historical Research” 關於宋代至明代南方的瘴病及其歷史的研究, *Journal of Guangxi University for Nationalities (Natural Science Edition)* 廣西民族大學學報 (自然科學版) 13.2 (2007.5): 28-34. To keep the points of my argument salient, in this article I will not

period (1111-1118), Li Qiu was stationed at several locations during his career as an official, including Yingzhou 英州 in Guangdong province from at least 1121 to 1122 and Cangwu 蒼梧 in Guangxi province sometime during the Shaoxing period (1131-1163).³⁷ After witnessing fatal *zhangli* epidemics in Cangwu, Li concluded that his treatment regimen for *zhang* was far more medicinally effective than that of the local physicians, whom he considered ignorant and inept.³⁸ He then wrote down his strategy in detail and compiled medicinal recipes for treating *zhang* in the *Zhang lun*, which was very likely composed before 1139.³⁹ Unfortunately,

engage with the complex relationships between *zhang* and *nüe*.

- 37 Other places to where Li Qiu had been assigned as an official before he came to Ying Prefecture include Chen Prefecture 陳州 (Chenzhou, in Henan province) and Fang Prefecture 房州 (Fangzhou, in Hubei province). *Song shi, juan 377*, pp. 11654-11655. According to the Qing gazetteer of Xinxing 新興 county (in Guangdong province), Li Qiu was in Xin Prefecture 新洲 in 1129. (Qing) Liu Fang 劉芳, *Xinxingxian zhi* 新興縣志 (Haiko: Hainan chubanshe, 2001), *juan 22*, p. 15.
- 38 (Yuan) Shi Jihong 釋繼洪, *Lingnan weisheng fang* 嶺南衛生方, in *Liang Song mingjia fangshu jingxuan* 兩宋名家方書精選 (Shanghai: Shanghai kexue jishu chubanshe, 2003), *juan shang*, p. 2. As local officials in the south, the Song literati discussed extensively how perilous and life-threatening *zhang* was in Lingnan. Their reluctance to serve in official positions in Lingnan made it difficult for the central government to staff those posts throughout the Song dynasty. For the problems of staffing posts in Lingnan during the Song period, see Cong Ellen Zhang, “Between Life and Death,” pp. 206-211.
- 39 Li Qiu’s *Zhang lun* was later expanded by the scholar-official Zhang Zhiyuan 張致遠 (1090-1147). Based on Li Qiu’s accounts of *zhang*, Zhang Zhiyuan added his essay on *zhang* and medical recipes. The version expanded by Zhang Zhiyuan was named *Zhang lun* or *Zhang nüe lun* (瘴[瘧]論 On *Zhang* or On *Zhang Nüe*), or alternatively *Lingnan weisheng fang* (嶺南衛生方 Formulary for Saving Life in Lingnan). Zuo Peng suggests that the expanded version of the formulary by Li Qiu and Zhang Zhiyuan was compiled between approximately 1139 and 1148. However, Su Wan-ting’s indicates that Li Qiu was appointed Imperial Attendant (*daizhi* 待制) in 1139. As Zhang Zhiyuan still addresses Li Qiu as “Drafter (*sheren* 舍人) Li” instead of “Imperial Attendant Li” in his *Zhang lun*, both Li’s and Zhang’s *Zhang lun* were most likely composed before 1139. See Zuo Peng 左鵬, “On Authors of *Lingnan Weisheng Fang*” 嶺南衛生方作者考, *Chinese Journal of Medical History* 中華醫史雜誌 36.3 (2006.7): 135-136; Su Wan-ting 蘇婉婷, “Wuxing Zhang Jie shenfen yu shengping kao: jianlun zhengzhi jushi yu renji wangluo” 吳興章杰身份與生平考——兼論政治局勢與人際網絡 (unpublished). I would like to thank Ms. Su for

Li’s formulary no longer survives as an independent work, though parts of it appear in a lengthy essay on *zhang* etiology and prescription strategy in a late thirteenth-century formulary that bears the same title—*Lingnan weisheng fang*. In documenting his *zhang* etiology and recommendations, Li Qiu underscores how he has personally witnessed and treated fatal *zhang* pestilence in Cangwu. Most significantly, he uses the phrase “I observe” (*yu guan* 余觀) to describe how the disharmony between *qi* of yang-heat (*yang yu* 陽燠) and *qi* of yin-dampness (*yin shi* 陰濕), which he deemed a feature of Lingnan’s environment and which he had described in the earlier part of his writing, triggered particular symptoms of *zhang*.⁴⁰

Two readers of Li’s formulary the *Zhang lun* also used the personally-verified approach he had taken in his work. This formulary circulated, probably in manuscript form, among at least two officials—Zhang Zhiyuan 張致遠 (1090-1147) and Wang Fei 王斐—although we have no concrete evidence of a written version prior to its being printed and circulated by a prefect in Guangdong in 1513. Zhang Zhiyuan, whose family was registered in Shaxian 沙縣 (in Fujian province), obtained his *jinshi* degree in 1121 and later became an administrator in Guangzhou (in Guangdong province) sometime between 1132 and 1134.⁴¹ Zhang Zhiyuan does not indicate how he obtained Li’s *Zhang lun*; he nonetheless describes at length how he checked Li’s opinions meticulously after receiving the text: he not only discussed treatments for *zhang* with the physician-scholar (*yishi* 醫士) Wang Zijin 王子僅 of Hua Prefecture (Hua Zhou 滑州, in Henan province) but also tested the recipes in the *Zhang lun*.⁴² After confirming that those treatments were therapeutically effective, Zhang Zhiyuan composed his own formulary bearing the same title, the *Zhang lun* or *Zhang nüe lun*, in which he recorded the etiology and prescription strategy for *zhang* in Lingnan in a similar

allowing me to cite her unpublished work.

40 *Lingnan weisheng fang*, *juan shang*, p. 2.

41 *Song shi*, *juan* 376, pp. 11627-11628.

42 *Lingnan weisheng fang*, *juan shang*, p. 6. For Zhang Zhiyuan’s biography, see *Song shi*, *juan* 376, p. 11628.

manner to Li's work.⁴³ The above process indicates three types of source on which Zhang Zhiyuan based the legitimacy of his healing praxis for treating *zhang*: texts (i.e., Li Qiu's *Zhang lun*); conversations (with Wang Zijin); and practical experience (of treating *zhang*).

Wang Fei, a Southern Song official of obscure background, commented on both Li Qiu's and Zhang Zhiyuan's *Zhang lun* in his alternative formulary, the *Zhimi fang zhang nüe lun* (指迷方瘴瘧論 Formulary for Instructing the Lost and on Zhang Nüe, or Instruction on Lost Recipes and on Zhang Nüe). Wang's formulary begins with an introduction that tells how he learned how to treat *zhang*. He relates how he studied prescription practice and pulse diagnosis over an extended period of time. After staying in regions in present-day Guangxi and Henan provinces (listed in the preceding section), Wang Fei not only studied formularies about *zhang nüe* disorders but also invited a senior physician (*laoyi* 老醫) in Guilin 桂林 (in Guangxi province) to discuss them with him.⁴⁴ On the basis of his knowledge of *zhang*, Wang Fei concurs with many of the recipes in Li Qiu's and Zhang Zhiyuan's works but is disappointed by Li's failure to take account of the pulse and breath (*mai xi* 脈息) in treating *zhang*.⁴⁵ In Wang Fei's view, this omission makes it difficult for *zhang* sufferers to find recipes that fit their symptoms. It was this concern that moved him to compile the *Zhimi fang zhang nüe lun*.⁴⁶

43 *Lingnan weisheng fang, juan shang*, pp. 6-7.

44 *Lingnan weisheng fang, juan shang*, p. 8.

45 *Lingnan weisheng fang, juan shang*, p. 10.

46 *Lingnan weisheng fang, juan shang*, p. 10. Given that in his formulary Wang Fei addresses Li Qiu as "Imperial Attendant Li," Wang's work was presumably composed after 1139. The three formularies composed by Li Qiu, Zhang Zhiyuan, and Wang Fei do not come down to us as independent books but are collected in the Yuan formulary *Lingnan weisheng fang*. The Yuan edition was compiled by the Buddhist cleric Shi Jihong 釋繼洪 during his travels in Lingnan sometime between 1255 and 1267 and who composed a preface in 1283. Shi Jihong added his opinion, his collected medicinal writings, and medicinal recipes relating to *zhang* to his own Song edition of *Lingnan weisheng fang*. See Rong Li 榮莉, "Lingnan weisheng fang de banben qingkuan yu jiaozhu jianjie" 《嶺南衛生方》版本情況與校注簡介, *Journal of Traditional Chinese Medicinal Literature* 中醫文獻雜誌 2004.3:

After this explanation, Wang Fei goes on to review and evaluate what he has read in other formularies on *zhang*. He criticizes the tendency in some formularies of his day to overemphasize threats in the southern environment to the body. To support his criticism, Wang Fei states that as an official, he has experience in the region, namely, he has been to Cangwu (in Guangxi province) first, and then to Liucheng 柳城 (in Guangxi province), Yiyang 宜陽 (in Henan province), and finally to Nanrong 南容, in that order. He then proclaims that his experience and observation in those southern regions proves that the environment there is not exactly as the contemporary formularies available to him describe; for example, he states that mist (which was deemed as a source of disorders in the south) did not actually occur every day there but only once every two days. He moreover concludes that what brings about disorders has more to do with the unregulated lifestyle of local residents than with the poisonous environment of Lingnan.⁴⁷ Wang Fei clearly draws on a combination of his textual learning, conversations with a senior colleague, experience of medical practice, and personal experience of the south to validate his knowledge about *zhang* medicine. This sort of combination can be found in various medical texts from earlier times, but what separates Li Qiu’s and Wang Fei’s formularies is the extent to which they stress personally-verified local information to legitimize their medical advice.

The formulary the *Guanjian daquan liangfang* (管見大全良方 Complete Compendium of Good Recipes from a Singular Perspective), compiled in 1271 by the physician Chen Ziming 陳自明, attests explicitly to the lack of reliable textual sources for *zhang* medicine as one of the reasons for its compilation.⁴⁸ Being

7-10.

47 Although much more brief, in “Lun yangsheng shu” (論養生書 An Essay on Nurturing Life) composed by Li Shi 李石 (1108-?, *jinshi* 1151) and collected in his *Fang zhou ji* (方舟集 Collections of a Small Boat), the author expresses a similar opinion that if a person lived a regulated lifestyle, e.g. giving up alcohol and practicing meditation, they would not suffer from *zhang*. (Southern Song) Li Shi 李石, *Fang zhou ji* 方舟集, in *Siku quanshu* 四庫全書 (hereafter, SKQS) (Taipei: Taiwan shangwu yinshuguan, 1986), vol. 1149, *juan* 10, p. 640.

48 The *Guanjian daquan liangfang* has not come down to us as an independent book. The

descended from a family of physicians in Linchuan 臨川 (in Jiangxi province), Chen Ziming was appointed as a medical lecturer (*yiyu* 醫喻) at the Mingdao Shuyuan (明道書院 Academy of Illuminating the Way) in Jiangkang fu 建康府 (in Nanjing, Jiangsu province) in around 1237. He traveled around the Liangguang 兩廣 region over the next thirty four years until 1271.⁴⁹ During the Song, the Liangguang region most likely referred to Guangnan dong lu (廣南東路 Guangnan East Circuit, now largely in Guangdong province) and Guangnan xi lu (廣南西路 Guangnan West Circuit, mainly in Guangxi province), two circuits that covered an area similar to that of the contemporary geographical term Lingnan.

When explaining why he includes a section on *zhang* disorders, Chen Ziming stresses the fact that he has personally spent years traveling around Lingnan. In the same section, he first states that none of the *zhang* medicines or medical opinions in the formularies that he has read are correct. He adds that there are some texts on *zhang* in Lingnan that he has heard of but been unable to obtain, such as the *Hui ju lun* 回車論 and *Lingnan daida* 嶺南代答.⁵⁰ Considering the information on *zhang* in the formularies available to him to be inaccurate, Chen Ziming decided that his own experience as a physician who had resided for several years

earliest extant fragments of the text appear in the *Yifang lei ju* (醫方類聚 Collection of Classified Recipes), which was compiled by Jin Limeng 金禮蒙 and other Korean physicians in 1443 and first published in 1465.

49 Our knowledge of Chen Ziming's life comes mainly from the preface to his formulary on medicine for women: *Furen daquan liangfang* (婦人大全良方 Complete Collection of Good Recipes for Women) of 1237 and *Guanjian daquan liangfang* of 1271. (Southern Song) Chen Ziming 陳自明, *Furen daquan liangfang*, in *Chen Ziming yixue quanshu* 陳自明醫學全書 (Beijing: Zhongguo zhongyiyao chubanshe, 2005), p. 8. (Southern Song) Chen Ziming 陳自明, *Guanjian daquan liangfang* 管見大全良方, in *Chen Ziming yixue quanshu*, p. 289.

50 *Guanjian daquan liangfang*, *juan* 3, p. 312. *Hui ju lun* is possibly an abbreviated title for *Nan lai baosheng hui ju lun* 南來保生回車論 authored in Song times by Dong Chang 董常, which is listed under the category of medicine in the Dynastic Bibliographies (*yiwenzhi* 藝文志) in the *Song shi* 宋史. *Song shi*, *juan* 207, p. 5319. No bibliographical information about *Lingnan daida* 嶺南代答 can be found in the extant primary sources. However, its title is very similar to the Southern Song *Lingwai daida* (嶺外代答 Vicarious Replies from Beyond the Ling Ranges) of 1178, the text of which is further discussed in later sections.

in notorious *zhang*-endemic areas (i.e., Liangguang) warranted him composing a written work on *zhang* epidemics to articulate principles of the etiology and treatment of *zhang*.⁵¹

In his long essay on treating *zhang* epidemics in the *Guanjian daquan liangfang*, Chen Ziming cites his experiences and observations in the Liangguang region in support of his explanation of the occurrence of *zhang* disorders there.⁵² The passages under discussion here are particularly noteworthy as they provide explicit textual support for the case that the lack of trusted medical texts on treating *zhang* in Lingnan in part encouraged some Southern Song authors to highlight their personal experiences and observations of this remote and exotic area as one of their claims to medical knowledge.

More importantly, unlike Li Qiu, Zhang Zhiyuan, and Wang Fei, whose extant formularies all include one or two textual references, Chen Ziming explicitly names as many as five other works in the short section on *zhang* epidemics in the *Guanjian daquan liangfang*.⁵³ The first reference is given in the preface, where he comments that the vast body of medicinal recipes collected in the *Taiping huimin hejiju fang* (太平惠民和劑局方 Formulary of the Pharmacy Bureau for Great Peace and for Benefiting People) made the text too large to carry around.⁵⁴ The need for a portable edition encouraged him to select recipes and

51 *Guanjian daquan liangfang*, juan 3, p. 312.

52 *Guanjian daquan liangfang*, juan 3, p. 312.

53 The extant *Zhang nüe lun* by Liu Qiu is mainly devoted to describing how the author devised an effective treatment for *zhang*. The only textual reference Li mentions is Shen Kuo's 沈括 (1029-1093) *Liangfang* (良方 Excellent Formulary). The only two textual references in Zhang Zhiyuan's extant formulary are Li Qiu's *Zhang nüe lun* and *Jingxin lu* (經心錄 Record of Jing xin). The latter was presumably a formulary written by the eminent Tang physician Song Xia 宋俠. In his formulary Wang Fei talks about three texts that he calls formularies (*fang shu* 方書) without specifying their titles. Wang agrees with what one of the formularies claims but refutes the other two formularies. The only two texts that Wang mentions by name are *Lingnan weisheng fang* composed by Li Qiu and Zhang Zhiyuan and *Nan jing* (難經 Canon of Enquiries or Canon of Difficulties).

54 *Guanjian daquan liangfang*, p. 289. The *Taiping huimin hejiju fang* is the enlarged and revised version of the *Taiyi ju fang* (太醫局方 Formulary of Imperial Medical Service)

compile his formulary in his old age. The second citation at the beginning of the section on *zhang* epidemics mentions the *Hui ju lun* and *Lingnan daida*.⁵⁵ The third occurs in the same section: introducing one of the common etiologies of *zhang* in the far south, Chen Ziming additionally cites a poem written by Du Xuhe 杜荀鶴 (846-904) and a piece of writing composed by Su Shi 蘇軾 (1037-1101) as two textual references.⁵⁶ The fourth citation occurs in the latter part of the same section. When advising his readers on how to choose recipes in accordance with their patients' particular bodily constitutions and symptoms, he twice mentions a formula called the "wood-fragrant pill" (*mu xiang yuan* 木香圓) in the *Liang fang* (良方 Excellent Recipes) without specifying the section.⁵⁷ Given that there is a formula bearing that name in the extant *Su Shen liang fang* (蘇沈良方 Excellent Recipes of Su and Shen) comprising recipes left behind by two famous Northern Song scholar-officials, Su Shi and Shen Kuo 沈括, this is most likely the *Liang fang* mentioned by Chen Ziming.⁵⁸ The fifth reference appears at the end of the *zhang* section where Chen Ziming cites a sentence purportedly from the classic medical treatise, the *Suwen* (素問 Basic Questions).⁵⁹

which was compiled by the Northern Song government between 1078-1085. After being first printed by the Southern Song central government in 1151, the *Taiping huimin hejiju fang* was expanded and revised at least six times and widely circulated in China and Japan. The bibliographical information on the *Taiping huimin hejiju fang* is taken from Ma Jixing, *Zhongyi wenxian xue*, pp. 177-178.

55 *Guanjian daquan liangfang*, *juan* 3, p. 312.

56 *Guanjian daquan liangfang*, *juan* 3, p. 312. Besides citing works of Du Xuhe and Su Shi, Chen Ziming also mentions a local proverb in Lianguang as another piece of evidence.

57 *Guangjian daquan liangfang*, *juan* 3, pp. 312-313.

58 The *Su Shen liang fang* was a Southern Song collection of Shen Kuo's *Liang fang* and Su Shi's medicinal recipes. Historians have debated which of the medicinal formulas in the extant *Su Shen liang fang* came from Su Shi and which from Shen Kuo. For recent articles on this topic, for instance, see Li Shuhui 李淑慧, "Su Shen liang fang zuozhe qufen xinkao" 《蘇沈良方》作者區分新考, *Journal of Traditional Chinese Medicinal Literature* 中醫文獻雜誌 2010.3: 15-19; "Su Shen liang fang zuozhe qufen xinkao (xuwan)" 《蘇沈良方》作者區分新考(續完), *Journal of Traditional Chinese Medicinal Literature* 中醫文獻雜誌 2010.4: 19-21.

59 *Guanjian daquan liangfang*, *juan* 3, p. 313. The sentence is "[when] the depletion of my

Chen Ziming’s preface to the *Guangjian daquan liangfang*, taken together with the multiple textual references cited in its section on *zhang* epidemics, show that he brings to bear his experiences and observations of the Liangguang region in support of existing etiology and treatments for *zhang* disorders, especially the medicinal recipes in the *Taiping huimin hejiju fang* and *Su Shen liang fang*. His formulary serves to guide his readers in the appropriate choice and application of these Song dynasty recipes. By contrast, in the extant formularies of Li Qiu, Zhang Zhiyuan, and Wang Fei, each author’s local experiences and observations are offered in support of relatively new ideas in the etiology and treatment of *zhang* in Lingnan, especially in Li Qiu’s *Zhang nüe lun*. Being a physician, in his preface and *zhang* epidemics section Chen Ziming not only cites many more works than do the three scholar-officials, Li, Zhang, and Wang, in their formularies but, more significantly, he cites works that were well known in his time. Those works include Su Shi’s works, which were widely appreciated owing to his great stature as a literary figure during the Song period;⁶⁰ the *Taiping huimin hejiju fang*, which was expanded and printed at least six times in the Southern Song; and the *Suwen*, which not only served as the core doctrinal text for medicinal healing praxis but was also edited and disseminated by the Northern Song court.⁶¹

body encounters the depleted noxious elements of heaven, there is none who does not die” (我身之虛，更逢天之虛邪，未有不死者也). However, no similar sentence can be found in the extant version of the *Suwen*. Although Song literati criticized the inaccuracy of government imprints of classics and historiographies, as shown in Cherniack’s article, Northern Song government medical imprints seemed to receive less criticism. For Song criticism of government imprints, see Susan Cherniack, “Book Culture and Textual Transmission in Sung China,” *Harvard Journal of Asiatic Studies* 54 (1994): 5-125, especially 19-28.

60 For instance, Ye Mengde 葉夢得 (1077-1148, *jinshi* 1097) complained that after the Xuanhe period (1119-1126), simply because of Su Shi’s writing, people in the capital (Hangzhou city, in Zhejiang province) placed their trust in the medicinal formula called “Sage-like powder” (*sheng san zi* 聖散子) that was being disseminated by Su Shi. (Southern Song) Ye Mengde 葉夢得, *Bishu luhua* 避暑錄話, in *Quan Song biji* 全宋筆記 (Zhengzhou: Daxiang chubanshe, 2006), *juan shang*, pp. 239.

61 In Song dynasty medical accounts, the relationship between the personally-verified

By contrast, being a scholar-official exiled to Lingnan, Li Qiu spent the greater part of his extant formulary describing the process through which he figured out a prescription strategy for treating *zhang* effectively during an outbreak of fatal *zhang* pestilence in Cangwu (in Guangxi). According to Li Qiu's account, the *zhang* pestilence was so severe that almost all the family members of the officials Wang Jizhi 王及之, Zhang Ding 張鼎, and Ge Tuan 葛彖 (presumably Li Qiu's colleagues) died. Countless visiting northerners (*beike* 北客) and natives (*turen* 土人) suffered from it as well.⁶² It may be that the difference in social status between Chen Ziming and Li Qiu had a bearing on their different ways of using local experiences and observations.⁶³

Besides formularies, the personally-verified approach to Southern Song *zhang* medicine appears also in the corpus of jottings composed by Zhang Jie 章

approach and textual authority varies from disorder to disorder. Take for example the case of foot *qi* disorders: Dong Ji 董汲, a famous physician in Kaifeng (in Henan province) during the Chongning 崇寧 (1102-1107) and Dagan 大觀 (1107-1111) reign periods, described his own experience of contracting foot *qi* due to walking in the snow in present-day western Shandong province in his formulary *Jiaoqi zhifa zongyao* (腳氣治法總要 *Essentials for Treatments of Foot Qi*). He uses this description to support the notion that foot *qi* was not geographically restricted to the south. While upholding his experience, in his formulary Dong Ji also attempts to connect foot *qi* to names of disorders recorded in the *Huangdi Neijing*. In comparison, Song authors of extant *zhang* writing show less direct and eager attempts to find references to *zhang* disorders in the *Huangdi Neijing*. For detailed discussion about Dong Ji's description of his experiences and his reference to the *Huangdi Neijing*, see Hilary Smith, "What's in a Name? *Jiaoqi* (腳氣) and the Struggle for Medical Authority in the Song Dynasty," in Sun Xiaochun 孫小淳 and Zeng Xiongsheng 曾雄生, eds., *Songdai guojia wenhua zhong de kexue* 宋代國家文化中的科學 (Beijing: Zhongguo kexue jishu chubanshe, 2007), pp. 184-188.

62 *Lingnan weisheng fang*, p. 2.

63 Chen Ziming frequently makes reference to formularies and literary works composed by Song scholar-officials throughout his extant *Guanjian daquan liangfang*. There are two possible reasons for this tendency. One is to present himself as a literate physician who was familiar not only with medical canons and popular formularies, but also with scholar-officials medical and literary works. Another is to distinguish himself from other healing practitioners who he called "incompetent physicians" (*yong yi* 庸醫), "mountain physicians" (*shan yi* 山醫), and so forth.

杰 and Zhou Qufei 周去非 (1135-1189), both of whom resided in Lingnan for several years. Zhang Jie, who had lived in Lingnan presumably as a Tax Transport Official (*Zhuanyun pan guan* 轉運判官) of the Guangnan East Circuit (in Guangdong province) in 1131-1134, composed a written piece entitled “Lingbiao shi shuo” (嶺表十說 Ten talks about the Lingbiao area) included in the late thirteenth-century *Lingnan weisheng fang*.⁶⁴ These ten talks cover a wide range of topics relating to Lingnan, including remarks on the local habit of eating betel nuts (*binlang* 檳榔) and consuming alcoholic drinks (*jiu* 酒) to avoid contracting *zhang*; descriptions of environmental features; postulations of the etiology of *zhang* disorders; and advice concerning a lifestyle appropriate for living in such a notoriously debilitating environment. In one of the ten talks, Zhang Jie clearly uses the first person pronoun *pu* (僕 “your humble servant”).⁶⁵ Despite this rare usage of the first person pronoun in the “Lingbiao shi shuo,” the vivid descriptions of various aspects of Lingnan and his comments on them reinforces the impression that Zhang Jie was drawing to some degree on his own experiences and observations there.

Meanwhile, Zhou Qufei explicitly claimed that his local experiences and

64 Zuo Peng suggests that Zhang Jie 章杰 and Zhang Jie 章傑 were the same person for two major reasons. First, Zhang Jie 章杰 was referred to as Wuxing 吳興 Zhang Jie at the end of the extant “Lingbiao shi shuo.” Wuxing was an alternative name for Pucheng 蒲城 (in Fujian province) during the Six Dynasties, and the birthplace of Zhang Jie’s 章傑 grandfather, Zhang Dun 章惇. Second, Zhang Jie 章傑 had personally spent time in Lingnan as an “official of the Tax Transport Commission” (*Zhuanyunsi pan guan* 轉運司判官) of the Guangnan East Circuit (in Guangdong province) in 1131-1134. Su Wan-ting corrects the location of Wuxing that Zuo’s article proposes, albeit agreeing with Zuo’s opinion that Zhang Jie 章杰 was Zhang Jie 章傑. Su indicates that in the Song, Wuxing more often referred to Hu Prefecture (Hu Zhou 湖州, in Zhejiang province), where Zhang Dun’s parents and some of his relatives were buried. Zuo Peng, “On Authors of *Lingnan weisheng fang*,” p. 136. Su Wan-ting, “The Study of Zhang Jie from Wuxing” (“Wuxing Zhang Jie shenfen yu shengping kao”).

65 In the eighth of the talks Zhang Jie comments on local laymen’s preference for shamans (*wu* 巫) over physicians (*yi* 醫) for treating their *zhang* disorders. *Lingnan weisheng fang*, *juan zhong*, p. 32.

observations constituted the basis of the reliability of his book *Lingwai daida* (嶺外代答 Vicarious Replies from Beyond the Ling Ranges), which he completed in approximately 1178. Zhou Qufei, who was from Yongjia 永嘉 in Wen Prefecture 溫州 (Wenzhou, in Zhejiang province) and who gained his *jinshi* degree in 1163, served as a low-ranking official in present-day Guangxi province from approximately 1172 to 1178.⁶⁶ In the section on *zhang* in *Lingwai daida*, Zhou Qufei discusses his etiology of and prescription strategy for *zhang* and then tries to explain the theoretical grounds behind the local laypeople's ways of treating it.⁶⁷ In the preface to his book, Zhou Qufei writes that when he was a local governor in Guilin 桂林 and a teaching professor (*jiaoshou* 教授) in Ningyue 寧越 (in Qin Prefecture Qin Zhou 欽州, in Guangxi), he made notes on "what had reached his ears and eyes" (*er mu suo zhi* 耳目所治) as well as what he had learned from conversations with other scholar-officials there.⁶⁸ After leaving Lingnan, he compiled these notes into the book.

A constant thread in Zhou's preface is that the entire contents of his work were verified by his personal experiences and observations in Guangxi. Some entries in *Lingwai daida* were transcribed from the *Guihai yuheng zhi* (桂海虞衡志 Treatises of the Supervisor and Guardian of the Cinnamon Sea) written by Fan Chengda 范成大 (1126-1193). Zhou Qufei's entries on *zhang* discussed throughout this article, however, cannot be found in the *Guihai yuheng zhi*.⁶⁹ To

66 For information about Zhou Qufei's life and career, see (Southern Song) Zhou Qufei 周去非, *Lingwai daida* 嶺外代答, in Yang Wuquan 楊武泉, ed., *Lingwai daida jiaozhu* 嶺外代答校注 (Beijing: Zhonghua shuju, 1999), pp. 1-6.

67 *Lingwai daida*, pp. 151-153.

68 *Lingwai daida*, p. 1.

69 Actually, Zhou Qufei was clearly an acquaintance of Fan Chengda since Fan once dedicated a poem to Zhou. Fan Chengda, a famous scholar-official and literatus of the day, was an official of Jingjiang Prefecture 靜江府 (Jingjiang fu, in Guangxi province) in the Guangnan West Circuit 廣南西路 in 1172-1175, before being assigned to Chengdu 成都 in 1175. He composed the *Guihai yuheng zhi* on his way to Chengdu to recall his time in Jinjiang fu. For further bibliographical information about the *Guihai yuheng zhi*, see Hargett (2010: xix-xx). The poem is in (Southern Song) Fan Chengda 范成大, *Fan Shihu ji* 范石湖集, annotated by Fu Shousun 富壽蓀 (Shanghai: Shanghai guji chubanshe, 2006), *juan* 14, p.

be sure, some of the earlier works in the bibliographic category of geography (*dili* 地理) within the division of historical writing (*shibu* 史部) describe what authors saw in specific regions. Two cases in point are the *Lingbiao luyi* (嶺表錄異 Records of Extraordinary Things in the Ling Region) in which the official Liu Xun 劉恂 writes about his experiences living in Guang prefecture (Guangzhou 廣州, in Guangdong province) sometime between 896-904 and the *Beihu lu* (北戶錄 Records of the Northern Seats) in which Duan Gonglu 段公路 recounts his experiences travelling in Lingnan between 869 and 874.⁷⁰ However, Zhang Jie’s and Zhou Qufei’s works differ from Liu Xun’s *Lingbiao luyi* and Duan Gonglu’s *Beihu lu* in one significant aspect; that is, unlike Liu and Duan, who mainly describe what they saw in Lingnan and “verify” (*yan* 驗) it against what they had previously heard or read, the two Southern Song scholar-officials record medical knowledge relating to Lingnan in a much more elaborate manner. For instance, they propose and comment on appropriate methods for categorizing different types of *zhang* disorder, while earlier writers had merely classified these disorders under the general term *zhang*. When it comes to *zhang*, Zhou Qufei was more assertive than Fan Chengda in articulating his opinions on the prescription strategy for and etiology of *zhang* as well as on the theoretical rationale behind local treatments for *zhang*.⁷¹

On the one hand, Zhang Jie and Zhou Qufei also draw on their local experiences and observations in support of their perspectives on *zhang* medicine. On the other hand, because their *zhang*-related entries were compiled among an array of short entries on various aspects of Lingnan, their medical information

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70 On sections relating to *zhang* in Lingnan in Liu Xun’s work, see (Tang) Liu Xun 劉恂, *Lingbiao luyi* 嶺表錄異, in *Zhongguo xijian difang shiliao jicheng* 中國稀見地方史料集成 (Beijing: Xueyuan chubanshe, 2010), vol. 55, *juan shang*, pp. 230. For a discussion of Duan Gonglu’s personal experiences as described in the *Beihu lu*, see Yu Xin 余欣 and Zhong Wumo 鍾無末, “Images of Bowuxue in the Mid-late Tang Dynasty: Focusing on *Beihulu*” 博物學的中晚唐圖景：以《北戶錄》的研究為中心, *Journal of Chinese Literature and History* 中華文史論叢 118 (2015): 313-336, 398.

71 *Lingwai daida*, pp. 149-153.

appears less systematic and less useful as a handy medical reference than the formularies of their predecessors Li Qiu, Zhang Zhiyuan, and Wang Fei. A pertinent follow-up question would be: what does Zhang Jie and Zhou Qufei's choice of literary form tell us about what they sought to achieve through their works? I shall address this question in the next section.

To recap, in the Southern Song, authors of texts on *zhang* medicine include descriptions of their own experiences and observations in Lingnan to support their explanations of the etiology and treatment of *zhang*, adopting a “personally-verified approach.” As for the Southern Song authors use of this approach in their formularies, the scholar-official Li Qiu clearly uses it to bolster the credibility of his proposed prescription strategy. By contrast, the physician Chen Ziming applies it to confirm the validity of existing Song recipes for treating *zhang*.⁷²

Of these authors, Li Qiu, Wang Fei, and Chen Ziming all comment that the lack of respected medical literature about *zhang* in Lingnan inspired them to write formularies. Li Qiu moreover identifies the shortage of competent local physicians as another impetus. However, medical need resulting from the lack of respected texts and physicians cannot explain why these Southern Song authors chose to adopt a personally-verified approach. Moreover, despite their use of this personally-verified approach, there existed other ways of bolstering claims to knowledge, such as the tested-recipe approach that was prevalent in Tang and Northern Song medical literature. One may postulate that the personally-verified

72 Scholars have identified at least three implications of authors' local experience in imperial China. The first, which has received the most scholarly attention to date, is authors' use of their local experiences to compose literary works, such as poems, verse, and prose. The second concerns ways in which writing about their experience of visiting a specific place helps to render or maintain a place as a “site of memory.” The third implication, which has attracted recent historiographies on Song China, is the use of the local experience as a source of knowledge, which is exemplified by Zhang's 2012 article. This third implication of local experience is the most relevant to this article. For a recent book-length study on the first two implications as they relate to Tang China, see Liao Yi-Fang 廖宜方, *Tangdai de lishi jiyi* 唐代的歷史記憶 (Taipei: Taida chuban zhongxin, 2011). Cong Ellen Zhang, “To Be ‘Erudite in Miscellaneous Knowledge’: A Study of Song (960-1279) *Biji* Writing,” *Asia Major* 25.2 (2012): 43-77.

approach emerged because all the Southern Song authors that used this approach had spent several years in Lingnan. This explanation ignores the fact that although many pre-Southern Song literati (such as Wang Tao) and educated physicians had also spent time in Lingnan or at the very least personally suffered from *zhang* disorders, few of them felt it necessary to use their local experience to support their medical opinions. Furthermore, I do not regard the rise of the personally-verified approach as a sign of progress indicating that Southern Song authors had developed more empirical knowledge or engaged in closer observation of their surrounding world. Rather, I now turn to my proposal for considering more historically situated triggers, which will be discussed in the next section.

4. Particularities to be Observed and Recorded: Song Formularies and Literary Works

In this section, I will indicate a consonance between the emergence of the personally-verified approach in Southern Song *zhang* medicine and a growing stress in both Song formularies and jottings on particularities that authors had experienced and observed themselves. With respect to formularies, on the one hand, formularies claiming tested recipes as the main source of their knowledge prevailed during the Song period. On the other hand, from the eleventh to the thirteenth centuries, an increasing number of literati and educated physicians advocated that a decent formulary should record accounts of patients’ particularities. This contrast has been noted in existing scholarship but I am going to provide further textual evidence in the following paragraphs.⁷³

The trend of stressing the need for particularities in formularies, I argue, can be traced back to Shen Kuo’s preface to his *Liangfang*. In this preface, Shen Kuo raises a fundamental challenge to the simplistic reliance on tested recipes in the majority of formularies. He first proclaims that there are “five difficulties” (*wunan*

73 T. J. Hinrichs, “Governance through Medical Texts and the Role of Print,” pp. 237-238. According to Angela Ki-che Leung, this trend of emphasizing individual particularities was also pronounced in the Jin (1115-1234) and Yuan (1271-1368) dynasties. See Angela Ki-che Leung, “Medical Learning from the Song to the Ming,” p. 378.

五難) in treating disorders, which encompass designing forms of treatments (such as drug therapy and acupuncture) in accordance with individual particularities as well as preparing medicines in accordance with specific qualities of each ingredient. The individual particularities mentioned in Shen Kuo's preface range from each patient's age and social status, to place of residence and individual characteristics.⁷⁴

After listing the five difficulties, Shen Kuo denounces compilers of formularies' such as the *Beiji qianjin yaofang* for frequently exaggerating the medicinal effects of the recipes they had collected. Furthermore, Shen Kuo asks, how can a single formula have a definite therapeutic effect on all patients, given their particularities? He is then critical of those who, having once "witnessed" (*du* 睹) the effectiveness of a formula, declare it to be an "excellent" (*liang* 良) one. To address this problem, Shen Kuo not only attests to having personally witnessed the effectiveness of the drug therapies collected in his *Liang fang*, but also appends to each formula a detailed description of conditions he has observed in relation to the disorder in question.⁷⁵

Shen Kuo's criticism and alternative solution posed a substantial challenge to a prevailing type of formulary in the Tang and Song that deployed the tested-recipe approach, even though Shen's own *Liang fang* itself seems at first glance to belong to the same genre of formulary. After the Northern Song, a growing number of literati and educated physicians advocated a prescription strategy tailored to individual particularities and criticized standardized tested recipes that neglected patients' particularities, according to existing scholarship.⁷⁶ One famous example well documented by historians is the case of the formula known as "Sage-like Powder" (*sheng san zi fang* 聖散子方). In 1161, Southern Song physician Chen Yan 陳言 criticized Su Shi for distributing it only because of

74 Okanishi Tameto, *Song yiqian yiji kao*, pp. 731-733. I would like to thank Prof. Yi Sumei 易素梅 for her ongoing work on *Su Shen liang fang* bringing my attention to Shen's preface.

75 Ibid., pp. 731-733.

76 T. J. Hinrichs, "Governance through Medical Texts and the Role of Print," p. 238.

its proven effectiveness while neglecting the variety of symptoms presented by different types of “cold damage” (*shanghan* 傷寒) disorder.⁷⁷ These educated Southern Song readers’ criticism of a simplistic reliance on standardized tested recipes connotes an expectation that a qualified formulary was supposed to not only contain tested recipes, but more importantly, also provide sufficient detail to enable recipes to be tailored to individual variations. This expectation explains in part the new emphasis on personally-verified local particularities observed in Lingnan in Southern Song *zhang* formularies, as discussed in the preceding section, although additional work is needed to lay bare the specific development during the Song period of formularies that emphasized the writing down of individual particularities.⁷⁸

77 (Southern Song) Chen Yan 陳言, *Sanyin jiyi bingzheng fanglun* 三因極一病證方論 (Formulary of the Three Causes Epitomized and Unified for Disorder Manifestation), in *Chen Wuze yixue quanshu* 陳無擇醫學全書 (Beijing: Zhongguo zhongyiyao chubanshe, 2005), *juan* 6, pp. 79-78. The scholar-official Ye Mengde also criticized Su Shi’s Sage-like Powder for a similar reason. Ye Mengde, *Bishu luhua*, *juan shang*, p. 239.

78 Formulary literature and the nature of the personal experience stressed therein may have undergone another change in Qing times, especially in the nineteenth century. Urban pharmacists in Beijing at that time boasted in their formularies that the adequacy of the preparation process that they personally conducted and the authenticity of ingredients used both constituted key elements of making a successful remedy. Bian He, “Assembling the Cure: *Materia Medica* and the Culture of Healing in Late Imperial China” (Diss., Harvard University, 2014), pp. 280-290. The increasingly stark distinction in Song China between medical writing that relied on standard medical formulas and that stressed recording the circumstances of the sick has its counterpart in sixteenth- and seventeenth-century Europe. In the second half of the sixteenth century, *observationes* emerged as a new genre in which, for the first time, narratives recounting the treatment of specific patients constitute the main content of medical writing. The reliance on first-hand practical experience in *observationes* as the primary source of knowledge was a departure from earlier writing consisting of standard formulas that typically uses canonical authors as the key authority for their claims to knowledge. On the development of *observationes* as a new genre in the history of medicine, see Gianna Pomata, “Sharing Cases: The *Observationes* in Early Modern Medicine,” *Early Science and Medicine* 15 (2010): 193-236.

The reliance on tested recipes as a primary means of establishing trustworthiness and reliability in the Northern Song government-distributed formularies is, I suspect, not simply due to the different criteria for the applicability of formularies, but is also associated to a certain degree with different channels, forms, and purposes of their distribution. In the case of *zhang* medicine in Lingnan, the Northern Song court and local governors disseminated written medical knowledge around Lingnan at least nine times (see Table 1 below); nevertheless, circulating the knowledge in the form of paper texts was not a common option for them. Of the nine occasions, two consisted of engravings on stone stelae (nos. 1, 3); two were paper texts (nos. 4, 9); one was a public posting through an unspecified channel (no. 8); and four were documented without clearly indicating the channel of distribution (nos. 2, 5, 6, 7).

Table 1 Medical Works Distributed by Song Government in Lingnan

No.	Year	Distributor	Channel and Form of Distribution	Place
1	971	Fan Min 范旻	engraved unspecified “formularies” (<i>fangshu</i> 方書) on stone stelae on the wall of the “government hall” (<i>tingbing</i> 廳壁) ⁷⁹	Yong Prefecture 邕州 (in Guangxi)
2	974	Emperor Taizong 太宗	“gave” (<i>gei</i> 給) people there unspecified formularies and <i>materia medica</i> (<i>bencao</i> 本草) ⁸⁰	Qiong Prefecture 瓊州 (on Hainan Island)
3	990s	Chen Yaosou 陳堯叟	engraved <i>Jiyan fang</i> (集驗方 A Collection of Tested Recipes) on stone stelae at Gui Prefecture “stations” (<i>yi</i> 驛) ⁸¹	Gui Prefecture 桂州 (in Guangxi)
4	992	Emperor Taizong	“distributed” (<i>ban</i> 頒) a “printed version” (<i>yinben</i> 印本) of the <i>Taiping shenghui fang</i> ⁸²	all prefectures
5	1004	Emperor Zhenzong 真宗	“wrote” (<i>xie</i> 寫) and “disseminated” (<i>san</i> 散) the <i>Shesheng yaofang</i> (攝生藥方 Formulary for Preserving Life) ⁸³	prefectures of Lingnan (in Guangdong and Guangxi)

79 *Song shi*, *juan* 249, p. 8797.

80 (Southern Song) Li Tao 李燾, *Xu zizhi tongjian changbian* 續資治通鑑長編 (Beijing: Zhonghua shuju, 2004), *juan* 16, p. 349.

81 *Song shi*, *juan* 284, p. 9584.

82 *Xu zizhi tongjian changbian*, *juan* 33, p. 736.

83 *Xu zizhi tongjian changbian*, *juan* 43, p. 914.

No.	Year	Distributor	Channel and Form of Distribution	Place
6	1006	Emperor Zhenzong	“gifted” (<i>ci</i> 賜) the <i>Taiping shenghui fang</i> ⁸⁴	Guangnan 廣南 (in Guangdong and Guangxi)
7	1018	Emperor Zhenzong	gifted <i>Sishi shesheng lun</i> (四時攝生論 On Preserving Life in Four Seasons) and Chen Yaosou’s <i>Jiyan fang</i> 集驗方 to prefectural offices ⁸⁵	Guangnan 廣南
8	1051	Emperor Renzong 仁宗	selected recipes for treating epidemics and “ <i>zhang</i> pestilence” (<i>zhang li</i> 瘴癘) from the <i>Taiping shenghui fang</i> , and transcribed them on “placards” (<i>bang</i> 榜) ⁸⁶	places where epidemics and <i>zhang</i> pestilence occurred
9	1072	Emperor Shenzong 神宗	gifted a copy of <i>Shesheng lun</i> (攝生論 On Preserving Life) and recipes to prefectures, and distributed them along with the <i>Taiping shenghui fang</i> ⁸⁷	one copy for each prefecture in Guangnan 廣南

Even though medical knowledge was disseminated in paper form by the Northern Song government, according to two prefaces to formularies written by famous scholar-officials accessibility to these texts was often quite limited. These were Cai Xiang’s 蔡襄 preface to the *Shenghui xuanfang* (聖惠選方 Selected Recipes from the Taiping Era Imperial Grace Formulary) in 1046 and Su Shi’s preface to the *Jizhong fang* (濟眾方 Formulary to Benefit the Public) in 1062.⁸⁸ Both prefaces mention that formularies distributed to the prefecture in paper form were stored in offices and consequently in most cases rarely accessed by “low-ranking officials” (*li* 吏) and “laymen” (*min* 民).⁸⁹ To address this problem, Cai

84 *Song shi*, *juan* 7, p. 131.

85 *Xu zizhi tongjian changbian*, *juan* 92, p. 2122.

86 *Waitai biyao fang*, p. 838.

87 *Xu zizhi tongjian changbian*, *juan* 237, p. 5776.

88 For Cai Xiang’s preface, see Okanishi Tameto, *Song yiqian yiji kao*, pp. 720-721. For Su Shi’s preface, see Kong Fanli 孔凡禮, ed., (Northern Song) Su Shi, *Su Shi wenji* 蘇軾文集 (Beijing: Zhonghua shuju, 1986), p. 2066.

89 For a discussion of the limited availability of medical texts compiled by the Northern Song court between the late tenth century and the mid-twelfth century, see Fan Ka-wai, *Bei Song jiaozheng yishuju xintan*, pp. 189-200. As studies by T. J. Hinrichs and Fan Ka-wai show, when Song emperors and officials disseminated medical information, they often engraved it

Xiang selected thousands of recipes that laymen were able to use from the *Taiping shenghui fang*, transcribed these recipes on “sign boards” (*ban* 板), and mounted the boards in official halls in Fu Prefecture 福州 (Fuzhou, in Fujian province).⁹⁰ Su Shi implemented a similar program, placing “square boards” (*fang ban* 方板) on “well-traveled roads” (*tong hui* 通會).⁹¹

These two factors—targeting laypeople as the intended readership of the distributed formularies as well as transmitting medicinal knowledge through physical sign boards and stone stelae—required that the formularies be compact and simplified, leaving little room for spelling out the possible particularities of patients.⁹² By contrast, Li Qiu’s and Zhang Zhiyuan’s formularies were circulated form among scholar-officials and meticulously evaluated by them. The target readership of Zhou Qufei’s *Lingnan daida* was literati, as we will see shortly. Grasping the different targeted audiences and media of transmission of these texts contributes to a better understanding of their different approaches to establishing

on stone stelae rather than printing. See T. J. Hinrichs, “Governance through Medical Texts and the Role of Print,” p. 229; Fan Ka-wai, *Bei Song jiaozheng yishuju xintan*, pp. 190-193.

90 Okanishi Tameto, *Song yiqian yiji kao*, pp. 720-721.

91 *Su Shi wenji*, p. 2066.

92 When Lü Wei 呂澗, a Guangnan West Circuit official, distributed the recipe for a decoction that could nurture *qi*, he also chose to inscribe it on stone stelae which he erected in 1112 in present-day Guangxi province. In the inscription, Lü promoted the therapeutic effects of the recipe by describing the successful case of Liu Juxin 劉君錫. Liu’s case reads as follows: When exiled in Lingnan during the Huangyou 皇祐 (1049-1053) and Zhihe 至和 (1054-1055) periods, Liu Junxi received this recipe from Liu Zhongyuan 劉仲遠, who was over one hundred years old at the time and claimed that by consuming this decoction every morning, one could avoid suffering from any disorder for the rest of one’s life. After Liu Junxi began consuming this decoction, he not only avoided contracting mountain “mist *zhang*” (*lan zhang* 嵐瘴) the whole time he was living in Lingnan, but also lived to ninety years old. Besides citing Liu Junxi’s case, Lü Wei mentioned nothing about his own experience of consuming the decoction. For the content of this stela, see Huang Jinming 黃瑾明 and Tang Nianguang 湯年光, “Guilin shike yangti tang fang kao” 桂林石刻「養氣湯方」考, *Guangxi Journal of Traditional Chinese Medicine* 廣西中醫藥 1980.2: 28-29.

credibility.

As with the Southern Song texts on *zhang* medicine, authors of the day also highlighted their personal experiences and observations of a specific region in their jottings as a means of building trustworthiness. As historians have shown, the prestigious literati figures of the Northern Song often avoided expending literary energy on jottings, which is a literary form consisting of an array of short entries without any obvious organizing theme.⁹³ By contrast, in the Southern Song, even writers of prominent stature composed jottings. Along with the rising popularity of the jottings, the phrase “things heard and seen” (*wenjian* 聞見 or *jianwen* 見聞) became far more prevalent in the Southern Song jottings as a basis for claims to knowledge.⁹⁴ Coincidentally, Wang Fei also uses the phrase “things heard and seen” in the very last sentence of his formulary. After describing the etiology, nosology, and treatments of *zhang* disorders, Wang declares that “[I] straightforwardly state what [I] heard and saw” (直述所聞見) so as to benefit the brilliant to a slight extent.⁹⁵

The rise in the number of jottings relating to authors’ local experiences and observations in the Southern Song reflects a shift in the fundamental determinant of elite status, as is well documented by historians.⁹⁶ The factor determining

93 Ronald Egan, *The Problem of Beauty: Aesthetic Thought and Pursuits in Northern Song Dynasty China* (Cambridge, MA: Harvard University Asia Center, 2006), pp. 64-65.

94 Fu Daiwei in 2007 suggested that jottings literature served as an ideal form for Song scholar-officials for writing down their wide-ranging administrative and travel experiences, without providing textual evidence. In 2012, Cong Ellen Zhang provided evidence of how Song scholar-officials’ wide-ranging administrative and travel experience explains the rising popularity of jotting literature, by tracing a soar in usage in 32 Song jottings of terms referring to what one had personally seen and heard (e.g. *jianwen* 見聞). Fu Daiwei, “The Flourishing of *Biji* or Pen-Notes Texts and its Relations to History of Knowledge in Song China (960-1279),” *Extrême-orient, Extrême-occident* 1(2007): 103-130. Zhang, “To Be ‘Erudite in Miscellaneous Knowledge.’”

95 *Lingnan weisheng fang, juanshang*, p. 12.

96 For local particularities as a topic in Song jottings, see for instance, Peter K. Bol, “A Literati Miscellany and Sung Intellectual History,” pp. 148-150.

this status shifts from family background in the Tang to learning in the Song.⁹⁷ The learning valued by the Song literati encompassed not only the accumulation of broad knowledge, but also the ability to critically examine the information acquired and eloquently convey this critique in oral or written form. The genres of knowledge the Song literati appreciated extends from the classics, institutional and dynastic history, and literature to local history and particularities, connoisseurship of objects (*wu* 物), and so forth. The soaring number of local gazetteers (*fangzhi* 方志), jottings, and “inventories of things” (*pulu* 譜錄) in the Southern Song attest to the broadened scope of the knowledge deemed acceptable for an “erudite” (*bo* 博) literatus to possess (albeit the relative emphasis on specific areas of knowledge differed significantly from person to person).⁹⁸

At the same time, the acceptable ways of accumulating this broad range of knowledge correspondingly went beyond textual learning, expanding to include

97 For a classic argument for this transformation, see Peter K. Bol, *This Culture of Ours: Intellectual Transitions in Tang and Sung China* (Stanford: Stanford University Press, 1992). Among the different fields of knowledge, knowledge of the Confucian classics (*jing* 經) and of history (*shi* 史) remained the priority of literati’s learning.

98 For a history of the topics and forms of *pulu* and the suggestion that this genre was “a tool for introducing new topics to widen the landscape of knowledge and to cultivate those topics with their own pattern of investigation,” see Martina Siebert, “From Bamboo to ‘Bamboology’: The Search for Scientific Disciplines in Traditional China,” in Jiang Xiaoyuan 江曉原, ed., *Duoyuan wenhua zhongde kexueshi: dishijie guoji dongya kexueshi huiyi lunwenji* 多元文化中的科學史：第十屆國際東亞科學史會議論文集 (Shanghai: Shanghai jiaotong daxue chubanshe, 2005), pp. 307-320. Although Siebert discusses *pulu* in imperial China in her German dissertation, I cannot read German adequately. For a comprehensive introduction to Song local gazetteers, see Gu Hongyi 顧宏義, *Songchao fangzhi kao* 宋朝方志考 (Shanghai: Shanghai guji chubanshe, 2010). For the production of local gazetteers in Song times, see Joseph Dennis, “Early Printing in China Viewed from the Perspective of Local Gazetteers,” in Lucille Chia and Hilde De Weerd, eds., *Knowledge and Text Production in an Age of Print: China, 900-1400* (Leiden: Brill, 2011), pp. 105-134. Tillman proposes that a higher level of the practice of compiling encyclopedic “classified digests” (*leishu* 類書) in the Southern Song might represent increasing accommodation and interaction with the Daoxue 道學 fellowship of the period. Hoyt C. Tillman, “Encyclopedias, Polymaths, and *Tao-Hsüeh* Confucians: Preliminary Reflections with Special Reference to Chang Ju-Yü,” *Journal of Sung-Yuan Studies* 22 (1990-92): 89-108.

anecdotes, whether from conversations at social occasions or personal experiences and observations. Southern Song writers’ emphasis on personal verification to validate entries in their jottings reflects this rising appreciation of conversations, experience, and observation as ways to accumulate knowledge.⁹⁹ In this sense, the ways in which Zhang Zhiyuan and Wang Fei verified their knowledge of *zhang* medicine, discussed in the preceding section, come very close to these Southern Song literati notions of reliable scholarship.

Among existing studies on changing ideas of scholarly credentials in the Song, Zhang Ellen Cong’s article sheds light on a possible purpose for which Zhang Jie and Zhou Qufei composed their works on Lingnan. She proposes that many Southern Song literati served in low-ranking positions in officialdom yet acquired knowledge on assorted topics on their travels as civil servants or through first-hand experience. The casual nature of jottings literature was conducive to a more informal recording of the knowledge they acquired. By doing so, they were showcasing their erudition and building their sense of themselves as intellectual elites, despite their less than illustrious political careers.¹⁰⁰ The knowledge collected in the Southern Song miscellany would additionally provide them with talking points at social occasions to impress audiences with their erudition.¹⁰¹

Like the literati portrayed by Zhang Ellen Cong, both Zhang Jie and Zhou Qufei were not only far from the political center when they found themselves in Lingnan, but also composed works that covered wide-ranging subject matter relating to Lingnan in a less systematic format.¹⁰² Zhang Jie left us no explanation

99 Cong Ellen Zhang, “To Be ‘Erudite in Miscellaneous Knowledge.’”

100 Ibid., p. 77.

101 Ibid., pp. 64-65.

102 James Hargett categorizes the *Guihai yuheng zhi* composed by Fan Chengda as jottings literature. Fan’s work is very similar to Zhou Qufei’s in that it is a compilation of entries recording matters relating to Guangxi that stress personal verification. After comparing Fan Chengda’s work with different types of prose writing, such as local gazetteers, classified digests, and so on, Hargett proposes that since the multifaceted content of the *Guihai yuheng zhi* defies any specific classification, we could perhaps view it as jottings literature. Following Hargett’s insight, I also categorize Zhang Jie’s “Lingbiao shi shuo” and Zhou

for why he composed the “Lingbiao shi shuo.” Notably, in his preface to the *Lingwai daida* Zhou Qufei says that “[I am] tired of [being asked about things in Lingnan] at social occasions. If someone asks me [these questions] again, I can use this text instead” (應酬倦矣。有復問僕，用以代答)。¹⁰³ The high level of curiosity about Lingnan reflected in the questions asked by his relatives and acquaintances, even if he exaggerated it somewhat, indicates that having knowledge of this remote and exotic location had a positive impact on his popularity at social occasions.¹⁰⁴ This implication of Zhou’s work supports the proposition that the literati used jottings to accumulate information with which to demonstrate their erudition and enhance their intellectual stature in social situations as well as through the written word.¹⁰⁵

Qufei’s *Lingnan daida* as jottings corpora. See Hargett, *Treatises of the Supervisor and Guardian of the Cinnamon Sea*, pp. xxxi-xxxix.

103 *Lingwai daida*, p. 1. Angela Ki-che Leung has identified an increasing consciousness of the significance of environment in etiology and medicinal therapy as a crucial feature of Song-Yuan-Ming scholarly medical traditions. In this section, I propose a historical factor encouraging this rise of environmental consciousness in medicine; namely, the literati’s interest in local particularities, which thrived from the twelfth century onwards. See Angela Ki-che Leung, “Medical Learning from the Song to the Ming,” pp. 397-382.

104 Curiosity about the far south already existed in the Six Dynasties and Tang periods, evidenced not only by literature devoted to describing the affairs of the far south (such as works whose titles include the phrase “records of exceptional things” (異物志 *yiwuzhi*)), but also by an interest in artifacts from that region. Nevertheless, as best as I can determine from surviving sources, it is Zhou Qufei’s preface that clearly notes how curiosity about the far south was strongly expressed in oral form and spurred book-length jotting writing. For Tang period interest in the far south, see, for instance, Liao, *Tangdai de lishi jiyi*, pp. 415-430.

105 By analyzing Song authors’ high number of references to talk and things heard in their jottings, Zhang’s recent article indicates that being an active contributor of conversational material at literati gatherings was one of the valued qualities of successful elite men at that time. Cong Ellen Zhang, “Things Heard in the Past, Material for Future Use: A Study of Song (960-1279) *Biji* Prefaces,” *East Asian Publishing and Society* 6 (2016): 22-53.

5. Concluding Remarks

The Southern Song dynasty witnessed a change in approach towards writing about *zhang* medicine in Lingnan to enhance credibility. Authors of pre-Southern Song medical literature established the authority of their works primarily by stressing the fact that the recipes collected were tested and proven to be efficacious. By contrast, the majority of Southern Song authors writing about *zhang* medicine sought to render their claims more authoritative by including details drawn from their own experiences and observations of Lingnan, adopting a “personally-verified approach.” These Southern Song writers of formularies aimed at treating *zhang* pursued this approach for varying ends. The scholar-official Li Qiu used it in support of a new prescription strategy he proposed. The physician Chen Ziming used it to confirm existing recipes for treating *zhang* and to provide guidance for the application of those recipes. This approach in part was spurred by the dearth of respected medical literature on the treatment of disorders in Lingnan, a shortage that Southern Song authors often correlated with a lack of competent local physicians. However, the issue of medical need, commonly emphasized in earlier studies as a factor driving the southward expansion of scholarly medicine, cannot explain why Southern Song *zhang* writers adopted a personally-verified approach.

Thus there is a significant concurrence between the increasing stress placed by authors of Song formularies and jottings corpora on documenting particularities they had experienced and observed, and the emergence of the personally-verified approach in Southern Song *zhang* medicine. This new trend in the literary form of formularies was a response to a more noticeable expectation for individual particularities to be taken into account. This new criterion among educated readers for assessing the reliability of formularies can be traced back to Shen Kuo’s criticism in the eleventh century. Shen Kuo held that claims of proven effectiveness were not enough to establish the excellence of a formula. One also had to consider the particularities of each patient with respect to factors

such as physiology and environment, any of which might influence the effects of the formula on the individual. In Southern Song times, some educated readers criticized standardized tested recipes that neglected the variety of symptoms and patients' particularities. The emphasis by authors of Southern Song *zhang* writings on their experiences and observations in Lingnan thus represents concomitant efforts of many medical writers to incorporate patients' possible particularities into their formularies.

The personally-verified approach to *zhang* medicine in the Southern Song moreover paralleled the soaring popularity of jottings that highlighted knowledge acquired by authors through first-person observation and from conversations. As historians have shown, the authors of these jottings included support for their claims that not only appealed to textual authority but also drew on personal conversations, observations, and experiences. This receptivity to the acquisition of new knowledge through diverse channels also can be found in Zhang Zhiyuan's and Wang Fei's responses to reading Li Qiu's formulary.

Jottings literature additionally afforded literati outside political or cultural centers the opportunity to demonstrate their learnedness in diverse fields, bolstering their sense of belonging to an intellectual elite. This trend helps us understand why Zhang Jie and Zhou Qufei incorporated their medical opinions regarding *zhang* into an array of short entries on more general subjects relating to Lingnan. Zhou Qufei's preface to his *Lingnan daida* moreover attests that information about Lingnan was a popular conversation topic at social occasions of the day. This also fits our general understanding of the social value of jottings as sources of conversation in Song literary circles.

The interlinking of the consolidation of written medical knowledge and the evolution of norms and criteria for qualified scholarship constitutes an important insight into scholarly medicine in the Song and subsequent dynasties. Furthermore, this article's findings enhance our understanding of the Song expansion of scholarly medicine in two respects. First, these findings complement existing research into how this expansion was accomplished in the south—which

had hitherto focused largely on administrative aspects—by drawing attention to individual Southern Song authors’ efforts to use their experiences to bolster the credibility of their etiologies and treatments for *zhang* in Lingnan. Second, these findings add to a growing body of literature on how Song literati with an interest in medicine changed the way in which medical knowledge was recorded. Further research needs to examine more closely relationships in the Song between formularies following the tested-recipe approach and texts advocating the “individually-tailored prescription” strategy. Finally, this research suggests that it would be fruitful to compare differences across literary genres in terms of content, the purposes for which the writing was undertaken, the reasons why one literary form is chosen over others, and the implications of authors’ local experiences and observations in terms of asserting their authority, trustworthiness, and reliability. Such comparisons could enhance even further our understanding of the close association between scholarly medicine and literati writing cultures.

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宋代討論嶺南瘴病治療的文本 及其書寫策略

陳韻如*

摘要

本文以隋代（581-619）至宋代（960-1279）討論治療嶺南（宋時地理範圍涵蓋現今廣東、廣西省、海南島）瘴病的文本為主要史料，考察文本作者用哪些方法支持他們所提出的治療方法。南宋以前，提到防治嶺南瘴病的文本大多出現在醫書中。這些醫書的作者多強調所收錄之藥方為已經使用過、證明有療效的「驗方」。現存南宋討論瘴病治療與防範的作品不只見於以收錄藥方為主的醫方書，還出現在一些被歸入史部地理類的作品。這些南宋文本的作者論說自己對治療或防範瘴病的看法時，多援引自身在嶺南的親身見聞為據。他們對親身見聞和嶺南風土特色的強調，依據文類的不同，一方面呼應了十一世紀以降，部分士人認為醫方書應記載該如何配合患者體質與地理等個人差異而用藥；另一方面，則呼應了南宋時許多筆記文體的作者強調個人親身見聞的趨勢。

關鍵詞：文本知識、宋代、嶺南、醫學、士人文化

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* 作者陳韻如（Chen Yun-ju）係中央研究院歷史語言研究所助研究員。