

Chapter 3

The Issue of Textual Genres in the Medical Literature Produced in Late Imperial China

Florence Bretelle-Establet

Abstract A great abundance of Chinese medical texts have come down to us since the mid seventeenth century. This is the combined result of the large number of texts written in this period and the fact that the texts were better preserved than earlier. As a matter of fact, the large number of medical texts, coming from various social settings, set historians the quite daunting challenge of understanding what the texts really were and how they should be classified. The idea underlying this article was to go beyond the various modern generic classifications used thus far (“learned”, “popular”, and the like) and to highlight, instead, how medical texts themselves differ from each other. In this aim, I chose to compare a number of excerpts of medical texts written from the eighteenth century to the beginning of the twentieth century in different geographical and social settings. And to compare them, I decided to use some tools created by linguists who have been particularly interested in the issues of genre, notably those used by speech act theoreticians. In this article thus, I analyze these excerpts by paying close attention to the five levels of any discourse act, summarized in the well known formula “*Who (says) What (to) Whom (in) What Channel (with) What Effect*”, following Harold D. Lasswell’s classic communication paradigm. In other words, I try to shed light on how each of these texts differs from the others from the semantic, syntactic and emotional angles and whether these differences can be linked to the authors’ social, geographical, chronological or intentional settings, and, finally, if we can speak of genres in Chinese medical literature.

A great abundance of Chinese medical texts have come down to us since the mid seventeenth century.¹ This is the combined result of the large number of texts written

¹ Only mentioning the medical books preserved today in the 113 biggest Chinese libraries, there are approximately 11,129 books written from 1600 onwards out of a total of 12,124 (Xue 1991). The catalogue of books written (and not always preserved) in all administrative units of the Chinese empire also shows a dramatic increase of titles from the seventeenth century (Guo 1987).

F. Bretelle-Establet (✉)
SPHERE (ex-REHSEIS, CNRS & University Paris Diderot), Université Paris 7, UMR 7219,
75205 Paris Cedex 13, France
e-mail: f.bretelle@wanadoo.fr

in this period and the fact that the texts were well preserved. As it became more and more difficult to enter the more prestigious imperial bureaucracy, an increasing number of people turned to medicine, in late imperial times. In the resulting acute competition, and in an age of literacy spread, more and more medical practitioners wrote and strove to publish medical writings as proof of their scholarship and legitimacy. At the same time, the development of commercial printing centers, eager to print books that would sell well, allowed a better preservation of books than before.²

As a matter of fact, the large number of medical texts, coming from various social settings, set historians the quite daunting challenge of understanding what the texts really were and how they should be classified. As Charlotte Furth stressed, because of the lack of professionalization, the distinction between a “popular” and a “specialist” work was not great. However, it was possible, according to her, to distinguish between learned and a more popular literature, the latter eschewing “elaborate causal explanations and expositions of complex techniques”.³ Even if the “specialist” vs “popular” or “scholarly” vs “popular” classifications, made by historians and thus exogenous, are not satisfying, it is usually with these terms that historians, most often, qualify medical literature.

The idea underlying this article was to go beyond the various generic classifications used thus far and to highlight, instead, how medical texts themselves differ from each other. In this aim, I chose to compare a number of excerpts of medical texts written from the eighteenth century to the beginning of the twentieth century in different geographical and social settings. And to compare them, I decided to use some tools created by linguists who have been particularly interested in the issues of genre, notably those used by speech act theoreticians. In this article thus, I analyze these excerpts by paying close attention to the five levels of any discourse act, summarized in the well known formula “*Who (says) What (to) Whom (in) What Channel (with) What Effect*”, following Harold D. Lasswell’s (1948) classic communication paradigm. In other words, I try to shed light on how each of these texts differs from the others from the semantic, syntactic and emotional angles and whether these differences can be linked to the authors’ social, geographical, chronological or intentional settings, and, finally, if, we can speak of genres in Chinese medical literature.⁴

² (Chao 2009) and (Bretelle-Establet 2002, 2009) provide statistical evidence of the increase in number of medical practitioners which led to the acute competition mentioned notably in (Leung 1987; Grant 2003; Furth 1999; Hanson 1997; Scheid 2007; Volkmar 2000). The commercial printing boom in China took place in the late Ming (1368–1644) and probably favored the better preservation of books written in late imperial period than earlier (Brokaw and Chow 2005; Brokaw 1996; Chia 1996 and 2002; McDermott 2006).

³ (Furth 1987, pp. 10–11).

⁴ The second chapter in particular of (Schaeffer 1989) “De l’identité textuelle à l’identité générique”, the edited book of Genette (1986) and the numerous talks given by Jacques Virbel (IRIT, CNRS) in the “Histoire des Sciences, Histoire du texte” (REHSEIS/IRIT) seminar, notably: “La théorie des actes de langage” (13/03/2003; 24/04/2003; 12/10/2006), developed at length in his contribution to this volume, and “La question des genres textuels” (18/03/2004) provided me the major part of the tools I employed to analyze these texts.

3.1 Six Texts: Six Discourse Contexts

This article focuses on six excerpts taken from the medical literature produced in the far south of China, between the mid eighteenth and the beginning of the twentieth century. These texts do not belong to an academic corpus which for instance was endorsed by the official central institution of medicine, the 太醫院 (*taiyi yuan*) Medical Bureau of Medicine.⁵ In fact, all these texts were produced outside the institution, just like the bulk of medical texts written in the period. Moreover, these six texts come from varied social circles that we can reconstruct from two types of source: biographies of the authors, written by local scholars and recorded in local official gazetteers and the books' prefaces. The information included in the biographies as well as in the very make up of the biographies—their length for instance—,⁶ the information included in the prefaces and in the identity of the preface writers⁷ allow us to deduce the status of an author, his degree of involvement in the practice of medicine, his links with other medical experts and local elites. Last but not least, all this information gives an understanding of the author's intention and his expected audience. Without getting into a detailed presentation of the life and works of each author of these six excerpts, let us highlight a few points about the status of these texts. They will be of paramount concern for analyzing whether we can find any correlations between an author's social status, his intention, his target audience and his ways of writing.

The 醫編 (*yibian*, *Stepping-Stone for Medicine* hereafter, *The Stepping-Stone*) was written in 1751 by He Mengyao 何夢瑤 (1693–1764), a native of Nanhai 南海, in the province of Guangdong. The several prefaces attached to his books show him as a polymath who had met the great intellectuals of his time, like Hui Shiqi (1671–1741), an eminent scholar not only in classical culture but also in astronomy and mathematics. He Mengyao subsequently not only mastered classical scholarship but also mathematics, notably spherical trigonometry that had been brought to China by the Jesuits but was then mastered and widely discussed by Chinese mathematicians.⁸ He Mengyao passed the imperial examinations, he was a 進士 (*jinsi* “presented scholar”, the highest degree taken in metropolitan examinations) and held several posts as a magistrate in the provinces of Guangxi and Guangdong. Despite the prestige associated with officialdom, He Mengyao eventually abandoned his official functions to devote himself to medicine. During his career that thus combined officialdom, teaching and medicine, he wrote 20 or so books in

⁵ On this central institution in Chinese history, which from the fifth century, was involved in medical matters, such as defining the content of the official learning of medicine, and, at times, commissioned medical texts, see (Gong 1983).

⁶ See (Bretelle-Establet, 2002, pp. 70–77; 2009).

⁷ The identity and status of the people chosen to write prefaces to these medical texts allow assumptions to be made about the status of the author himself, for whom, biographical data is often scarce, if it exists at all (Bretelle-Establet 2011).

⁸ Catherine Jami, seminar Sciences en Asie, REHSEIS, 08/01/2008.

very different fields—poetry, official gazetteers, mathematics and medicine—. ⁹ According to He Mengyao’s own preface of *The Stepping-Stone*, one of his six medical texts, his book has three objectives: firstly, to participate in the knowledge of the Way (Dao 道) that includes medicine; secondly, to enable people to study medicine: “Thus, in writing this book, I brought together the sayings of the physicians that I had learnt by heart when young, I removed the complex and obscure points, I clarified the passages that were not clear and I added my own considerations. We can use it as a stepping-stone to start learning. I don’t dare say that it is a medium that can lead to the Way (dao). I wish only that those who make use of it can rely on it and progress, in the way one uses a stepping-stone. This is why I called my book “stepping-stone”.”; and thirdly, to publicize a criticism of the medical fashion launched by Zhang Jingyue (1563–1640) who underlined the importance of replenishing the Yang in the body and advocated using warming and tonifying drugs. ¹⁰

The 醫學精要 (*Yixue jingyao*, *The Essentials of Medicine*, *The Essentials*, hereafter) was written in 1800, by Huang Yan 黃岩 (1751–1830), a native of Jiaying 嘉應, in Guangdong province. While this man is described by his preface writers as embodying all the distinctive traits of the scholar—good at poetry, literary composition, and classical Chinese—, ¹¹ he does not hold an imperial degree. Moreover, his biography recorded in one gazetteer is very short, suggesting that he did not belong to the local elites. ¹² However, his book *The Essentials* received the preface of a scholar of the Hanlin academy, an imperial institution that brought together the most eminent scholars of the time. Like He Mengyao, but to a lesser extent, Huang Yan is a polymath: in addition to his medical book, (*The Essentials* and the 眼科纂要 *Yanke zuanyao*, *The Essentials of Ophthalmology*, 1867), he wrote several literary books. The first point Huang Yan addresses in his reading guidelines (*dufa* 讀法) gives an idea of his book’s main objective: “This book was written to teach disciples. This is why it is a compilation of the best of the sages of the past and of what I have obtained from my own work. The language is simple but the intention is completeness. The notions are subtle but the words are clear. Characters and sentences have been chosen after reflection. Rhymes are clear and sound harmonious. One can chant or recite them by rote. He who wants to master this doctrine must read it entirely, and he must be familiar with it”. ¹³

The 暑症指南 (*Shuzheng zhinan*, *Guide for Summer-Heat diseases*, *The Guide*, hereafter) was written in 1843 by another native of Guangdong, Wang Xueyuan 王學淵, about whom we have no information as no biography was recorded in

⁹ See He Mengyao’s biographies in (Shi 1879, chap.128), in (Gui 1911, chap.39) and in Xin Changwu’s preface to (He [1751]1994).

¹⁰ (He [1751] 1994, p. 47). The author plays with the homophony ‘bian’ of the three characters 礧 “stepping-stone”, 編 “book” and 砭 “critics”, to give his book a pedagogical and critical tone. As underlined by (Leung 2003) a lot of medical textbooks have titles like “Stepping-Stone”.

¹¹ (Huang [1800] 1918: Li Guangzhao’s preface, 1831).

¹² See the very short biography of Huang Yan in (Wen 1898, Chap. 29).

¹³ (Huang [1800] 1918, p. 1).

gazetteers and nobody other than the author wrote a preface to his book.¹⁴ In his own preface, however, the author explains why he wrote the book: he wanted to correct the countless errors made about these types of disease he had heard throughout his life, a common topos used by authors, since antiquity, to write a new text: “My heart was full of regrets on hearing so many mistakes. This is why I wanted to gather all the summer-heat diseases into one single book in order to help their study, but I was confused, ignorant and superficial. I did not have good clinical experience until 1830 when a summer drought happened and the diseases then encountered all had the same cause, the summer-heat. I treated them following the techniques of Master Ye Tianshi (1667–1746) and everyone recovered [...] In his time, his doctrine was widespread but he had no time to write books, only his *Guide with clinical cases* is still extant, which is excellent for those who read it. His clinical cases about summer-heat diseases are particularly detailed and clear. I don’t add my own opinion, but, in addition I also collected the good points from the other masters and wrote a book untitled *Guide for Summer-heat diseases*. It will allow students to know that summer-heat diseases are always caused by hot evil *qi* and prevent them from believing that some are Yin heat diseases and others Yang.”¹⁵

The 評琴書屋醫略 (*Pingqin shuwu yilue*, *Short guide to medicine of the Pingqin shuwu* hereafter, *The Short guide*) was written in 1865 by Pan Mingxiong 潘明熊 (1807–1886). Like the previous authors, he is a native of Guangdong. He passed the first level of the imperial examinations but he did not hold posts in officialdom. As far we can ascertain from his biographies and prefaces, his main employment was medicine even if some preface writers depict him as a good musician as well.¹⁶ Some 10 years after his *The Short Guide*, in 1873, he wrote another medical book where he gathered together the medical cases of the aforementioned Ye Tianshi. In his *Short Guide*, Pan Mingxiong aimed to bring together a series of health guidelines for his son and nephews who had left their hometown to study in the provincial capital, Guangzhou. Pan Mingxiong was afraid, he explained, that they would get sick if they were not careful about their health. Hence, he started to write down some basic rules for them. Then, he enlarged the content of his book and his target audience, having in mind the idea that his book could also help people to learn how to cure themselves, thereby avoiding “quacks” mistakes: “I propose to print (this book) [...] in order that people who don’t know anything about medicine can treat their diseases themselves and not be the victims of quacks.”¹⁷

The 不知醫必要 (*Bu zhi yi biyao*, *What Someone Ignorant in Medicine Should Know*, hereafter, *What Someone Ignorant*) is a book written in 1881 by Liang Lianfu 梁廉夫 (1810–1894), a native of Chengxiang 城廂, in the province of Guangxi, a rural province at that time. Liang Lianfu succeeded in the imperial examinations,

¹⁴ Only the title of the book and the name of its author are mentioned in the bibliographical section of the local gazetteer (Chen 1890, Chap. 52).

¹⁵ (Wang 1843, author’s preface 1838).

¹⁶ See Pan Mingxiong’s biography (Guo 1987, pp. 1989–1990).

¹⁷ (Pan [1865] 1868, pp. 1–2).

he was a 附貢生 (*fugongsheng*, 2nd list of the “recommended man” intermediate degree, taken in provincial examinations). He obtained several posts in officialdom linked to teaching and civil service examinations. He began learning medicine at the middle of his life, at the age of 36, and, afterwards, practiced medicine in addition to his public career.¹⁸ He only wrote one medical book, with the same objective as Pan Mingxiong’s: to help people learn how to self-medicate and avoid “quacks”: “If you are not a physician, you can have this book, the clinical symptoms are clear to read, it will allow you to avoid quacks’ mistakes.”¹⁹

Finally, the last text, the 經驗良方 (*Jingyan liangfang*, *Tried and Effective Recipes*), is an anonymous text, copied in a quasi-similar way in two Guangxi gazetteers, published in 1936 and 1946 respectively: in that of Rongxian and in that of Sanjiang, in the north Guangxi mainly inhabited by the Dong ethnic tribe. It is difficult to date this text. Its title is very common in the history of Chinese medicine. However the fact that this text mentions smallpox vaccination and gives a theoretical overview of hereditary syphilis suggests that this text belongs to the beginning of the twentieth century or, at least, that it was regularly updated. While the origin of this text remains unknown, a short introduction allows us to know why it was copied in these two official sources: to fill the gap of physicians in these remote and poor areas of Guangxi: “In the villages and cantons of our district, people believe in sorcerers and they don’t turn to physicians; some would agree to turn to them, but towns are too far and physicians too few, it is not convenient. Here is a collection of recipes, they have been collected without following any order”.²⁰

This brief overview firstly points to the fact that these six texts, written over a period of two centuries, come from distinct social milieus, from the top of society, as in the case of *The Stepping-Stone*, written by a scholar who had passed the highest imperial examinations and who received the prefaces of eminent scholars to the quasi-anonymous *The Guide* which received no allographic preface, and whose author did not deserve an official biography. Secondly, this brief presentation highlights that these texts were written either in Guangdong or Guangxi, that is, in rich and integrated parts of the empire as well as in poor, rural and remote areas. Finally, and maybe even more importantly for the purpose of this analysis, these texts were produced by authors who claimed different statuses as writers: that of teacher for He Mengyao (*The Stepping-Stone*), Huang Yan (*The Essentials*), and Wang Xueyuan (*The Guide*); philanthropic connoisseur for Liang Lianfu (*What Someone Ignorant*) and Pan Mingxiong (*The Short Guide*), and physician substitute in the case of the anonymous *Tried and Effective Recipes*. These texts were written for different recipients as well: apprentice medical practitioners, erudite families, and a populace without physicians. Their commonality lies in their directive function, explicitly announced in the prefaces. According to speech act theory, speech acts or illocutionary acts can be described as follows: “We tell someone how things are (assertive), we try to make someone do something (directive), we engage ourselves in doing

¹⁸ See Liang Lianfu’s biography in (Liang 1935, Chap. 4).

¹⁹ (Liang [1881] 1936, pp. 2–3).

²⁰ Respectively in (Huang 1936; Wei 1946).

something (promissive), we express our feelings (expressive) and we change the world by saying something (declarative)".²¹ This standard taxonomy of illocutionary acts is usually used at a sentence level. I take the liberty of applying this taxonomy to a text level in order to identify the types of texts I am dealing with as a whole. And, as stressed above, the medical texts under consideration explicitly aim to lead their readers to do something: either to learn how to treat others, in the case of *The Stepping-Stone*, *The Essentials* and *The Guide*, or to learn how to treat oneself in the case of *The Short Guide*, *What Someone Ignorant* and *Tried and Effective Recipes*.

What then do these authors, who come from diverse social, geographical and cultural settings, do to achieve their goal? This is what I will now try to establish by taking sample excerpts from each of these six books—their discourse on *huoluan* 霍亂 etymologically meaning “Sudden Disorder”.²² Now that I have identified the “who” and the “whom”, I will shed light on the semantic (part 3.2) and syntactic (part 3.3) features of these texts (the “what” and the “channel” of the famous formula mentioned above) that mainly deal with the content and the form of a message and, in a fourth part, I will complete my work by analyzing the communicational properties of these texts (the “with what effect” of the same formula).

3.2 The Sudden Disorders *huoluan* Analyzed by Six Authors

All these excerpts thus speak of the same thing: *huoluan*. Today, in the biomedical taxonomy of diseases, this term translates cholera, a disease caused by a specific microbe, the *Vibrio cholerae* (Kommabacillus) or Koch’s vibrio, discovered in 1883. Yet, the use of the term *huoluan* does not start with the end of the nineteenth century. Already used in Ban Gu’s *History of the Han* (1st CE) and in the first transmitted medical text *The Yellow Emperor’s Inner Canon* (2nd c. BCE-8th c. CE), this term has a long history. The etymology of the two characters that, once combined, form the term *huoluan* (*huo*=quick, sudden) and (*luan*=disorder) evokes sudden disorders. Since the beginning of the term’s use in a medical context, these sudden disorders were located in the abdomen. Historians who analyzed the different clinical symptoms usually associated with this category of disease in the classical medical literature formulated the first hypothesis that, until the beginning of the nineteenth century, this term designated a set of pathological states that included all types of gastroenteritis and alimentary intoxication. As new signs—high contagiousness and high mortality notably—appeared in the medical literature in the

²¹ (Schaeffer 1989, p. 102). Denis Vernant proposed to slightly modify this standard taxonomy, adding the metadiscursive acts for citation (Vernant 2005).

²² This disease is treated in the third chapter of *The Stepping-Stone*, of *The Essentials*, in the second chapter of *What Someone Ignorant* and of *The Short Guide*. It is the first disease addressed by *The Guide* which has no chapter division. It is also dealt with in the beginning of *Tried and Effective Recipes*.

early nineteenth century for this category of disease, historians formulated a second hypothesis that the set of pathological states referred to by this term at that time had changed. The heretofore unseen contagiousness and mortality attached to *huoluan* suggests that true cholera, caused by *Vibrio cholerae*, had then reached China, an hypothesis which seems plausible as what became known as the ‘first Asiatic cholera pandemic’ broke out in the 1820s.²³ Since the beginning of the nineteenth century, the term *huoluan*, according to the classic phenomenon of semantic shift, continued to designate all the ancient pathological states usually associated with this term as well as true cholera.²⁴ The texts under discussion, written between 1751 and 1936, were thus written in this period of transition. However, while these six never-before-analyzed texts produced in the far south of China are likely to provide insight into disease history, the object of this article is not to contribute to the history of cholera in China. Therefore, in order to avoid confusion or ill-considered parallels between complex nosological realities that are not always equivalent, I will translate *huoluan* as “Sudden disorders”. Similarly, one must bear in mind that words like “spleen”, “stomach”, “blood”, and the like do not always refer to the substances or organs of the same name in modern anatomy.

The confrontation of these six excerpts (their semantic features are summarized in Tables 3.1 and 3.2) reveals that with respect to their content, all these texts differ on two principal levels. Firstly, they do not provide the readers with the same types of information. Secondly, the actual information given can differ from one text to the other. *The Stepping-Stone*, with its 2173 characters, is the furthest from *Tried and Effective Recipes*, having only 149 characters. The longest text is made up of definitions, clinical descriptions, theoretical explanations, citations, therapeutic recipes and specific diets, clinical cases, advice on how to behave with patients. *Tried and Effective Recipes* only provides definitions of the disease, short clinical descriptions and therapeutic recipes. Between these two texts that are the most radically different from each other, and which are also the farthest apart chronologically, the four other texts either do not discuss certain points addressed in *The Stepping-Stone*, or address all its points but much more concisely. But they do not mention anything that was not addressed in the longest text. Thus, between the two texts that differ the most we see variations of a greater or lesser extent in the content, that I will now detail.

3.2.1 *Semantic Features Shared by all the Excerpts*

Some semantic features are shared by all the excerpts. Not surprisingly due to the nature of the books, all of them provide definitions of the disease including clinical descriptions and therapeutic instructions. Nevertheless, this information is not given in the same way. The clinical descriptions, first, forming the basis of diagnostics

²³ See (Yu 1943).

²⁴ On these classic semantic shifts, see the example of lepra addressed by (Grmeck 1983).

Table 3.1 Semantic features shared by all the excerpts

| | <i>The Stepping-Stone</i> ... 1751 | <i>The Essentials</i> ... 1801 | <i>The Guide</i> ... 1838 | <i>The Short Guide</i> ... 1865 | <i>What someone ignorant</i> ... 1881 | <i>Tried and Effective Recipes</i> 1936 |
|---|--|---|--|---|---|--|
| Author's place, status, and target audience | Guangdong | Guangdong | Guangdong | Guangdong | Guangxi | Guangxi |
| | Highest degree Officialdom & physician linked to the highest elites of his time | No degree Physician Not part of officialdom Patronage from local elites | No degree Physician Not part of officialdom No relation with local elites | Lowest degree Physician Not part of officialdom Patronage from local elites | 2nd degree Officialdom Patronage from local elites | Anonymous |
| Clinical signs | Speaking to students (2173 characters) | Speaking to students (759 characters) | Speaking to students (301 characters) | Speaking to families (330 characters) | Speaking to families (845 characters) | Speaking to population without physicians (138 characters) |
| | Abdomen and epigastric pain, vomiting, diarrhea, painful muscular cramps in the feet, abdomen or in the whole body, retraction of the tongue, death | Vomiting, physical and spiritual agitation, abdominal pain, diarrhea, cold-hot, cooling of the four extremities, cyanosis | Vomiting, diarrhea, abdominal pain, muscular cramps, short urination and dark urine, cooling of extremities, white tongue, cyanosis, blue fingers, retraction of the tongue and genital organs, blotches on the upper part of the body | Abdominal pain, vomiting, diarrhea, | Vomiting, diarrhea, muscular cramps, pain, retraction of genital organs, abdominal distension and pain, sweats and chills, cooling of the extremities | Vomiting, diarrhea, muscular cramps, black spots on the back |
| Subdivision of the disease | - 霍亂 <i>huoluan</i> , Sudden Disorder - 幹霍亂 <i>gan huoluan</i> , Dry Sudden Disorder = 攪腸痧 <i>jiaochang sha</i> disease of the blocked intestines | - 霍亂 <i>huoluan</i> Sudden Disorder - 攪腸痧 <i>jiaochang sha</i> , Disease of the blocked Intestines = 幹霍亂 <i>gan huoluan</i> Dry Sudden Disorder, - 痧症 <i>shazheng</i> - 濕霍亂 <i>shi huoluan</i> Damp Sudden Disorder - 霍亂轉筋 <i>huoluan zhuanjin</i> Sudden Disorder with muscular cramps | - 霍亂 <i>huoluan</i> Sudden Disorder - 幹霍亂 <i>gan huoluan</i> Dry Sudden Disorder, = 攪腸痧 <i>jiaochang sha</i> disease of the blocked intestines = 烏沙腸 <i>wu sha chang</i> Sudden Disorder with cyanosis | - 霍亂 <i>huoluan</i> Sudden Disorder | - 霍亂 <i>huoluan</i> Sudden disorder - 轉筋霍亂 <i>zhuanjin huoluan</i> Sudden disorder with muscular cramps - 幹霍亂 <i>gan huoluan</i> Dry Sudden Disorder = 絞腸痧 <i>jiaochang sha</i> Disease of the blocked intestines | - 霍亂 <i>huoluan</i> Sudden Disorder - 霍亂轉筋 <i>huoluan zhuanjin</i> Sudden disorder with muscular cramps - 幹霍亂 <i>gan huoluan</i> Dry Sudden disorder |
| | Therapeutic prescriptions | Hot and cold Decoctions (+/- 40) Acupuncture using moxa Cutaneous stimulation (<i>guasha</i>) Forbidden foods: warming drugs and particular foods | Acupuncture Family pill Decoctions (+/- 6) | Powder, decoctions (+/- 10) Forbidden foods: Warming drugs and particular foods | Decoction (1 with variations) Forbidden foods | Decoctions (8) Powder (10) Forbidden foods |

are not identical from one text to another and do not require the same competences from the reader: a first group of texts (*The Essentials*, *The Short Guide*, *What Someone Ignorant*, *Tried and Effective Recipes*) mentions only signs that can be detected through visual or auditory observation of the patients—vomiting, diarrhea, stomach pain, and the like as diagnostic elements; a second group (*The Stepping-Stone*, *The Guide*) in addition to these first signs, mentions the state of the pulse—deep and slow, quick, imperceptible, etc.—and mentions the seasonality of the disease.

Table 3.2. Semantic features specific to some texts

| Author's place, status, and target audience | <i>The Stepping-Stone</i> ...1751 | <i>The Essentials</i> ...1801 | <i>The Guide</i> ... 1838 | <i>The Short Guide</i> ... 1865 | <i>What someone ignorant</i> 1881 | <i>Tried and Effective Recipes</i> 1936 |
|---|---|--|--|---|--|---|
| | Guangdong Highest degree Officialdom & physician linked to the highest elites of his time | Guangdong No degree Physician Not part of officialdom Patronage from local elites | Guangdong No degree Physician Not part of officialdom No relation with local elites | Guangdong Lowest degree Physician Not part of officialdom Patronage of local elites | Guangxi 2nd degree Officialdom & Physician Patronage from local elites | Guangxi Anonymous |
| | Speaking to students (2173 characters) | Speaking to students (759 characters) | Speaking to students (301 characters) | Speaking to families (330 characters) | Speaking to families (845 characters) | Speaking to population without physicians (138 characters) |
| causes | Evil <i>xie</i> (too much cold food and liquids, with cold wind attacks) blocked at the medium burner | Evil <i>xie</i> (cold wind/ unsuitable food/excess of yin and dampness) in spleen and stomach. Separation of Yin and Yang | Mix of evil wind, cold, summer-heat, food and water in intestines and stomach | No indication | Cold wind, Abnor- mal food Abnormal climate conditions Spleen injured by a damp cold blood and <i>qi</i> injured in foot yang-brilliance <i>Zuoyangming</i> and foot-ceasing- <i>yin</i> <i>Zuoyueyin</i> conduits | No |

Table 3.2 (continued)

| | | | | | | |
|-------------------------|---|--|---|---|--|----|
| Disease's processes | Yin and Yang obstructions and separation; exhaustion of bodily fluids; condensation of fire in the sinews/muscles | Trouble in the foot-major-yin conduit <i>Zutaiyin</i> / Exhaustion of all in relation with Earth phase | Mix of Pure and impure in intestines and stomach | No indication | Obstruction of food, separation of Yin and yang, Blockage of the <i>qi</i> | No |
| Quotations or citations | Zhu Danxi (1280–1368), Liu Hejian (1120–1200), Wang Kentang (1549–1613), Zhang Zihe (1151–1231), Wang Haizang (1200–1264), Cheng Wuji (1066–1156), Luo Qianfu (thirteenth, fourteenth century), Dai Fu'an | <i>Huangdi Neijing</i> Dai Fu'an | Zhang Changsha (150–219) and Liu Hejian (1120–1200)'s therapeutic recipes | Wang Kentang (1549–1613) The Ancients | No | No |
| Type of disease | Exploding disease belonging to Fire Disease of spleen and stomach | <i>Shazheng</i> choleric disease | Implicit: Summer-heat disease | Exploding disease linked to the liver conduit and liver | Disease where the spleen is injured by a dampness cold | No |

Table 3.2 (continued)

| | | | | | | |
|----------------|--|---|--------------------------|--|---------------|--------------------------------|
| Expert advice | Avoid interpretation errors Pay attention to pulse states Be careful to distinguish different patho-conditions Question the patient about food taken and emotions Do not give ill-considered drugs | Remain calm in face of frightening symptoms | No | Ignore the pulse and just observe clinical signs | No | No |
| Clinical cases | Two | No | No | No | No | No |
| Pulse states | Vast and quick pulse... | No | Slippery and fluid pulse | No | No | No |
| Season | Between summer and autumn | No indication | Summer | No indication | No indication | In winter as well as in summer |

The number of clinical signs detected by visual and oral observation of a potential patient varies with the texts: around thirty in *The Stepping-Stone*, fifteen in *The Essentials*, twenty or so in *The Guide*, six in *The Short Guide*, around twenty in *What Someone Ignorant in medicine* and six in *Tried and Effective Recipes*. Moreover, this fairly refined inventory of the clinical signs leads to a reasonably detailed diagnosis of the disease: with the exception of *The Short Guide*, all the texts agree to put two to four forms of the disease under the general heading of *huoluan*—乾霍亂 *gan huoluan* “Dry Sudden Disorders”, 濕霍亂 *shi huoluan* “Moist Sudden Disorders”, 霍亂轉筋 *huoluan zhuanjin* “Sudden Disorders with cramps”, 烏沙腸 *wushachang* “Sudden disorders with cyanosis”. The most serious of these, Dry Sudden Disorders, is moreover designated by its “popular” name, 攪腸痧 or 絞腸痧 *jiaochangsha* “disease of the blocked intestines”.

All the texts, then, provide therapeutic advice. Note that the place this therapeutic advice occupies in these excerpts as well as the degree of its specificity differ from one text to the other. The number of prescriptions varies from 1 to 40 and they draw on different therapeutic fields. While all these texts promote hot or cold decoctions made of dried or fresh medicinal herbs or minerals, certain therapies are only mentioned in some of them. Acupuncture, for instance, sometimes combining moxa is only written about in *The Stepping-Stone* and *The Essentials*. *Tried and Effective Recipes* and *The Stepping-Stone* mention another therapeutic method: 刮痧 *guasha* 挑破 *tiaopo*, a technique which involves palpation and cutaneous stimulation where the skin is pressed, in strokes, by a round-edged instrument or needle. Note also that the authors have chosen different formats in which to present their therapeutic advice: either only mentioning the title of the formulas and referring the reader to another part of the book for more information or detailing the composition of the formulas and the ways to make them in the main text. I will come back to this point later which leads to different reading practices.

While all the texts provide readers with clinical and therapeutic information, they do not all contain the same information (Table 3.2).

3.2.2 Content Features Specific to Certain Texts

Firstly, the texts do not all provide theoretical explanations on the etiology or pathophysiology of the diseases. Nothing of that kind can be found in *Tried and Effective Recipes* neither in *The Short Guide*, which only recalls the link made by the Ancients between this disease and a wider set of diseases. The other texts include theoretical explanations and strive to classify the Sudden Disorders in a more general theoretical framework: spleen and stomach disease, summer-heat disease, liver disease, spleen disease. The theoretical explanations that are all in keeping with the framework of Yin/Yang and the Five Phase doctrine of systematic correspondence

are important to a greater or lesser degree and require a more or a less well refined knowledge of it.²⁵ *The Stepping-Stone* reserves a lot of space to the presentation of the different causes and the diverse developmental processes of the diseases including obstruction of the medium burner because of something evil 邪*xie*, separation of Yin and Yang, troubled circulation of the liquids necessary to human activity, condensation of fire in the muscles provoked by the exhaustion of bodily liquids leading sometimes to muscular cramps. *The Essentials* recalls what the classic *The Yellow Emperor's Inner Canon* had said about the development of these diseases, and evokes the dysfunction of the foot-major-yin conduit (*Zutaiyin*) of the spleen. It also mentions the causes of the diseases: the spleen and stomach being attacked by different types of evil element: abnormal food, abnormal wind or cold, overabundant yin and dampness. The separation of Yin and Yang and the impossibility for the *qi* to circulate properly in the body are invoked to explain the most serious forms of the diseases. *The Guide* only evokes the effect of some of the six classic external pathogenic factors: wind, cold, summer-heat, dampness. *What Someone Ignorant* evokes some of these factors as well—cold wind—, and also abnormal climate, abnormal eating and evokes troubles along the foot-yang-brilliance (*Zuyangming*) of stomach and foot-ceasing-yin (*Zujueyin*) of liver conduits.

Secondly some of the texts use citations while others do not: *What Someone Ignorant* and *Tried and Effective Recipes* do not cite anyone; the other texts mobilize their peers but not always in the same way and for the same function: *The Guide* in fact alludes to two masters to highlight the lineage of two of its therapeutic prescriptions (it is the recipe of x and y); *The Essentials* cites *The Yellow Emperor's Inner Canon* to recall some theoretical elements; *The Short Guide* cites Wang Kentang, a medical author from the sixteenth century, in proposing a therapeutic recipe and he cites the Ancients, to recall what these “sages” used to say about the diseases that happened suddenly and that included, according to him, the Sudden Disorders. In *The Stepping-Stone*, He Mengyao not only resorts to his peers to teach the reader the different theories developed by some of his forebears but also to include in his text, in two clinical cases cured by Luo Qianfu, another physician, some individualized flesh and blood patients.²⁶ I will develop later what functions the citation can meet but at this stage just note that not all the texts make use of citation.

Thirdly, not all the texts provide advice on how to behave with patients, for making a good diagnosis and adopting an adequate therapeutic strategy. *The Stepping-Stone* warns its readers against possible misinterpretation, such as, for example,

²⁵ In the third century BCE, the Yin and Yang and the Five Phases (*Wuxing*) were combined into a single doctrine that explained all the changes in the universe, be they natural or political. This doctrine was also adopted in the medical literature of the Han dynasty to explain bodily changes and became one of the most important tools for conceptualizing health and disease as the Han medical literature was adopted as canonical medical literature (Unschuld 1985, 1986, 2003).

²⁶ Even though some authors do not cite anyone, they often recopy earlier texts verbatim. In the translations, I indicated these passages by a footnote. In fact, as (Volkmar 2000) has shown, plagiarism was extremely frequent in Chinese medicine.

believing that a patient is affected by a cold disease because the cramps are only in his feet. In the clinical encounter, it also recommends to be very cautious in differentiating between hot, cold and damp patho-conditions, and to take care in pulse taking to avoid confusion and to prescribe the suitable treatment. It also advises the reader to question patients in order to get precise information on the food eaten and on the types of emotions felt. We find a piece of advice of this sort in *The Short Guide* which recalls that in sudden disorders, and contrary to what *The Stepping-Stone* promotes, pulse diagnosis is not important. *The Essentials* also advises readers to be calm when facing a certain number of signs that at first could seem serious but that are in fact necessary for the patient's recovery.

Finally, the extent of the specification or the explanation of the semantic content of these excerpts is not equal in all these texts. The authors assume that their readership already has, to a greater or lesser extent, the capacity to understand these texts. *The Stepping-Stone* assumes its readers have a command of pharmaceutical knowledge, to the extent of knowing what "antagonist drugs" and "astringent drugs" are, and of being able to elaborate a decoction by only reading the title "Decoction to stop thirst" or "Decoction of the seven *qi*." It also supposes the reader knows the acupuncture points, *guasha* methods and how to read the pulse. *The Guide* does not assume its readers have deep theoretical medical knowledge; however, it does assume that its readers are able to understand the pulse and have a command of pharmaceutical science to the extent of being able to identify the "warming drugs". *The Essentials* assumes that its readership has mastered the elementary theoretical elements (the conduits and the five phases) but has no knowledge of the pulse; it assumes its readership knows a little about therapeutics, as it recommends prescriptions whose ingredients and their utilization are not always explained. By contrast, the authors of the three other texts do not require capabilities other than literacy: *Tried and Effective Recipes* does not require any knowledge of medical theory, of pulses or pharmaceutical science. In fact, anyone who has mastered literacy can understand the recipes and put them into practice. *The Short Guide* requires a very basic knowledge of theory, but no capabilities in pulse interpretation or in pharmaceuticals, since all the recommended recipes are presented with a description of the quantities of their ingredients. Even someone ignorant in pharmacology could prepare the prescriptions. *What Someone Ignorant* assumes its readership to have a basic knowledge of the conduits but not necessarily any knowledge in pulse states or in pharmaceuticals as, here again, the author always describes, the ingredients, their quantities and how to make each recipe.

To summarize on this first point, the comparison of the semantic features of these excerpts reveals that while all the texts speak about the same thing, they don't speak about it in exactly the same terms. In fact, we find significant variations on two levels that we must differentiate clearly. On the first level, the type of information the authors provide to their readership can vary. All give descriptions of the disease and therapeutic treatments, but some texts do more than that. Some provide theoretical explanations about the causes and the physiopathology of the disease; some equip

the reader with advice on how to be a good medical expert; some give proofs by echoing ancient theories or practices. On a second level, we find significant variations within the information itself: while all these authors agree upon classifying various troubles that all of them found to be quite similar under the category “Sudden Disorder”, their understanding of the causes and development of the disease, their methods for identifying them properly and for treating them, differed substantially. These second-level variations are not surprising for any historian working with Chinese medical texts and well aware that medicine in China has never been a coherent and unified tradition. These variations only attest to the fact that, during the two centuries under consideration and within the different milieus that studied the body and its ailments, there was not a consensus; but rather, that observing patients, understanding the causes and the development of diseases and treating them, were grounded in medical fashions that varied according to either the epoch, the geographical region or social milieu. Whatever the importance of these second-level semantic variations for the history of medicine, they are not, however, of primary concern for the present project which attempts to characterize the different texts and thus pays more attention to the first-level variations (the different types of information provided, or not, by all these texts) and try to understand to what these variations are linked. In Table 3.3, I tried to highlight how the first-level semantic variations (theory, quotations, clinical cases, etc.) are distributed among these texts.

According to this table, the author’s social milieu (deduced from having obtained a high/medium/low degree, holding a post in the bureaucracy, having contact with local elites) does not seem to be a fundamental criterion for explaining the variations in content of these texts: the texts that are the most similar in semantic content—*The Stepping-Stone*, *The Essentials*, *The Guide* on one hand and *The Short Guide*, *What Someone Ignorant*, and *Tried and Effective Recipes* on the other—come in fact from distinct social milieus. Conversely, the texts that come from similar social circles do not have much commonality: *The Stepping-Stone* and *What Someone Ignorant*, both coming from high degree-holders, involved in prestigious officialdom, have only one content feature in common. The commonly-used distinction between “scholarly” and “popular” literature thus does not hold. However, the chronology as well as the declared function of the texts (teaching or self-medication) seem to impact on the content of these texts: the texts prior to 1843 have at least three common semantic features: they all include theoretical elements, quotations or citations, and assume the readership to have mastered the rudiments of medicine in order to understand the texts. *The Short Guide*, *What Someone Ignorant*, and *Tried and Effective Recipes* written between 20 and 50 years apart and written for families or patients without physicians, have two common negative features though: they don’t present clinical cases and they don’t expect their readership to have prerequisite knowledge of medicine in order to understand the text.

It is not easy to see, at this point, if it is the chronology or the declared function of the texts that impact on the content of the texts. The books written before 1843 are also those written to teach medicine and thus aim at a specific audience, apprentice medical practitioners; the texts written afterwards and that appear to be the most

Table 3.3 Content variations within the 6 excerpts

| Texts/Date | <i>The Stepping-Stone</i> ... 1751 | <i>The</i> <i>Essentials</i> ...1801 | <i>The Guide</i> ... 1838 | <i>The Short Guide</i> ... 1865 | <i>What someone</i> <i>ignorant</i> 1881 | <i>Tried and</i> <i>Effective</i> <i>Recipes</i> 1936 |
|---|--|---|---|--|---|--|
| Author's place, status, and target audience | Guangdong Highest degree Officialdom & physician linked to the highest elites of his time | Guangdong No degree Physician Not part of officialdom patronage from local elites | Guangdong No degree Physician Not part of officialdom No relation with local elites | Guangdong Lowest degree Physician patronage of local elites Not part of officialdom | Guangxi 2nd degree Officialdom & physician Patronage from local elites | Guangxi Anonymous |
| | Speaking to students (2173 characters) | Speaking to students (759 characters) | Speaking to students (301 characters) | Speaking to families (330 characters) | Speaking to families (845 characters) | Speaking to population without physicians (138 characters) |
| Theory | + | + | + | - | + | - |
| Expertise advice in face of patients | + | + | - | + | - | - |
| Citation or quotations | + | + | + | + | - | - |
| Clinical cases | + | - | - | - | - | - |
| Prerequisite to understanding | + | + | + | - | - | - |
| Total +/- | 5+0- | 4+1- | 3+2- | 2+3- | 1+4- | 5- |

similar were written for self-medication and aimed at families. However, from this first analysis, the factors that seem to distinguish these texts the most acutely are not the social divide between “low ” or “high” circles, but more chronological or functional. I will now turn to what Schaeffer, in the footsteps of the logicians, calls the syntactic structure of the texts,²⁷ that is, the set of elements that encode the message and investigate whether the proximity found between some of these texts on the content level is confirmed or not at the syntactic level.

3.3 The “Channel” or the Wide Range of Elements that Encode the Message

Comparison of these six texts reveals that the formal elements that were chosen by the authors to encode their messages are not identical. Let us now highlight these differences.

3.3.1 *Long and Short Texts: The Vade-mecum versus Reference Books?*

When we consider these six different excerpts that speak about the same thing, the first obvious difference lies in their different lengths: *The Stepping-Stone* is the longest, with 2173 characters, while *Tried and Effective Recipes* with only 138 characters is the shortest. Between these two extremes, we have two groups of quite similar texts: *What Someone Ignorant* and *The Essentials* are three times shorter than *The Stepping-Stone*; *The Guide* and *The Short Guide* are seven times shorter. The different lengths that we can observe is in part linked to the various levels of semantic richness of the texts, as we have seen previously. *The Stepping-Stone* addresses many more different themes than *Tried and Effective Recipes* that only gives a few clinical descriptions and therapeutic recipes. However, as Tables 3.1 and 3.2 show clearly, some very short texts, such as *The Guide*, address nearly all the themes developed by *The Stepping-Stone*, but do so more concisely. The exhaustiveness of the content thus may not be the only factor that plays a part in the length of the texts.

3.3.2 *Simple Language that Uses Textual Connectors and Discourse Markers Frequently or Sparingly*

At first glance, all these texts use simple language that does not seem to differ radically from one text to another. But, in fact, a consistent difference does differentiate

²⁷ (Schaeffer 1989, p. 112).

the language used in these texts: the frequency of the use of textual connectors and discourse markers—that is, particles in the language of sinologists. Among these particles, it is important to distinguish between, on the one hand, the characters that are used to clarify, show cause/result, indicate time, sequence ideas, add information, illustrate, predict and so on and so forth and that are usually called “textual connectors” or “text connectives” and whose function is to contribute to the cohesion of the text (Table 3.5); and on the other hand, the particles that do not change the meaning of an utterance and have a somewhat empty meaning (equivalent to the English “oh”, “well”, “you know”, “I mean”, “right?”) and that are usually called “discourse markers”. For instance, the particles *ye* 也, *yi* 矣, *hu* 乎 (“it’s sure”, “that’s it”, “but why then”) can be labeled “discourse markers”, while *you* 又, *gu* 故, *ze* 則 (“also”, “it is because”, “then”) can be called “textual connectors”. As is often explained by sinologists, one of the functions of these “discourse markers” was to segment the texts which, before the introduction of modern punctuation in the beginning of the twentieth century, were often written continuously.²⁸ It is true that in the sample of texts under consideration, the text that makes the greatest use of these discourse markers was not punctuated. The unpunctuated *Stepping-Stone* actually used 1 discourse marker every 57 characters, while the punctuated texts rarely used them. However, the use of these discourse markers is not only motivated by the lack of punctuation and a concern of readability. *Tried and Effective Recipes* does not use punctuation and nor does it use discourse markers. In fact, these particles do more than punctuate and allow writers/speakers to add something other than simple readability to their discourse. But before developing this particular point, let us go back to the question of the different uses of textual connectors and discourse markers in these excerpts.

As Table 3.4 shows (as well as the boxes/circles in figs 3.1, 3.2, 3.3, 3.4, 3.5, and 3.6 and in translations, at the end of this chapter), not all the texts use these textual connectors and discourse markers in the same frequency. On the one hand, *The Stepping-Stone* (1 textual connector and discourse markers every 10 characters), *The Short Guide* (1 every 9 characters) use textual connectors and discourse markers frequently. *The Essentials* (1 every 20 characters) and *What Someone Ignorant* (1 every 25 characters) rarely use them. Table 3.4 suggests that chronology does not play a significant role in the differing use of textual connectors and discourse markers: the medical writing before the end of the eighteenth century does not seem to use more textual connectors and discourse markers than the same language at the end of the nineteenth century and beginning of the twentieth century.

²⁸ On the history of punctuation in Chinese, see (Wilkinson 1998). In fact, before the introduction of modern punctuation in the twentieth century, authors often used some punctuation markers -circle, mid-comma, for indicating breaks or to underline some passages. In the texts under consideration, we find the traces of these ancient punctuation markers. On the distinction between textual connectors and discourse markers, see notably (Schiffirin 1988).

Table 3.4 Different uses of textual connectors (t.c.) and discourse markers (d.m.)

| Title/Date | <i>The Stepping-Stone</i> ...1751 | <i>The</i> <i>Essentials</i> ...1801 | <i>The Guide</i> ...1838 | <i>The Short Guide</i> ... 1865 | <i>What someone</i> <i>ignorant</i> ...1881 | <i>Tried and Effective</i> <i>Recipes</i> 1936 |
|---|--|---|---|---|---|---|
| Author's place, status, and target audience | Guangdong Highest degree Officialdom & physician linked to the highest elites of his time | Guangdong No degree Physician Not part of officialdom Patronage from local elites | Guangdong No degree Physician Not part of officialdom No relation with local elites | Guangdong Lowest degree Physician Patronage of local elites Not part of officialdom | Guangxi 2nd degree Officialdom & physician Patronage from local elites | Guangxi Anonymous |
| Number of characters | 2,173 | 759 | 301 | 330 | 845 | 138 |
| Number of t.c. and d.m. | 228 | 44 | 22 | 36 | 34 | 9 |
| 1 t.c. or d.m. every <i>n</i> characters | 10 | 17 | 14 | 9 | 25 | 15 |
| Number of different t.c. and d.m. | 37 | 17 | 12 | 19 | 23 | 6 |
| | Speaking to students | Speaking to students | Speaking to students | Speaking to families | Speaking to families | Speaking to population without physicians |



Fig. 3.1 Excerpt from He Mengyao 何夢瑤 (ca. 1692–1764), 醫編 *Yibian*, *The Stepping-Stone for Medicine* [1751] second edition, date unknown. Chap. 3. 霍亂 *Huoluan*, Sudden Disorders. Note the unpunctuated writing, small-size characters for the author’s comments and the frequent use of textual connectors and discourse markers (circles)

As this first analysis pinpoints, the use of discourse markers and textual connectors is not indispensable. We can thus argue that to use or to avoid them is the result of the authors’ choice. The analysis of not only the quantity but also the variety of textual connectors and discourse markers used in all these texts suggests that one reason that may explain this differential use of these characters may be found in the authors’ endeavors to use more or less sophisticated language. *The Stepping-Stone* not only uses a lot of textual connectors and discourse markers but also resorts to the widest range of this type of words: 37 different often synonymous textual connectors or discourse markers (see Table 3.5). Its author thus seems particularly careful to avoid repetition and uses all the nuances of his language. As I mentioned above, this text was written by a polymath trained in classical studies who moreover wrote a great number of books which received prefaces from members of the top of the elites. The frequent use of textual connectors and discourse markers may thus be linked to the author’s endeavor to adopt a good writing style. On the contrary, sparing particles could be linked to another target: to avoid unnecessary words to have shorter, handier books, easy to carry around when making medical rounds, for instance. And in fact, handiness (便 *bian*) is a concern expressed in two texts: in his



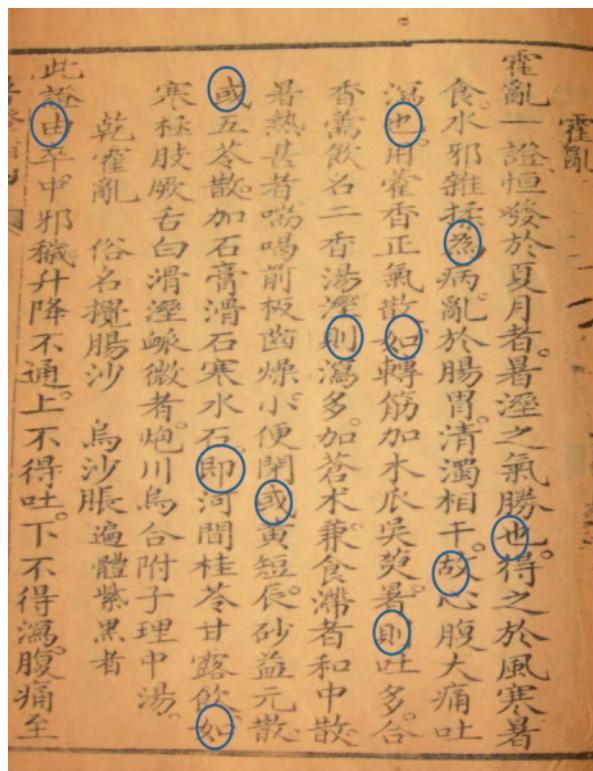
Fig. 3.2 Excerpt from Huang Yan 黄岩 (1751–1830), 醫學精要 (*Yixue jingyao*, *The Essentials in Medicine* [1800] 1867, Chap. 3, 霍亂 *Huoluan*, Sudden Disorders). Note the wide range of punctuation markers and the less frequent use of textual connectors and discourse markers (circles)

introduction, the author of *What Someone Ignorant* informs us that his book will be convenient for people who move frequently, merchants and bureaucrats.²⁹ The short introduction to *Tried and Effective Recipes* also underlines that in Guangxi's rural areas, it was neither easy nor convenient to find a physician. While some authors were keen to use a more sophisticated language, even if it meant having a large cumbersome volume that could only be examined in a medical office (the modern edition of *The Stepping-Stone* has 797 pages), others wanted to write short, handy, easy-to-carry texts. One way to be more concise was to avoid unnecessary words, such as textual connectors and discourse markers.

The various uses of these textual connectors and discourse markers may finally be linked to what the authors were trying to do when they wrote: convincing by using explanation (causal assertives) and/or prediction (predictive assertives) that need connectives such as “if... then”, “This is why”, “because”; or convincing by using descriptive assertives and directives like in this imaginary utterance “Things are like that. Do this and that” which need few connectives; or convincing by interacting with the readership, through the use of discourse markers such as “right?”, “that’s it”, “for sure”. It is a point which I will come back to later when we compare the different types of speech acts chosen by authors to meet their communicational target. Let us just say, for the moment, that there are different communicational properties behind the frequent or rare use of textual connectors and discourse markers.

²⁹ (Liang [1881]1936, pp. 3–4).

Fig. 3.3 Excerpt from Wang Xueyuan 王學淵 (active in 1830), 暑症指南 (1838) *Shuzheng zhinan, The Guide for Summer-Heat Diseases* (no dividing chapter) 霍亂 *Huoluan, Sudden Disorders*. Note the punctuation markers on the right of the characters and the less frequent use of textual connectors and discourse markers



3.3.3 Texts in Prose and Texts in Verse

Another stylistic feature distinguishes these texts: the use or not of metric constraints. In fact, two texts aimed at different readerships—apprentice medical practitioners for *The Essentials* and families for *What Someone Ignorant*—were written under phonetic and metric constraints. The author of *The Essentials* writes in blank verse and sometimes in rhyme in different places in his text: in the first symptomatic description of Dry Sudden Disorder, and when he enumerates the different etiologies of the disease. *What Someone Ignorant* is written under even more constraints. Not only does the author choose an identical format to present his message in the first three parts of the first chapter—a symptomatic description of a particular form of the disease, followed by an explanation of the causes, then, an explanation of physiopathology—but also, within this first part, the explanation of the causes is written in five characters, the explanations of the physiopathology that follow are all in seven characters (with the exception of the last two), and all these segments finish with the same sentence: “and then disease occurs”. These constraints give the texts a particular rhythm that surely aimed at facilitating memorization. Memorization has always been highly valued in classical studies in China and this learning

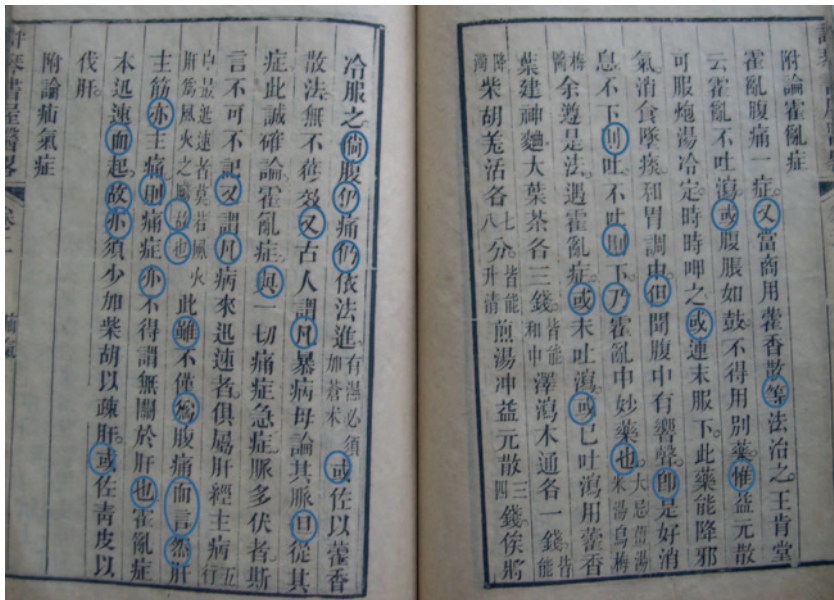


Fig. 3.4 Excerpt from Pan Mingxiong 潘明熊 (1807–1886), 評琴書屋醫略 (1865) *Pingqin shuwu yilue, Short Guide to Medicine of the Pingqin Shuwu* (Chap. 2) 霍亂 *Fulun huoluan, Added Doctrine on Sudden disorders*. Note the punctuation markers and the frequent use of textual connectors and discourse markers

method migrated into other fields of knowledge such as medicine.³⁰ Versification facilitated memorization particularly for those who started learning after childhood, as was often the case for those who had decided to learn medicine after successive failures in the imperial examinations.³¹ In his short introduction, the author of *The Essentials* explains the reasons for his stylistic choice in the following terms: it would help pupils to rote chant his text and learn it by heart.

3.3.4 A Different Order in the Presentation of Information

The order of presentation of the information and arguments—definitions, etiological and physiopathological explanations, recipes, quotations, etc...—is far from being the same in all these texts and this is worth some consideration. In a field very far from medicine, N. Goodman and J. Virbel have clearly shown that the simple

³⁰ In Chinese classical education, huge numbers of characters were memorized, by repetition and copying, and even if memorization as a didactic tool was at times condemned in the history, massive memorization played a crucial part in the classical education until the end of the empire, in 1911. See notably (Mizayaki 1976; Elman 2000; Elman and Woodside 1994; Gernet 2003).

³¹ See (Leung 2003, vol. 2, pp. 89–114).

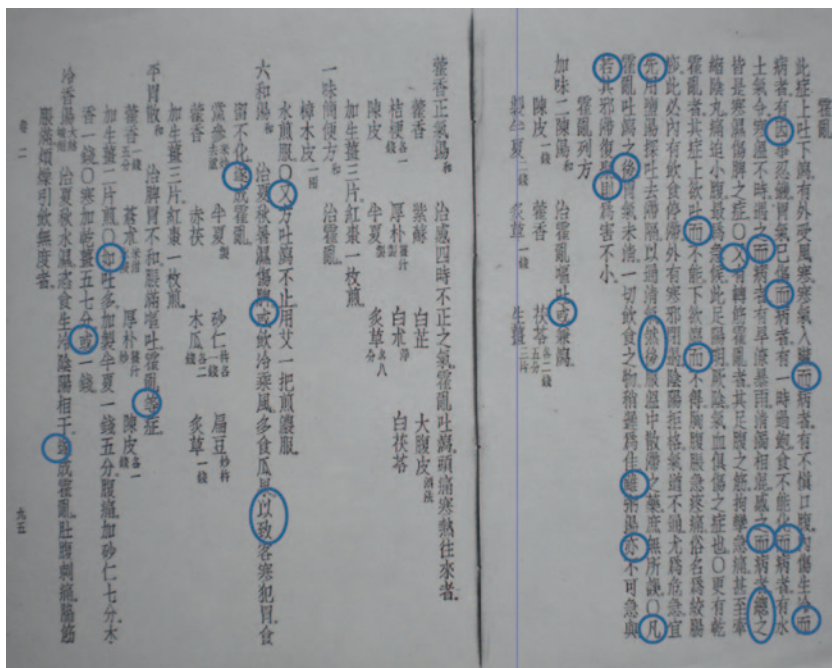


Fig. 3.5 Excerpt from 梁廉夫 (1810-1894), 不知醫必要(1881) *Bu zhi yi biyao*, *What Someone Ignorant in Medicine Should Know* (Chap. 2) 霍亂. *Huoluan*, *Sudden Disorders*. Note the punctuation markers and the very rare use of textual connectors and discourse markers

permutation of the episodes in a narrative gives the narrative very different tones and textual statuses.³² Let us now see how all these authors chose to present information.

While *What Someone Ignorant*, *The Stepping-Stone* and *The Guide*, with some nuances though, first describe and define the disease, explain its possible causes and development, reserving the therapeutic section for the end of the chapter, the *Short Guide* does the contrary: in its first section, it describes the disease and gives therapeutic advice, then, at the end of the chapter, it recalls, in a somewhat accessory way, what the Ancients used to say about these types of diseases that appeared very suddenly. *The Essentials* chooses another order: it begins with the description of the most serious form of the disease, whose popular name is immediately recalled, and with the therapeutic strategy to adopt urgently in this particular form of the disease. Afterwards, the author recalls some theoretical elements and describes the clinical signs of the common form of the disease. Finally, the author comes back to the most serious form, its clinical signs, its popular name, and the therapeutics suited for acute diseases in general and for which, he says, he has a pill, a family secret,

³² See (Virbel 1997, pp. 251–272).

Table 3.5 Frequency and diversity of textual connectors and discourse markers

| | <i>The Stepping-Stone</i> | <i>The Essentials</i> | <i>The Guide</i> | <i>The Short Guide</i> | <i>What someone Ignorant</i> | <i>Tried and Effective Recipes</i> |
|--|---|---|--|--|---|--|
| Discourse markers (equivalent of “well”, “right?”, “anyway”...) | 26 也 <i>ye</i> , it’s sure 1 耳 <i>er</i> , so 1 哉 <i>zai</i> , isn’t it? 1 乎 <i>hu</i> , but why then 8 矣 <i>yi</i> , that’s it! 1 勿 <i>wu</i> don’t... | 4 也 <i>ye</i> it’s sure 1 无疑 <i>wu yi</i> undoubtedly | 2 也 <i>ye</i> it’s sure 1 矣 <i>yi</i> that’s it! | 3 也 <i>ye</i> it’s sure | 1 也 <i>ye</i> it’s sure | |
| Textual connectors indicating how the text is developing. They are used for clarifying, sequencing ideas, adding information, expressing condition or concession, emphasizing, summarizing etc.... | 3 如 <i>ru</i> if 16 或 <i>huo</i> or 33 则 <i>ze</i> then 20 而 <i>er</i> but, and, 13 若 <i>ruo</i> if 5 即 <i>ji</i> then 7 故 <i>gu</i> this is why 5 又 <i>you</i> also 13 亦 <i>yi</i> also 2 於是 <i>yushi</i> then 4 然 <i>ran</i> then, but 5 因 <i>yin</i> because of 5 盖 <i>gai</i> in fact 3 且 <i>qie</i> moreover 2 大抵 <i>dadi</i> generally speaking 1 是为 <i>shiwai</i> due to 5 更 <i>geng</i> and also, 3 但 <i>dan</i> but 4 仍 <i>reng</i> and 8 後 <i>hou</i> after 2 按 <i>an</i> as (cause) 1 雖 <i>sui</i> even 1 惟...後 <i>wei...hou</i> only after 1 是 <i>shi</i> this is because 2 再 <i>zai</i> again 1 上 <i>shang</i> as mentioned above 5 先 <i>xian</i> first 5 乃 <i>nai</i> and, then 5 并 <i>bing</i> equally 4 兼 <i>jian</i> equally 3 凡 <i>fan</i> whatever | 6 而 <i>er</i> but, and 2 即 <i>ji</i> then 1 为 <i>wei</i> due to 9 或 <i>huo</i> or 4 则 <i>ze</i> then 2 又 <i>you</i> also 1 雖...却 <i>sui...que</i> in spite of.. however 2 亦 <i>yi</i> also 1 盖 <i>gai</i> in fact 3 若 <i>ruo</i> if 1 然後 <i>ranhou</i> after 1 如 <i>ru</i> if 1 因 <i>yin</i> because of 2 及 <i>ji</i> and 2 并 <i>bing</i> equally | 1 故 <i>gu</i> this is why 3 如 <i>ru</i> if 1 若 <i>ruo</i> if 3 则 <i>ze</i> then 1 兼 <i>jian</i> equally 4 或 <i>huo</i> or 1 即 <i>ji</i> then 3 亦 <i>bing</i> also 1 又 <i>you</i> also 1 和 <i>he</i> and | 3 又 <i>you</i> also, again 1 等 <i>deng</i> notably 6 或 <i>huo</i> or 1 惟 <i>wei</i> only 2 但 <i>dan</i> but 1 即 <i>ji</i> then 3 则 <i>ze</i> then 1 乃 <i>nai</i> then 1 倘 <i>tang</i> if 2 仍 <i>reng</i> again 2 凡 <i>fan</i> whatever 1 与 <i>yu</i> ! 2 故 <i>gu</i> this is why 1 雖 <i>sui</i> however 1 亦 <i>yi</i> also 1 若 <i>ruo</i> if 1 则 <i>ze</i> then 1 为...而言 <i>er...</i> ... 1 兼 <i>jian</i> to speak of 1 然 <i>ran</i> in fact 3 亦 <i>yi</i> also 1 而 <i>er</i> and | 8 而 <i>er</i> and then 1 因 <i>yin</i> because of 1 总之 <i>zongzhi</i> to summarize 2 又 <i>you</i> in addition 1 更 <i>geng</i> moreover 1 先 <i>xian</i> first 1 然後 <i>ranhou</i> then 1 若 <i>ruo</i> if 1 凡 <i>fan</i> whatever 1 後 <i>hou</i> after 1 雖 <i>sui</i> even 1 亦 <i>yi</i> also 1 若 <i>ruo</i> if 1 则 <i>ze</i> then 3 或 <i>huo</i> or 1 等 <i>deng</i> for instance 1 如 <i>ru</i> if 1 於...时 <i>Yu...shi</i> when 1 兼 <i>jian</i> and also 1 便 <i>bian</i> in that case 1 已致 <i>jizhi</i> until 2 逐 <i>zhu</i> progressively | 3 又 <i>you</i> also 2 亦 <i>yi</i> also 1 并 <i>bing</i> equally 1 如 <i>ru</i> if 1 既 <i>ji</i> immediately 1 而 <i>er</i> but |
| Total | 228 | 44 | 22 | 36 | 34 | 9 |
| No. different t.c. and d.m. used | 37 | 17 | 12 | 19 | 23 | 6 |

thors chose to include all the details about the prescribed formulas in the main text, others prefer to send the reader to other parts of the book. *What Someone Ignorant*, *The Essentials* and *The Short Guide*, by indicating the name of the recipes, possibly the type of therapeutics they belong to (invigorating, cooling, etc...), the kind of patho-conditions they cure, the quantities of ingredients and the ways of preparing them in the same place, immediately gives the reader all the indications allowing him to prepare these recipes and to understand them. On the other hand, *The Stepping-Stone* and *The Guide* prefer another format: they only mention the name of the recipe and send the reader to another part of the book. What these variations are linked to is not clear. What is sure is that these two different ways of presentation lead to different ways of reading or consulting the texts.

The question of the pagination, of paragraph indents, and of typographical changes would be very interesting to develop in this analysis, even if it is clear that these choices were often in the hands of the editors rather than the authors.³³ Moreover, not all the documents used here are first editions, which, for some of the texts, are no longer available. The editions available to me still show clear contrasts (see Figs. 3.1–3.6). Some authors/editors have chosen to add some paratextual elements in order to make the book easier to read: while *The Stepping-Stone*, in its second edition, has no punctuation and uses continuous writing, the other texts have clear indents and punctuation markers. *The Essentials*, in an 1867 edition, uses small and big circles to signal the beginning of paragraphs. It uses rows of circles or mid-commas to the right of the characters in order to emphasize one passage and it uses indents. *The Guide* and *The Short Guide* use small circles to mark sentence breaks. *What Someone Ignorant* uses small and big circles and indents to introduce new chapters or new recipes.

Comparison of these excerpts shows that the authors do not resort to the same formal elements to encode their messages. As summarized in Table 3.6, we have: concise texts *versus* diluted texts; texts which use connectives widely *versus* texts that use connectives sparingly; punctuated texts *versus* unpunctuated texts; texts in verse *versus* texts in prose; texts that first focus on how to see and do *versus* texts that first focus on how to see and think; texts that place all the information in one single place *versus* texts that interrupt the message and send the reader to other parts of the book. Are these different ways of writing linked to chronology, geographical setting, social milieu or the declared function of the book?

These differences *a priori* do not seem to be particularly linked to the chronology, nor to the author's status, nor to the target audience. They do, however, suggest very different types of reading or consultation: a quick pragmatic reading *versus* a slower reading for comprehension. On the one hand, we have the highly portable vade-mecum, for those who have no time for etiological or physiopathological explanations, but who must be able to quickly identify the disease and prepare recipes,

³³ On the role of editors for making a book easier to read and sell better, see (Widmer 1996 and Chia 2002).

Table 3.6 Different encoding of the six excerpts

| Text/date | <i>The Stepping-Stone</i> ...1751 | The Essentials...1801 | The Guide...1838 | The Short Guide...1865 | What someone ignorant 1881 | Tried and Effective Recipes 1936 |
|---|--|---|--|---|---|--|
| Author's place, status, and target audience | Guangdong Highest degree Officialdom & physician linked to the highest elites of his time | Guangdong No degree Physician Not part of officialdom Patronage from local elites | Guangdong No degree Physician Not part of officialdom No relation with local elites | Guangdong Lowest degree Physician not part of officialdom Patronage of local elites | Guangxi 2nd degree Officialdom & physician Patronage from local elites | Guangxi Anonymous |
| Length | Speaking to students (2173 characters) | Speaking to students (759 characters) | Speaking to students (301 characters) | Speaking to families (330 characters) | Speaking to families (845 characters) | Speaking to popula- tion without physi- cians (138 characters) |
| Number of t.c and d.m | ++ | + | - | - | + | - |
| Metric Constraints | ++ | + | + | ++ | - | + |
| Cross-reference | - | + | - | - | + | - |
| Make understanding first | + | +/- | + | - | - | - |
| Make doing first | + | - | + | + | + | + |

without wasting time searching in other parts of the book for other information (*Tried and Effective Recipes*, *The Short Guide* but also, because of its clear presentation, *What Someone Ignorant*). On the other hand, we have the reference work, not handy, that first gives the reader all the explanations about the disease, maybe different theories expressed by earlier physicians, before indicating the name of a few formulas that the reader is then required to find in another chapter in order to learn how to prepare. It is the case of *The Stepping-Stone*, which moreover requires first of all that the reader punctuates and segments the text to get its points.

The analysis of the channels used by the authors to encode their message traces a line between texts written for doing before understanding and texts written for understanding before acting. Let us now finally see what the authors do to guide their readership to follow their first intentions.

3.4 Communicational Targets: Authors' Intention and Communicational Properties in the Six Texts

As I mentioned at the beginning, the intention behind these six texts, as explained by the authors themselves, was to teach the reader how to treat people or to self-medicate. From these explicit intentions, we can draw two conclusions about the nature of the texts: firstly, all the texts can be considered as written discourses aimed at a readership (we are thus in a dialogical and not in a note-taking situation, involving a speaker and a hearer); and secondly, the authors did not intend their text to narrate something but rather to engage people do something.

The tools elaborated by speech act theoreticians seemed quite useful in identifying what all the authors did to achieve their communicational target. For these theoreticians, language is not only used to describe or to give some statements; to speak is to act with or against someone to transform our worlds.³⁴ Thus, and always in a comparative perspective, I strove to identify the different types of illocutionary acts (assertive, directive, promissive, etc.), the different illocutionary force markers used in all these texts. A few problems arose from the attempt to apply a theory elaborated within the framework of modern spoken English to ancient written Chinese.

The first problem lies in the difficulty of segmenting pre-modern Chinese texts into utterances and thus into individual illocutionary acts. This problem is linked to the lack of either punctuation or punctuation markers that raise issues. As already mentioned, the first and second editions of *The Stepping-Stone* was unpunctuated. Punctuation markers were added in later editions. In this case, the punctuation, even though it can vary from one edition to another, corresponds to modern punctuation,

³⁴ John Austin and John Searle were at the origins of this theory, which, since then, has been developed or transformed by other linguists or philosophers of language (Austin 1962; Searle 1969).

a point indicating for instance the end of a sentence.³⁵ Thus segmenting the text into individual sentences is easy for this text. However, the other texts have been printed with punctuation markers that do not always correspond to the modern values of the same markers. For instance, in *What Someone Ignorant*, the small circle can break a sentence, isolating on the one hand the nominal group, and on the other, the verbal group. As noted earlier, this text was written under heavy metric and rhythmic constraints, and the punctuation in this text is less to indicate semantic or syntactic breaks or pauses, than to give a special rhythm when the text is read aloud. The author strives to write segments of the same length, counting the same number of characters, in order to give a rhythm to facilitate memorization. In order to identify a meaningful sentence in this particular text, I have therefore been obliged to disregard the author's punctuation.

A second problem arose when I tried to identify the illocutionary force markers and notably those used for translating directives. While the imperative mode is a syntactic force marker easy to locate in French or in English, it is not the same in Chinese because Chinese does not conjugate verbs and does not need personal pronouns, even in what would be the indicative mood (in written Chinese “*kan shu* 看书” can be interpreted as “I read book” or “Read book!”). We can sometimes find a particle at the end of the sentence that indicates an order. But with the exception of *The Stepping-Stone* that once uses this type of particle, such particles are rare in these texts. However, the reading of these excerpts shows that the Chinese language uses other resources for translating orders, as we will soon see.

A third problem, not linked specifically to the Chinese language, is that a unique sentence can contain illocutionary acts of different natures, as in this imagined single sentence which contains 3 types of illocutionary act: “If you feel cold you probably have fever (assertive), take rest (directive) and you will feel better (assertive), I promise (promissive)”. In the translations provided at the end of this chapter, I chose to indicate, in front of the translations, the different types of illocutionary acts made in each sentence.

Finally, a speech act can perform different illocutionary acts, according to the context in which it is performed. Take as an example, the sentence “Dinner is served at 8 pm” pronounced in a hotel. It can be assertive in the context of a report on the hotel; it can be promissive if it comes from the mouth of the hotel chef to the hotel manager or clients; it can be directive if it comes from the hotel manager to the chef or to the clients.³⁶ Language is thus not univoqual, and the same sentence, *i.e.* without syntactic or semantic change, can have different communicational values, such as describing, ordering or promising. The second part of the fifth text, *What Someone Ignorant*, devoted to recipes, in which the author lists and quantifies the

³⁵ For Chiu et al. 2004: “Chinese does not provide sufficient morphological indicators to syntactic structures, thereby making punctuation a relatively free reference to syntactic structures as well as to semantic domains”.

³⁶ Example taken from Jacques Virbel's presentations in REHSEIS.

different ingredients necessary for a particular decoction illustrates this issue. Are these sentences assertive acts—they describe the composition of the recipe—or directive acts—they implicitly tell the reader what he has to do to prepare the recipe? This question is difficult to settle.

Despite all the difficulties attached to this theory and to its application to Chinese, I found it interesting to use, expecting that it would highlight the communicational properties of these texts and thus give an additional angle of approach for this attempt of systematic comparison.

3.4.1 *Speakers and Hearers: Varying Levels of Personal Authority in the Discourse*

All these texts have a common point, they include definition: “If there are x and y signs, it is the Sudden disorder” or “the Sudden disorder is a syndrome where the stomach is painful”. The act of defining introduces a hierarchical distance between the speaker and the hearer: it is the speaker who knows and has the authority to define and the hearer who is unknowing and therefore accepts the definition. We can even think that if this kind of utterance was pronounced in a medical office by the physician with his patient “You have signs x and y, you thus have the disease z”, the illocutionary act would be declarative. Just as a judge who, by his utterance “I sentence you to twenty years imprisonment”, transforms the social situation of the hearer, from free to convicted, the physician transforms the social status of the patient, who, from the simple state of having varied signs is, after the physician’s declaration, a diagnosed sufferer of a disease (with all the social changes, exclusions in particular, that can result in a person’s life from being identified as affected by a particular disease, think of epilepsy or glaucoma for airline pilots, HIV, etc...).

All these texts thus introduce a hierarchical imbalance between speakers and hearers, however, the presence of the speakers is noted differently: *The Essentials* is the text where the speaker’s presence is the most palpable through the use of different markers. Firstly, the speaker introduces his text by citing himself (“Nai’an says”); secondly, he uses the personal pronoun “I” *wo* 我 and *yu* 予 which is not necessary in written Chinese; thirdly, he distinguishes himself from his hearers by addressing them directly: “I am teaching it to you (disciples) *yi shou ni deng* 以授尔等”; finally, he uses many typographical markers, either punctuation markers that are intended to emphasize some particular points, or small size characters for his own comments.³⁷ In the *Short Guide*, Pan Mingxiong also uses the personal pronoun “I” *yu* 予 and typographical changes for his commentaries. In *The Stepping-Stone*, He Mengyao does not use personal pronouns, however, he resorts very

³⁷ According to (Blanks 2005, pp. 40–43) typographical change constitutes a linguistic marker of the author’s presence, to the same extent as the use of a personal pronoun.

frequently to small size characters to add personal comments. Moreover, as already noted and as will be developed below, this author often resorts to discourse markers. These markers, in addition to helping the reader to segment unpunctuated texts, also provide metalinguistic indications about the unfolding discourse, such as translating the speaker's emotion about what he is saying. Interestingly, these three texts that thus bear the presence of the speakers to a higher extent than the others are also the texts that cite other famous masters. Contrastingly, we have some completely impersonal texts. The authors of *What Someone Ignorant*, *The Guide* and, not surprisingly, the anonymous *Tried and Effective Recipes* never use personal pronouns or typographical changes to introduce personal comments. If Liang Lianfu, author of *What Someone Ignorant*, uses small size characters in the second part of his text devoted to recipes, it is only to specify the general properties and the quantities of the required ingredients, and not to introduce personal comments. Furthermore these writers resort to neither citation nor quotation, that is, do not inscribe their message in a precise individual lineage.

The first impression that arises from the reading of these texts that pay attention to the position of the actors—speaker and hearer—and their ways of including themselves, or not, in the discourse, is that while all these speakers present themselves as more authoritative than their hearers, their endeavor to establish their authority is expressed differently. While some authors ground their authority in individual experience—their own and that of other physicians, by way of quotations or citations—, others prefer to enunciate a discourse where their own presence and that of the famous masters they might refer to remain hidden for the benefit of a general truth, a scientific objectivity. It is also interesting to note, as we will now see, that these latter texts, in comparison to the others, prefer to use descriptive assertives rather than causal or predictive assertives, giving the text an implicit general authority that we could illustrate in this way: things are like that, it is not me who is going to explain to you why.

3.4.2 *Directive Texts Versus Explaining and Predicting Texts*

The application of J. Searle's standard taxonomy on this sample of texts shows that all the texts are made up of directives and assertives that is, of speech acts aimed at leading the reader to do something, and of speech acts aimed at either defining (assertive of definition), describing (descriptive assertive), explaining (causal assertive), predicting (predictive assertive) the state of the world, and, in the present case, the Sudden Disorder. However, if we take into account D. Vernant's modifications to this standard taxonomy, that notably reintroduced Austin's idea that some speech acts had metalinguistic functions ("I demonstrate", "I show" which speak about the speaking activity of the speaker) and should be identified as such, we can say that while all these texts are made up of assertives and directives, only a few of them contain metadiscursive acts, that is, they quote or cite other texts or other sayings.³⁸

³⁸ See (Vernant 2005).

Before indicating in which proportions these texts are made up of such illocutionary acts, I shall first underline how the Chinese language translates directives.

As mentioned above, the Chinese language does not conjugate verbs, and there are no morphological changes to indicate tense or mood like the imperative or the infinitive. It does not mean that the Chinese language cannot express injunctions and these texts clearly show it. Firstly, the context makes clear that some verbs could not be translated differently but by the use of an infinitive or imperative (“add this and that”, “refer to the section of the cold damage disease”), which introduce direct directives or conditional directives if the directive speech act is preceded by a conditional proposition introduced by a conditional particle (“if this happens, do that”). Secondly, we have lexical markers including the modal auxiliary verbs “must”, “can”, that introduce indirect directives³⁹. Finally, the authors can express their injunctions without resorting to syntactic markers nor to lexical markers, but by using an implicit formula whose illocutionary force is even more directive, like in this example: “You perspire anytime and in great quantity: Decoction of four colds!”.

As Table 3.7 shows, the proportion of assertives and directives is not equal in all these texts. *Tried and Effective Recipes* is the only text that gives its readers more orders than descriptions or explanations. In this respect, it is the text that seems the closest to a notice mainly devoted to action. On the contrary, *The Essentials* and *What Someone Ignorant* are made up of more assertives than directives. The other texts are made up of nearly half assertives and half directives. All these texts, therefore, can be considered, to some extent, as texts for action.

Another feature which seems to distinguish these texts is the types of assertives performed. Assertives, indeed, do not all have the same function: they can describe, define, explain, and predict the state of the world. Behind these different functions, the speaker thus endows himself with different capabilities. As noted above, the act of defining, which can be considered as an assertive (and in some contexts as a declarative) introduces an imbalanced hierarchy between the speaker and the hearer. We can assume that the act of explaining or predicting the unfolding world, that is making causal or predictive assertives, gives the speaker a particularly enlightened intermediate status between the world and the hearer: he presents himself as being able to explain why things happen and how they will happen. Interestingly, these texts do not all refer to the same types of assertives to the same extent. In addition to directing the reader to do something, *Tried and Effective Recipes* contents itself to defining and describing the disease but not to explaining or to predicting its development. Conversely, He Mengyao, the author of *The Stepping-Stone*, explains, predicts, and describes the disease to the same extent. Finally, between these two contrasting texts, the other books—*The Essentials*, *What Someone Ignorant*, *The Short Guide* and *The Guide*—give a larger space to description, reserving only one fourth of their assertions to explaining or predicting the disease.

³⁹ We find approximately the same verbs having directive illocutionary force in all these texts, with a lower or higher frequency.

| Verbs with directive illocutionary force | <i>The Stepping-Stone...</i> | <i>The Essentials...</i> | <i>The Guide...</i> | <i>The Short Guide...</i> | <i>What Someone Ignorant...</i> | <i>Tried and Effective Recipes</i> |
|--|---|--|-----------------------|---|---|------------------------------------|
| | 3 當 one must 7 不可 one can't, one mustn't 8 宜 one must, it is suitable 2 必 one must 7 須 one must 1 忌 Abstain from | 2 不必 one mustn't 2 可 one must 2 宜 one must, it is suitable 1 須 one must | 1 可 one can, one must | 2 不得 one mustn't 1 可 one must, one can 1 必須 one must 1 不可 one can't, mustn't 1 須 one must 1 大忌 Abstain absolutely from | 1 宜 one must, it is suitable 1 不可 one can't, one mustn't | 3 忌 abstain from |

Table 3.7 Approximate counting and identification of illocutionary acts in these excerpts

| Types of illocutionary acts | <i>The Stepping-Stone</i> | <i>The Essentials</i> | <i>The Guide</i> | <i>The Short Guide</i> | <i>What Someone Ignorant</i> | <i>Tried and Effective Recipes</i> |
|-----------------------------|---------------------------|-----------------------|------------------|------------------------|------------------------------|------------------------------------|
| Assertive of definition | 7 | 3 | 1 | 2 | 1 | 3 |
| Descriptive Assertives | 20 | 17 | 14 | 6 | 36 | 1 |
| Causal Assertive | 10 | 3 | 2 | 1 | 8 | 0 |
| Predictive Assertives | 11 | 2 | 5 | 3 | 1 | 0 |
| Total of Assertives | 48 (42%) | 25 (58%) | 22 (59%) | 13 (52%) | 46 (67%) | 4 (44%) |
| Conditional Directives | 11 | 5 | 5 | 2 | 1 | 1 |
| Direct directives | 15 | 6 | 9 | 3 | 8 | 0 |
| Indirect directives | 21 | 3 | 1 | 4 | 4 | 4 |
| Implicit Directives | 13 | 1 | 0 | 1 | 10 | 0 |
| Total of Directives | 60 (53%) | 15 (35%) | 15 (41%) | 9 (36%) | 23 (33%) | 5 (56%) |
| Metadiscursive citative | 5 (5%) | 2 | 0 | 3 (12%) | 0 | 0 |
| Metadiscursive expositive | 0 | 1 | 0 | 0 | 0 | 0 |
| TOTAL | 113 | 43 | 37 | 25 | 69 | 9 |

The table reads: Of the illocutionary acts identified in *the Stepping-Stone's* excerpt, 48 (or 42%) are assertive, 60 (or 53%) are directive, 5 (or 5%) are metadiscursive.

The comparative analysis of the illocutionary acts carried out in these texts reveals three very different communicational targets: the texts that aim to lead the reader to do something (*Tried and Effective Recipes*), those that want to lead the reader to identify the disease properly and to act (*The Essentials*, *What Someone Ignorant*, *The Short Guide* and *The Guide*) and one text that wants its readers to be able to identify, to understand, to predict and to act (*The Stepping-Stone*).

3.4.3 *How do the Speakers Convince Their Readership to Do Something?*

Another significant distinction in these texts is the way the authors commit themselves to the results of their advice or instructions. Indeed, if these texts are devoted to action, the authors need to convince their readers to do what they say or to think as they want them to do. As we have already noted, the ways these authors grounded their authority is different: some grounded their authority in personal experience while others preferred to refer to a general truth. If we now look at how these authors commit themselves to the results of their advice, we note a difference (see Table 3.8). *What Someone Ignorant*, which is impersonal, differs from all the others: while all the other texts use sentences like “using this or that is wonderfully efficient *shenxiao* 神效”, “all these have great effectiveness *xie you qi gong* 皆有奇功”, formulas that carry in themselves the mark of a personal value judgment, *What Someone Ignorant* prefers a style that refers to an objective value: instead of saying “this recipe is effective, is excellent, and so on”, the author introduces all his therapeutic recipes with the same utterance: “This recipe cures *zhi* 治 x, y”.

In fact, the speakers use different tools to convince their readers to follow their instructions or ways of thinking, or, in other words, to be sure that the perlocutionary effect, which refers to what is commonly called the effect on the receiver, is satisfied. One is quotation or citation. Citation meets very different functions. One of them is to gain authority, as Bhatia clearly underlined: “in order to become acceptable to the community..., one must relate his/her knowledge claims to the accumulated knowledge of others in the discipline”.⁴⁰ Therefore, by referring to prestigious peers, by saying “x and y said that”, the speaker not only relates his knowledge to the prestigious scholars of the past, but he also increases the chances that the perlocutionary effect be satisfied, that is, the reader believes him immediately and acts accordingly. *The Stepping-Stone*, *The Essentials* (The Classic says: ...), and *The Short Guide* (Wang Kentang says:...), by using citation and relating

⁴⁰ (Bhatia 2004, p. 190; Vernant 2005).

Table 3.8 How the authors convince their readers to obey their injunctions

| Commitment formulas | <i>The Stepping-Stone...</i> 愈 <i>yu</i> s/he recovers 神效 <i>shenxiao</i> marvelously effective 效 <i>xiao</i> effective 最效 <i>zui xiao</i> extremely effective 立愈 <i>li yu</i> s/he recovers immediately 2而愈 <i>er yu</i> and s/he recovers 極妙 <i>ji miao</i> extremely marvelous 妙 <i>miao</i> marvelous | <i>The Essentials...</i> 神效 <i>shenxiao</i> marvelously effective 皆效 <i>xie xiao</i> effective for all 都效 <i>dou xiao</i> all are effective 皆有奇功 <i>xie you qi gong</i> all are surprisingly effective 2治 <i>zhi</i> it cures | <i>The Guide...</i> 最妙 <i>zuimiao</i> most marvelous 愈 <i>yu</i> s/he recovers | <i>The Short Guide...</i> 此藥能 <i>ci yao neng</i> this drug can... 妙藥 <i>miaoyao</i> marvelous drug 無不效 <i>wu bu xiao</i> always effective 3皆能 <i>xie neng</i> they all can... | <i>What the Ignorant...</i> ... 10治 <i>zhi</i> it cures | <i>Tried and Effective Recipes</i> 立刻見效 <i>li ke jian xiao</i> effectiveness immediately visible 愈 <i>yu</i> s/he recovers 神效 <i>shenxiao</i> marvelously effective 效 <i>xiao</i> effective |
|---------------------|---|--|--|---|---|---|
| | | | | | | |

their own work to their forebears, use this tool. Only *What Someone Ignorant and Tried and Effective Recipes* do not use citations.

Another tool, only used by *The Stepping-Stone* to convince its readership to act and think according to what is written, is the use of discourse markers which have a strong illocutionary force. We had previously noted that this text included a lot of textual connectors and discourse markers, whose function is usually thought to be that of replacing punctuation markers when texts were unpunctuated. But in fact, the author might well have used so many discourse markers for another target. By littering his argument with a lot of discourse markers such as “isn’t it”, “it is sure”, “that’s it”, “I ask you”, the author of *The Stepping-Stone* interacts with his readership, expecting thereby to strengthen the perlocutionary effects of his writing. By using discourse markers having a strong illocutionary force and other locutions such as “some people believe that... but how is it possible to be so mistaken?”, “How is it possible to make such mistakes!”, “to state that is really impossible”, the author’s goal is to produce a complete adhesion to the speaker’s arguments and annihilate any opposition. Interestingly, this text, which uses quotations and interactional discourse markers, was written not only for teaching but also to convince people to stop following a particular medical fashion.

To summarize on this last point, applying different tools from the speech act theories helps to highlight that the communicational properties of these texts are very different (see Table 3.9). We have texts where the speaker’s presence (his ways of thinking, his commitment to results) is highly marked and texts where the speaker and other individualized people are hidden for the benefit of an objective discourse; we have texts that look like simple notices for use and texts that combine instructions for use, explanations, and descriptions.

3.5 Conclusion

The issue underlying this analysis was to highlight how medical texts differed from each other. Thus I submitted a small sample of texts dealing with a same issue to a semantic, syntactic, and communicational comparative analysis. This systematic comparison first allows to see that these texts do not share the writing conventions that are usually shared by people who belong to a well-defined professional community.⁴¹

This analysis then allows us to confirm two points highlighted by linguists specializing in the question of genre: the literary act is a complex semiotic act, and, as we multiply the analytical approaches, “we are more likely to find increasing flexibility, fluidity and tentativeness in our understanding of generic integrity”.⁴² Indeed, when we analyze these six excerpts from the single perspective of their semantic content, we find that the texts are informative in varying degrees. When

⁴¹ On the conventions of writing within professions, see (Bhatia 2004, p. 136).

⁴² See (Schaeffer 1989; Bhatia 2004, p. 181).

Table 3.9 Communicational properties of these excerpts

| Titles/dates | <i>The Stepping-Stone</i> ...1751 | <i>The</i> <i>Essentials</i> ... 1801 | <i>The Guide</i> ... 1838 | <i>The Short Guide</i> ... 1865 | <i>What the ignorant</i> 1881 | <i>Tried and Effective</i> <i>Recipes</i> 1936 |
|--|--|---|---|---|---|---|
| Author's place, status, and target audience | Guangdong Highest degree Officialdom & physician linked to the highest elites of his time | Guangdong No degree Physician Not part of officialdom Patronage from local elites | Guangdong No degree Physician Not part of officialdom No relation with local elites | Guangdong Physician Lowest degree Patronage of local elites Not part of officialdom | Guangxi 2nd degree Officialdom & physician Patronage from local elites | Guangxi Anonymous |
| Directive/assertive | = | - | = | = | - | + |
| Personalized texts | + | + | + | + | - | - |
| Perlocutary force (citations, discourse markers) | ++ | + | + | + | - | - |

we consider them from the point of view of their encoding, we distinguish verbose *versus* concise texts, texts that invite action first *versus* texts that first invite comprehension, texts of differing levels of readability, texts to be learned by heart *versus* others to be consulted and meditated upon. Finally, if we look at the texts from their communicational properties, we distinguish texts that aim at making the reader follow a series of instructions without explanations *versus* texts that have the same purpose but by providing the reader with explanations and predictions; we distinguish highly personalized texts *versus* texts where individual opinions or judgment are hidden for the benefit of a certain objectivity; texts which, in order to convince the readers, interact with them *versus* texts that do not invite interaction. Some texts seem to be closer to others on the semantic or syntactic or emotional levels. But as soon as we look at these texts from all three perspectives, it becomes quite difficult to establish a particular typology that would distinguish one genre from another. The identification and the delimitation of genres, in whatever field, thus raise difficult problems.⁴³

If firm conclusions cannot be drawn yet, this attempt to make a systematic comparison has led to the establishment of an analysis grid that stresses firstly that texts can be characterized by far more features than simply being “theoretical”, “practical”, “popular” or “scholarly”. Of course, as other historians have already underlined, we can distinguish texts for “doing” from texts for “thinking”. But what this multi-approach analysis shows is that this distinction does not only rely on the presence or lack of theoretical elements but rather on a wider set of criteria: the frequency of directives; the order of presentation of the argument that notably induces very different reading modalities. What this attempt to describe texts from many perspectives stresses, next, and already outlined by linguists working in the field of literature, is the fact that when an author claims, in the paratext (notably in its title and/or preface), generic determination for his text, it does not necessarily imply that the rules he follows are reducible to the rules that are often associated with the generic name chosen.⁴⁴ Let us take as an example the three texts that claim to be pedagogical books: *The Stepping-Stone*, *The Essentials* and *The Guide*. It is true that these three texts share the highest number of semantic features—clinical signs, prescriptions, explanations of causes and the development of the disease and citations. However, if we look at them from the other points of view developed here, we see significant variations: some texts are in prose while others are in verse; some try to be concise and handy while others do not; some ground their authority in individualized opinions while others ground their authority in a neutral objectivity. Note that *What Someone Ignorant*, announced as a book on self-medication is, to some extents—verse and rhythm constraints, order of information presentation (explaining before acting), clear pagination—closer to some textbooks than to the *Short Guide* which was also announced as a book on self-medication.

⁴³ (Genette et al. 1986, p. 163).

⁴⁴ (Schaeffer 1989, p. 128).

This sample of six excerpts is of course very small. Applying this analysis grid to a larger number of medical texts produced in late imperial China will perhaps help to better highlight the different ways of writing medical texts at that time in China and perhaps distinguish more clearly different types of medical communities.

3.6 Translations

In order to bring out the discourse characteristics in each text—frequency of textual connectors and of discourse markers, illocutionary force markers, concise or expansive writing styles, etc—I chose to provide a very close translation to the original Chinese. This appeared to be a very difficult challenge which furthermore did not always produce particularly nice results, in terms of readability and style. When I found it really necessary, I have added connectors to the translation, but these connectors are not marked with boxes. I capitalized the names of the five phases (Wood, Fire, etc...) but used small size letters for terms such as “cold”, “warm”, “heat” even if one must bear in mind that these terms, beside corresponding to feelings and to external conditions, are also used as general terms to classify the phenomena and the elements of the universe.

Legend:

- Small characters: comments or indications inserted into the main text in smaller characters by the authors
- Boxes: textual connectors and discourse markers
- Abbreviations for the different types of illocutionary act:

| | |
|-----|-----------------------------|
| DA | Descriptive Assertive |
| CA | Causal Assertive |
| PA | Predictive Assertive |
| AoD | Assertive of Definition |
| CD | Conditional Directive |
| DD | Direct Directive |
| ID | Indirect Directive |
| ImD | Implicit Directive |
| CM | “Citative” Metadiscursive |
| EM | “Expositive” Metadiscursive |

1st text: *The Stepping-Stone for Medicine (Yi bian)*, by He Mengyao, 1751

| | |
|---|----------|
| Sudden Disorder | AoD |
| <i>Huo</i> signifies that feet and hands are moved by an agitation which is sudden, [it is sure], <i>luan</i> signifies that inside the evil <i>xie</i> and the correct <i>zheng</i> are in disorder, [it is sure]. | |
| Its symptoms are: the epigastrium and the abdomen are painful, there is [either] vomiting [or] diarrhea, [or] vomiting and diarrhea at the same time, in serious cases [then] feet have muscle cramps, (when) muscle cramps are serious [then] from the feet they reach the abdomen, [or] all the muscles/sinews of the body are spasmodic, the tongue retracts enrolled and death occurs. | AoD |
| [If] there is no vomiting nor diarrhea, [but] only muscle cramps and abdominal pain, we call it Dry Sudden Disorder, [and this is exactly] what we commonly call the Disease of the Blocked Intestines, [it's sure]. | AoD |
| The disease's origin is that something evil <i>xieqi</i> has collected and obstructs the middle burner, isolating CA the upper and the lower (parts of the body), the correct qi no longer circulates. | CA |
| The <i>yang</i> qi of the upper (part of the body) cannot flow downward nor communicate with the <i>yin</i> , CA [therefore] it causes an obstruction in the upper body, [this is why] there is vomiting. | CA |
| The <i>yin</i> qi of the lower (part of the body) cannot flow upwards nor communicate with the <i>yang</i> , CA [therefore] it causes downward pressure/oppression in the lower part [this is why] there is diarrhea, [it is sure]. | CA |
| It is what we call the separation of <i>yang</i> in the upper (part of the body) and <i>yin</i> in the lower (part of the body), [it's sure], [and also] AoD to have the <i>yin</i> in the upper (part of the body) and the <i>yang</i> in the lower (part of the body) [or also] that <i>yin</i> and <i>yang</i> are irregular, that the pure and impure, the correct and the evil mix together, that cold and hot fight against each other, being opposed to each other without communicating, [as a result] the circulation of blood, qi, camp qi, and defensive qi is disturbed, here it goes with the current, there it is against the current, they fight altogether in the middle (part of the body), [that's it]. | AoD |
| Up, vomiting, down, diarrhea, [then] the evil located in the middle burner succeeds in dispersing and PA disappears, some recover [even] without drugs. | PA |
| [If] the evil qi is extremely hot, vomiting and diarrhea go so far as to exhaust the regular qi, the evil PA condenses [and as a result] doesn't move, [that's it]. | PA |
| The origin of the cramps lies in the condensation of evil Fire in the muscles/sinews, caused by the long- CA term exhaustion of blood and bodily fluids, [and thus] it is not something sudden, [it is sure]. | CA |
| [If] because of Sudden Disorder vomiting and diarrhea, you loose the bodily fluids suddenly, [then] the PA exhausted blood and fluids are even more exhausted. | PA |
| [But] if it is not because of vomiting or diarrhea [but because] you caught a cold wind from outside, the PA skin structures become blocked, the hot qi remains enclosed and increases [and accordingly] the heat of and the evil Fire increases even more –it is what happens for the muscle cramps of Dry Sudden Disorder [as well as] DA for ordinary muscle cramps- [in that case], the contractions are highly painful, [and] it is not possible to relieve/stop them, [that's it]. | DA |
| To judge by its shocking appearance, it belongs to Fire, there is no doubt. | DA |
| [Sometimes] people believe that it is because of cold, they state that cold provokes muscle spasms, but DA don't they know [in fact] that the muscle spasms are just a simple forced contraction, and that they have nothing in common with the unusual pain of the muscle cramps, [how is it possible that] they are so mistaken? | DA |
| [Or] they suspect that as the muscle cramps are mainly in the feet, it clearly belongs to cold and <i>yin</i> DA (diseases). | DA |
| [Truly], the feet are in the lower part (of the body), they belong to <i>yin</i> and cold, [if in addition] you catch a DA cold wind, you will have violent muscle spasms. | DA |
| It doesn't matter whether the Sudden Disorder shows cold or hot symptoms, all have something evil CA collected in the middle burner, the <i>yang</i> qi cannot flow downward, the two feet must have cold, [this is why] they have muscle cramps. | CA |
| [If] it is because of the Fire heat, [then] all the muscles/sinews should have cramps [isn't it], [so why] do they CA only affect the feet [I ask you]? | CA |
| To say that it is because of cold that only the feet have muscle cramps, is [also] right, [but] to say that it is only because of cold, [and] that there is no evil Fire in it, this [however] is not possible, [for sure]! | |
| [If] there was no evil Fire, [then] the <i>yin</i> would condense [and] would remain immobile, it goes against the PA principle of violent cramps. | PA |
| [Furthermore] Sudden Disorder is a disease of the spleen and the stomach, [this is why] only the feet have CA muscle cramps, we can't say that it is necessarily because of cold, [for sure]. | CA |
| Danxi, to cure the muscle cramps of the whole body that enter into the abdomen, makes a very salty DA decoction that he puts into a vessel and he warms it gently, and he uses it to irrigate the dryness the blood is hot [right?], [once] cooled it becomes strong and violent, we can [also] use it to soften hard masses. | DA |
| In order to cure Sudden Disorder, you always must examine carefully to identify which evil is the cause. ID Hejian says that it is caused by excessive heat, a very violent Fire, [it's sure]. | ID |
| [Whatever] the violent diseases or violent deaths, they all belong to Fire, [it is sure]. | CM DA |

| | |
|---|--|
| The <i>Zhunsheng</i> ⁴⁵ says that its origin lies in a damp spleen, damp is abundant in the spleen, [consequently], CM | |
| there is obstruction [and] heat production at the same time, [that's it]. | |
| [For] Zhang Zihe, it is the combination of the three qi of wind, damp and heat that [thus] produces the evil; CM | |
| [Indeed], the damp-Earth of the spleen is controlled by the wind-Wood of liver the clear qi of the Wood is blocked by dampness, it can't go upward, if it can't go up [then] dampness increases and does not circulate, [and if] it receives the Wood it is dominated, [naturally] it condenses [and consequently] produces heat that develops suddenly, [and in response to] this development, the Fire of the heart goes up in smoke, [this is why] there is vomiting, the dampness of the spleen flows downward, [this is why] there is diarrhea, [it's sure]. | |
| Wang Haizang says [equally] that it is the combination of wind, damp, heat and food that produces the CM | |
| evil. | |
| [As for] the <i>Mingli lun</i> ⁴⁶ it says that for the most part Sudden Disorder is caused by troubles coming from CM | |
| food and drink, [like] in Sudden Disorder caused by cold, [where] an evil qi enters into the middle burner, the qi of the stomach is not at peace, [accordingly] the <i>yin</i> and <i>yang</i> eventually become separated. | |
| One must combine the theories of these masters, one cannot lean toward one of them, otherwise this ID | |
| would lead to making errors. | |
| [Generally speaking], this disease is the most prevalent between summer and autumn. DA | |
| [Indeed] during summer months people eat cold food and drink cold water, their cold and damp qi fight DA | |
| against the very hot qi in the stomach, [this is why] cold and heat are not balanced, [then] nothing can't stop the obstructions, [and] a little time [after] the disease occurs. | |
| [If] from the outside you catch a cold wind, or from the inside you are harmed by ingesting food, [then] PA | |
| there is obstruction, it develops suddenly, [it's sure]. | |
| The development of the disease always begins with abdominal pain, if the pain goes up and gets close to PA | |
| the heart [then] vomiting happens first, if the pain goes down and gets close to the navel [then] diarrhea happens first. | |
| [As a result of] a wind attack, [then] there is aversion toward wind and perspiration, [as a result of] a cold PA | |
| attack [then] there is aversion toward cold and no perspiration, [as a result of] a damp attack [then] the body is heavy, [as a result of] a heat attack the heart and spirit are troubled. | |
| To treat it, ask which kind of food has been eaten, which of the seven emotions have been activated, and DD | |
| [next] distinguish whether it is a cold, hot, repletion or depletion (patho-condition). | |
| The one who has shortness of breath, white lips, cold flesh, muscle contractions in the four limbs, AoD | |
| aversion toward cold and preference for heat, deep and slow pulse, clear mind, has a cold (patho-condition), [for sure]. | |
| Sudden Disorder being a brutal disease has Fire for origin, [but] Fire is contained by cold, [once] it develops Fire flows away [and] CA | |
| cold remains alone, [that's it]. | |
| Decoction to regulate the middle burner ImD | |
| See cold attacks DD | |
| Irregular pulse: decoction for promoting circulation in the vessels and lighten cold in the limbs ImD | |
| See cold limb syndrome DD | |
| Unceasing vomiting, original qi dispersed, enormous spread of yang towards the outside, [or] thirst for ID | |
| cold drinks [but] incapability of drinking the water asked for, [or] fever and agitation, desire to remove clothes, you must not make the mistake of believing that it is a hot (patho-condition), | |
| Decoction to regulate the middle burner is suitable; in serious cases, [then], decoction with aconite to DD | |
| regulate the middle burner | |
| see [again] cold attacks DD | |
| If it is not effective, [then] decoction for the four cold limbs ImD | |
| see cold limb syndrome DD | |
| [In addition] one must absolutely abstain from ingesting cold things. ID | |
| For those who have muscle cramps, remove atracylodes macrocephalae from the decoction to regulate DD | |
| the middle burner, add a stem of fresh aconite. [Or] add 1 qian of iced gelatin cut and browned to the decoction to regulate the middle burner. | |
| Because of cold the blood became solidified, it is like iced gelatin, [this is why] you must add this to the treatment, [and also] you use ID | |
| it to moisten the dryness. | |
| [Or] make a thick decoction with salt [and then] firmly hold legs and calves so that they do not fold up into DD | |
| the abdomen. | |

⁴⁵ Abbreviation for the 證治準繩 (*Zheng zhi zhunsheng*, *Rules for diagnosis and treatment*), 1602, by Wang Kentang (1549–1613).

⁴⁶ Abbreviation for the 傷寒明理論 (*shanghan ming lilun*, *Clear discussion on cold damage*) by Cheng Wuji, eleventh–twelfth centuries.

| | |
|--|-----------|
| Or burn 27 moxa cones on the <i>chengshan</i> point, it is highly effective. | DD |
| One method: males pull their genital organs with their hands, females press their breasts. ⁴⁷ | ID |
| The one who has a hot body, thirst, thick breath, dry mouth, preference for cold, aversion to heat, confused heart and mind, deep, quick pulse, it is a hot (patho-condition), for sure | AoD |
| If furthermore the four limbs are heavy and articulations are painful, it is combined with dampness, for sure. | AoD |
| In Sudden Disorder caused by Summer-heat, it is suitable to take a cool decoction of herba elscholtziae, see Summer-heat attacks. Drink it in one go and very cold as if it was coming from the bottom of a well; the powder of cinammomun, digitalis and atractyloides macrocephalae is also marvelous. | ID |
| Those whose dampness is abundant: Decoction to eliminate dampness, see dampness attacks, decoction of fructus chebulae. | ImD |
| Those whose Summer-heat and dampness are mixed together: Powder of the two perfumes. | ImD |
| Those who are very hot and drink a lot: powder of the five drugs containing poria cocos see dampness troubles. | ImD |
| Those who have muscle cramps: cold juice of the dry fruits of chaenomeles speciosa, or it is possible also to take a juice of herba escholtziae, or grill and grind twenty gardenia stems into powder, make an infusion with hot water. | ImD |
| For those who are thirsty and agitated, whose fluids, after vomiting and diarrhea, have been exhausted, for sure: Decoction to stop the thirst, cold decoction to reduce the spleen, decoction of poria cocos and alismatis rhizomes, decoction of wheat and asparagus. | ImD |
| After Sudden Disorder, if diarrhea does not stop and the abdomen is painful, if we fear that it is turning into dysentery, pills of coptis roots are suitable. | CD |
| After Sudden Disorder, if you see blood in the diarrhea: decoction to stop the blood and decoction of silicate of aluminum. | CD |
| Since all these hot and cold patho-conditions are similar and difficult to determinate, you must observe the pulse. | ID |
| Because in Sudden Disorder the qi is blocked, the pulse is so deep and hidden that it is imperceptible, or it is choppy, blocked as if it was stopped. | DA |
| You must distinguish, thank to its sound, whether it has strength or not. | ID |
| In fact this is also difficult to differentiate, for sure. | DA |
| You must not give medicine without due consideration, but begin by determining (the disease). Yin Yang | ID |
| Water and the <i>shaqua</i> method (extracting the <i>sha</i>) are very effective and suit Dry Sudden Disorder particularly well. | |
| This method consists in using a bowl in thin porcelain, warmed with hot decoction, a perfumed oil is put on the borders to make it slippery, without wounding the flesh, you scrap the <i>yuxue</i> point on both sides of the vertebral column, and you extract the evil from depot and palace organs, you also scrap the soles of the feet and palms of the hands', to extract it from everywhere, when the hot blood succeeds in going out, red or crimson petechiae appear, red is mild, crimson is serious, black is even more serious. | DA |
| To be more precise the qi clots and then the blood thickens, the blood thickens and then the qi is even more blocked, if the blood disperses and the qi circulates, then recovery is immediate, for sure. | CA and PA |
| For those who are overwhelmed with the seven emotions: Decoction of the seven qi. | ImD |
| Those who have pain under the ribs, is (because) the Wood destroys the Earth, that's it: Decoction of radix bupleuri and chaenomeles speciosa. | ImD |
| Moreover those who are affected by an evil wind from outside: Decoction of the six harmonies, see Summer-heat attacks. Double herba agastachis, and boil with storax pills. See diverse attacks. | ImD et DD |
| Generally speaking, storax pills and agastachis powder to regulate Qi, see wind attacks, are the most appropriate to calm the spirit and regulate the qi, they must be used, for sure. | DA and ID |

⁴⁷ From the 千金藥方 (*Qianjin yaofang*, Essential Prescriptions Worth a Thousand Pieces of Gold), by Sun Simiao (6th–7th) Chap. 20, recipe 14.

| | |
|---|-----------------|
| Sudden Disorder is always caused by something evil, as soon as something evil is present it immediately causes repletion; even if people are depleted, one must not even give them supplements, but only after vomiting and diarrhea have occurred, one must observe carefully. | DA an ID |
| If everything has been expelled, the person is overwhelmed with tiredness, his pulse is thin and weak, in that case the evil thing has already left and it is a real depletion, for sure. | PA |
| If vomiting and diarrhea are not finished, the pulse is successively choppy, blocking and strong, the person is agitated and not at peace, in that case the evil is not yet exhausted, for sure, one must make the distinction. | PA and ID |
| Those who don't stop vomiting and have diarrhea, who get dizzy and have fits of dizziness, whose limbs are cold with muscle cramps, who seem incurable: Decoction of fructus evodiae. | CD |
| Those who continuously perspire until having cold limbs: Decoction against cold in the four limbs, see cold limbs syndrome | ImD |
| Those who, once vomiting and diarrhea have stopped, urinate and perspire normally and who, suddenly, become hot inside and outside, must also be warmed. | ID |
| Those who, once vomiting and diarrhea have stopped, don't urinate or don't have motions, feel pain in the stomach, have an obstructing mass: Four noble drugs, see qi, and add 1 liang of rherum officinalis. | DD |
| Once vomiting and diarrhea are finished, the diaphragm rises, the obstructing mass is close to breaking down: Decoction to regulate the middle burner, see cold attacks, add citrus frusca, and poria cocos. | CD |
| When vomiting and diarrhea have expelled everything but vomiting and diarrhea still continue, the abdomen is still painful, it is suitable to take the decoction of one ingredient with leaves of Pisum sativum, it is particularly recommended for Dry Sudden Disorder. ⁴⁸ | CD And ID |
| Luo Qianfu ⁴⁹ cured a man who was harmed by rotten meat and milk, he had a Sudden Disorder with vomiting and diarrhea, his pulse was deep and quick heat hadn't yet left, surely, wasn't strong at the palpation, the things that had harmed him had already left. He took half a bowl of freshly drawn water that he mixed with cinamomum powder, atractylodes macrocephalae rhizome, he made him take it slowly. | DA |
| He was a little better, moreover to strengthen the yin, he (Luo Qianfu) dug the soil two feet deep, he introduced freshly drawn water that he agitated, clarified, we call it Earth Juice, he drank it again and then he was cured. | DA |
| To strengthen the yin Earth, we must emphasize yin surely ⁵⁰ in case of extreme dryness and Summer-heat, there is no other solution. ⁵¹ | ID |
| He also cured a man of 80 years old, who had been affected by a Summer-heat Sudden Disorder, with vomiting, diarrhea, dizziness, Fire hot head, cold feet. | DA |
| He used a cold decoction of cinamomum, digitalis and honeydew to eliminate heat and strengthen qi, lower the superficial Fire, bring peace to the mind, he added poria cocos to separate the yin and the yang, he mixed this with fresh water and made him drink it and he recovered. | DA |
| Moreover, he used a decoction with ginseng and atractylodes macrocephalae to regulate the middle burner and he recovered. ⁵² | DA |
| In post-partum Sudden Disorder, there is no method other than those mentioned above however one must be very careful with the baby and avoid depletion. | ID |
| In Dry Sudden Disorder, one can neither vomit nor have diarrhea, the evil consequently gathers in the middle burner, if one uses warming and heating (drugs) death occurs immediately. | CD |
| Brown salt and put it in freshly drawn water that you heat, drink a lot of it to provoke vomiting; | DD |
| If there is no vomiting, keep on drinking it; if vomiting occurs keep on drinking it, and stop after vomiting three times, Generally speaking stop immediately when the evil is exhausted, don't be obstinate! | CD |
| This method is very effective, be it for those who want to vomit but who can't or for those who can't vomit all they should, it is suitable for both cases. | DA |
| It must be very salty and then it is marvelous. | ID |

⁴⁸ Same sentence in the 秘傳證治要訣及類方 (*Mi zhuan zheng zhi yao jue ji lei fang, Secrets for diagnosis and curing with recipes*) by Dai Sigong (公元1368-1644年), Chap. 1.

⁴⁹ A physician who lived during the thirteenth and fourteenth centuries.

⁵⁰ This passage is slightly different in another edition.

⁵¹ Inspired by (copied from?) the 名醫類案 (*Mingyi lei'an, Classified Case Records of Celebrated Physicians*), by Jiang Guan (1503-1565), Chap. 2, Shu 暑.

⁵² idem.

| | |
|---|-----|
| After vomiting, if the epigastrium is painful, that you want to go to the toilets, that it does not work even in forcing, agastachis powder to regulate the qi see wind attacks, add 1 qian of fructus aurantii, when fresh it is even quicker. | ImD |
| If a lot of things flow down: fudan pill ⁵³ . See Summer-heat attacks, if there is diarrhea then it is not possible to use this pill | CD |
| If it is not effective, you must use shenbao pills see harm by food and drink, but this pill must reach the large intestine to work. | CD |
| If it stagnates in the upper part, then it is not suitable, you must take laifu pills crushed into fine powder, mix with a decoction, take 100 small yangzhengdan grains see qi, and, hopefully, it can lead the drugs taken earlier to flow down. ⁵⁴ | CD |
| Dai Fu'an's method ⁵⁵ : first take a thick salty decoction to provoke vomiting, then mix storax and laifu pills, and successively introduce agastachis powder to regulate the qi to which you add radix Aucklandiae, fructus aurantii seu ponciri, decoction of magnolia officinalis, powder to save life, decoction of fructus malvae verticillata. | DD |
| Those who have red blotches that develop quickly between the nape of the neck and the heart, take green artemisia vulgaris mixed with water, drink it and you will recover. | CD |
| Or needle the weizhong point, and at the same time you bleed the top of the ten fingers, it is also marvelous. | ID |
| When Fire is extreme, drugs must be antagonistic. | ID |
| An ancient recipe: make a salty decoction boil and introduce the urine of a child, take it, it will lower down (Fire), and allow yin to be reached, that's sure, and simultaneously it allows blood to circulate. | DD |
| Whatever (kind of) Sudden Disorder you mustn't give puree. | ID |
| Indeed, the obstruction of the evil has not yet been transformed, once the cereal is eaten, the obstruction will increase, leading often to death. | CA |
| Abstain also from alcohol, ginger decoctions, garlic, black plum puree, hot beverages, and all astringent warming drugs. | DD |

⁵³ Pill promoted in the 太平惠民和劑局 (*Taiping Huimin he ji ju fang*, *Formulas of the Bureau of People's Welfare Pharmacy*), Chap. 5. 引杜先生方.

⁵⁴ Entirely similar in 秘傳證治要訣及類方 (*Mizhuan zhengzhi yaojue ji leifang*) by Dai Sigong (1368–1644), chap.1, itself copied from the 證治準繩 (*Zheng zhi zhunsheng*, *Rules for diagnosis and treatment*) of Wang Kentang.

⁵⁵ A physician whose name appears in the 張氏醫通 (*Zhangshi yitong*, *Zhang's Medical Compendium*) (1695) by Zhang Lu.

2nd text: *The Essentials of Medicine, (Yixue jingyao)*, by Huang Yan, (ca. 1751–1830), 1800, edition of 1867 (Chap. 2, pp.15–16)

| | |
|--|-----|
| Sudden Disorder | EM |
| Nai'an says: up, one wants to vomit <u>but</u> nothing comes out. Down, one wants to evacuate diarrhea <u>but</u> it doesn't work. Agitation, depression, and confusion happen simultaneously, they are <u>precisely</u> the symptoms of the Blocked Intestines. | AoD |
| Turn quickly to the <i>weizhong</i> point, refer to the foot map in the second chapter of convulsive symptoms, and needle until blood appears. | DD |
| <u>Or</u> needle the ten fingers altogether. | DD |
| Thanks to this intervention, blood circulates and the evil is dispersed. | CA |
| I have a pill that can stop choleric diseases. | DA |
| The Classic says: a troubled qi from the foot-major-yin conduit flows upward inappropriately, <u>and then</u> it is Sudden Disorder. ⁵⁶ | CM |
| It says <u>also</u> : in the bursting out of the suppressed Earth energy ⁵⁷ , there is vomiting and Sudden Disorder. | CM |
| <u>Therefore</u> the disease of Sudden Disorder happens <u>undoubtedly</u> <u>because</u> the stomach and the spleen have received something evil, <u>that's all</u> . | CA |
| This evil is not one and only one. | DA |
| <u>First</u> there is the evil carried by food or drink. | DA |
| <u>Second</u> the evil comes from cold wind. | DA |
| <u>Third</u> the evil comes from an excess of <i>yin</i> from dampness. | DA |
| Each harms in the same way. | DA |
| <u>That is</u> food is obstructed inside, the evil is blocked from outside. | DA |
| The evil and the correct are mixed together. | DA |
| The pure and the impure are mixed together. | DA |
| <u>Either</u> there is agitation and distension <u>or</u> the heart/spirit and the abdomen are disturbed and painful. Up, vomiting, down, diarrhea, both can happen at the same time, we call it Damp Sudden Disorder. | AoD |
| <u>Even if</u> this patho-condition seems frightening, one must not worry <u>however</u> <u>nor</u> make it stop. | ID |
| Wait until all that had gathered goes out entirely. | DD |
| <u>And then</u> vomiting and diarrhea will stop on their own. | PA |
| <u>Indeed</u> the evil must be vomited and evacuated by diarrhea <u>so that</u> it is eliminated, <u>it's sure</u> . | CA |
| In serious cases, one can take agastachis powder once to regulate the qi. | CD |
| <u>If</u> someone has <i>yin</i> and <i>yang</i> that get separated, has qi that does not circulate, who, up, wants to vomit <u>but</u> has nothing that is expelled, down, wants to have a motion <u>but</u> has nothing that is <u>expulsed</u> , who is restless, and has such a pain that he wants to die, we call it Dry Sudden Disorder, it is <u>precisely</u> what we commonly call the Choleric Disease of the Blocked Intestines, <u>it's sure</u> . | AoD |
| This is <u>in fact</u> the most serious disease. | DA |
| <u>If</u> we don't treat it quickly, it definitely leads quickly to death. | PA |
| One must quickly press some chives on the back of the ten fingers, needle and be sure to bleed them. | ID |
| When needling, one must press very strongly from the top of the arm to the fingers so that the poisoned blood collects in the fingers <u>and then</u> needle them. | ID |
| <u>If</u> he does not recover, quickly put some cold water on the <i>weizhong</i> point in the back of the knee, left for the boys, right for the girls, and massage violently with the hand palm. | CD |
| Massage until the sinews become purple. | DD |
| With needles pierce the sinews so it bleeds. | DD |
| It is prodigiously effective. | DA |
| To treat acute choleric diseases, my family possesses a pill which was handed down secretly, it is effective for both Dry and Damp Sudden Disorder, and today I don't dare keep it secret. | DA |
| I transmit it to you my pupils, <u>if</u> you can have it to save people, it will be much better than spending a lot of time searching in thousands and thousands of pages, <u>it is sure</u> . | DA |
| There are a lot of (types of) choleric diseases, some people <u>because</u> they eat raw vegetables or fatty things, feel in a split second exhaustion in their feet and hands, their abdomen oppressed, a slight pain; some, in a split second, have their face turn from white to black, their hands and feet become cold and they fall unconscious; some have their abdomen disturbed and painful, <u>and</u> at the same time feel cold then hot; the secret familial pill against choleric diseases is effective for all these. | DA |

⁵⁶ Excerpted from the *Lingshu, Huangdi neijing*, Chap. 10.

⁵⁷ Translation of Wu Liansheng, Wu Qi, p. 416.

| | |
|---|-----|
| Those who are basically puny and who frequently develop choleric diseases, there is <u>also</u> nothing better than the <i>schefflera venulosa</i> and <i>radix vicitis quinatae</i> , boil it until you have a thick soup, before taking the small intestine of a pig, make it brown with vinegar and introduce it into the soup and boil the intestine, take this 4 to 5 times, it can strike at the root of the evil. | CD |
| Agastachis powder to regulate qi | DA |
| It cures diseases contracted by external cold wind, the inner harm caused by food and drink, Sudden Disorder vomiting and diarrhea <u>and also</u> all the troubles caused by the irregular qi of the miasmas from mountain fog, you can <u>also</u> use it modified. | DA |
| Agastachis herba to regulate the Qi in the epigastrium | DA |
| Fresh <i>perilla frutescens</i> , mild <i>platycodon grandiflorum</i> , orange peel, <i>poria cocos</i> , <i>atractylodis macrocephalae</i> rhizome, <i>magnolia officinalis</i> , in the same proportions. <i>Pinellia ternata</i> rhizome, <i>massa fermentata medicinalis</i> , <i>radix angelicae dahuricae</i> , ginger (<i>Zingiber officinale</i>) rhizome, <i>jujubes (Zizyphus zizyphus)</i> , can <u>also</u> cure the troubles caused by external, internal (factors) and mountain fog miasmas. | CD |
| For the muscle cramps of Sudden Disorder, add <i>chaenomeles speciosa</i> . | CD |
| For those who have been seriously affected by food, add a drug that promotes digestion. | CD |
| Secret family pill against choleric diseases. | DA |
| It cures the Sudden Disorder vomiting and diarrhea, the different heart and abdomen pains and all the clinical signs of choleric diseases, <u>and also</u> it has a surprising effectiveness for the troubles contracted by an external evil cold, for the harm caused internally by raw vegetables, for oppression of the heart and abdomen, for untimely vomiting and diarrhea, cold qi, blocked qi and abdominal pain. | ImD |
| <i>Alpinia chinensis</i> rosc 4 liang, <i>notopterygii</i> rhizome 1 liang 5 qian, <i>magnolia officinalis</i> 1 liang 5 qian, orange peel 1 liang 5 qian, <i>atractylodes</i> , <i>saposhnikovia divaricata</i> 1 liang 5 qian, <i>citrus fusca</i> 2 liang, <i>herba agastachis</i> 2 liang, <i>yazao</i> roast it slightly and remove the husk 5 qian, <i>asaarum sieboldi</i> 1 liang, <i>shenggan</i> 1 liang <i>bujingzi</i> and fruits of <i>cinnamomum camphora</i> , for these two ingredients, use a slightly salt wine cook them 3 or 5 times, these two ingredients are the ruler, take four, five or six liang | ImD |
| Mix until you have a puree and make pills of the size of <i>sterculia</i> seeds, use a talc coating <u>or</u> you can <u>also</u> use a preparation made of <i>isatis</i> and <i>cinnabar</i> . Adults take some 3 to 5 qian with cold water. For children, it depends on their weight. <u>If</u> the disease explodes violently, quickly crush some pills, mix them with water and make (the patient) drink, all will survive. | DD |

3rd text: *The Guide for Summer-heat Diseases, (Shuzheng zhinan),* by Wang Xueyuan, 1843

| | |
|---|-----|
| Sudden Disorder | DA |
| The disease of Sudden Disorder usually happens during the summer. | |
| The Summer-heat and damp qi prevails, <u>it's sure</u> . | DA |
| We get it from wind, cold, Summer-heat, food and water; all these evil mix together and cause the disease. | DA |
| The disorder is located in the intestines and in the stomach. | DA |
| The pure and the impure are mixed together. | DA |
| <u>This is why</u> the epigastrium and the abdomen are very painful and there is vomiting and diarrhea, <u>it's sure</u> . | CA |
| Use agastachis powder to regulate the qi. | DD |
| <u>If</u> there are muscle cramps, add chaenomeles speciosa and fructus evodiae | CD |
| <u>If</u> it is because of Summer-heat, then vomiting is frequent. | PA |
| Add elscholtzia powder usually called the decoction of two perfumes. | DD |
| <u>If</u> it is because of dampness, diarrhea is abundant. | PA |
| Add atractylodes. | DD |
| Those who <u>at the same time</u> have a blocked digestion, powder to harmonize the stomach. | CD |
| Those whose Summer-heat is acute, who pant, whose front's teeth are dry, whose urine is blocked or <input type="checkbox"/> yellow and short, Changsha's powder to tonify the essential energy. ⁵⁸ | CD |
| <u>Or</u> five drug powder containing poria cocos. Add gypsum fibrosum, talc and calcite. | DD |
| <u>It is precisely</u> Hejian's cinnamom, poria cocos and liquorice hydrolat. | DA |
| <u>If</u> someone is very cold, with cold extremities, white slippery and moist tongue, thin pulse, make a decoction to regulate the middle burner with prepared aconite root and aconite. | CD |
| Dry Sudden Disorder - that we usually call Disease of the Blocked Intestines or Distension with Cyanosis all the body is deep purple | DA |
| This disease's origin is apoplexy. | CA |
| The evil and fetid things can't go up or down. | DA |
| Up, one can't vomit, down, one can't evacuate diarrhea. | DA |
| Abdomen is extremely painful. | DA |
| Fingers become dark black. | DA |
| The symptoms are those of a <i>yin</i> disease. | DA |
| They are the most serious signs. | DA |
| <u>If</u> one uses warming drugs death will occur immediately. | PA |
| Eating a thick puree provokes death <u>as well</u> . | PA |
| <u>If</u> the tongue has a cramp and retracts, <u>if</u> testicles or women's genital organs retract and enter into the abdomen, <u>then</u> it is difficult to cure, <u>it is sure</u> . | PA |
| Quickly use browned salt with Yin Yang Water. | DD |
| Warm it and drink abundantly. | DD |
| It is the most effective to provoke vomiting. | DA |
| <u>Or</u> it is <u>also</u> possible to make a decoction of lemon. | ID |
| <u>If</u> blotches appear between the nape of the neck and the heart, cool immediately. | CD |
| Drink the juice of green artemisia vulgaris and water and recovery will occur. | DD |
| There is <u>also</u> the case where the entire body is deep purple, it is what we usually call the Distension with Cyanosis. | AoD |
| <u>Again</u> use browned salt <u>and</u> Yin Yang Water to provoke vomiting. | DD |
| For the preparation of moxas and recipes, look at the classified recipes, hereafter. | DD |

⁵⁸ Entirely copied from a commentary of the 醫宗金鑒 (*Yizong jinjian, Golden Mirror of Medicine*), compiled by Wu Qian in 1742

4th text: *The Short Guide of Medicine of Pingqin Room (Pingqin shuwu yilue)*, by Pan Mingxiong, 1865

| | |
|---|-----|
| Appended discussion on the disease of Sudden Disorder Sudden Disorder is a disease where the abdomen is painful. | AoD |
| It is <u>also</u> the disease which responds to agastachis powder, <u>among others</u> , <u>used by the merchants</u> . | AoD |
| Wang Kentang says that against Sudden Disorder without vomiting and diarrhea, <u>or</u> when the abdomen is swollen like a drum, you must not take other drugs, <u>at a pinch</u> you can take the powder to tonify the Essential Energy, you prepare it in a decoction that you cool and drink slowly and continuously. | CM |
| <u>If</u> you don't stop taking this drug, it can triumph over the evil qi, bring down food and mucus, harmonize the stomach and balance the middle burner. | PA |
| <u>However</u> if you hear noises inside the abdomen, <u>then</u> it is a good thing. | PA |
| If nothing goes out downward, <u>then</u> there is vomiting, if there is not vomiting, <u>then</u> things go out downward. | PA |
| <u>Consequently</u> this is a wonderful drug against Sudden Disorder, <u>it is sure</u> . | DA |
| You must absolutely abstain from ginger decoction, thick purees, and black plum puree. | ID |
| For my part, I respect this method. | DA |
| When I (or you) face Sudden Disorder where <u>either</u> vomiting and diarrhea have not yet occurred, <u>or</u> where vomiting and diarrhea have already happened, I use (use) the leaves of herba agastachis, fermented with large tea leaves, 3 qian of each all can harmonize the middle burner alismatis rhizome, caulis akebiae, 1 qian each all can bring down the impure radix bupleuri, angelica 7 or 8 fen each all can bring up the pure I boil (boil) and infuse with the powder to invigorate essential energy for 3 or 4 qian. | ImD |
| I wait (or, wait) until it is cold and drink. | DD |
| <u>If</u> the abdomen is <u>still</u> painful, I <u>still</u> keep following this method. | CD |
| If there is dampness, you must add some atractyodes rhizome. | CD |
| <u>Or</u> use herba agastachis powder as an aid. | DD |
| This method is always effective. ⁵⁹ | DA |
| <u>Moreover</u> the Ancients used to say that for <u>whatever</u> violent disease, we should not discuss the pulse <u>but</u> observe its clinical signs ⁶⁰ . | CM |
| This doctrine is particularly true for Sudden Disorder, <u>as well as</u> for all acute and painful diseases, where the pulse is quick and deep. | DA |
| We must always remember this statement. | ID |
| <u>Furthermore</u> they used to say: <u>whatever</u> diseases that happen suddenly, all are diseases linked to the liver conduit. | CM |
| <u>This is because</u> among the Five Phases, there is no quicker phase than Blowing Fire (or wind and Fire), and the liver is the Depot of Blowing Fire (wind and Fire), <u>that's it</u> ⁶¹ . | CA |
| <u>And</u> this is <u>not only</u> true <u>for</u> abdominal pain. | DA |
| <u>In fact</u> , the liver rules sinews and also pain. | DA |
| <u>Consequently</u> it is not possible to say that diseases with pain <u>as well</u> have no link with the liver, <u>it is sure</u> . | ID |
| <u>As</u> Sudden Disorder is a disease that develops quickly, <u>this is why</u> we must <u>also</u> add a little bupleuri in order to disperse all that has been collected in the liver. | ID |
| <u>Or</u> use mandarin peel as an assistant in order to inhibit the hyperactivity of the liver. | DD |

⁵⁹ In the passage that follows “For my part, I respect this method”, there is an ambiguity, due to the fact that Chinese verbs do not conjugate and one does not need personal pronouns in written Chinese either. Therefore, this passage can be understood as a description of what the author does when he faces cases of Sudden Disorder, but also as an injunction aimed at the reader. In both cases, however, the illocutionary target is directive: either the author wants the reader to do as he himself does (I do that, implicitly, do as I do), or the author gives him a series of instructions.

⁶⁰ According to the belief that in acute forms of any disease, and unlike the other clinical signs, the states of the pulse become confused and cannot provide reliable information about the disease.

⁶¹ This sentence sounds strange as the liver is associated with Wood and by extension with wind.

5th text: What Someone Ignorant in Medicine Should Know (Bu zhi yi biyao), by Liang Lianfu, 1881

| | |
|---|-----|
| Sudden Disorder (With) this disease, up, there is vomiting, down, there is diarrhea. | DA |
| Some receive cold wind from outside. | DA |
| The cold qi enters into the Depots and then disease occurs. | CA |
| Some do not take care of what they eat. | DA |
| Raw food harms the insides and then disease occurs. | CA |
| Some because of misfortune starve. | DA |
| The qi in their stomach is harmed and then disease occurs. | CA |
| Some have once eaten too much. | DA |
| Food cannot be digested and then disease occurs. | CA |
| In some places, the qi is disturbed, cold and warm are out of season. | DA |
| One finds it and then disease occurs. | CA |
| Some droughts alternate with lashing rain. The pure and the impure mix together. | DA |
| It affects you and then disease occurs. | CA |
| Briefly speaking all are diseases where the spleen is harmed by a damp cold. | DA |
| Furthermore some have Sudden Disorder with cramps. | DA |
| The sinews from the feet to the abdomen contract with cramps and acute pain. | DA |
| In acute cases, the genital organs are reduced into small balls. | DA |
| Pain presses the hypogastrium. | DA |
| It is the most serious sign. | DA |
| It is the disease where the qi and the blood are harmed together in the foot-yang-brilliance <i>Zuyangming</i> and foot-ceasing-yin <i>Zujueyin</i> conduits, it is sure. | DA |
| In addition there is Dry Sudden Disorder. | DA |
| (With) this disease, up, you want to vomit but you can't. | DA |
| Down, you want to evacuate diarrhea but you can't. | DA |
| The thorax and abdomen are both swollen and are acutely painful. | DA |
| We call it commonly the Disease of the Blocked Intestines. | AoD |
| It must be that inside there is a stagnation of food and drink. | CA |
| And that a evil cold from outside is blocked. | CA |
| <i>Yin</i> and <i>yang</i> are opposed, | DA |
| The qi no longer circulates. | DA |
| It is very dangerous. | DA |
| First you must take a salty soup to provoke vomiting and evacuate the obstructing things, in order to let the pure qi circulate. | ID |
| Then, you must take drugs that warm the middle burner and disperse the obstructions. | ID |
| There is never a mistake. | DA |
| After the vomiting and diarrhea of the Sudden Disorder, the qi of the stomach is not yet pure. | DA |
| It is recommended to eat and drink food and beverage little by little and in small quantities. | ID |
| However, it is also not recommended to give thick purees to eat too quickly. | ID |
| If the evil obstructs and again causes blockages, then there will be much damage. | PA |
| Classified recipes (against) Sudden Disorder | DA |
| Decoction of mandarin peel and of two more ingredients harmonizing cures Sudden Disorder vomiting or the associated diarrhea | DA |
| Mandarin peel, 1 qian Herba agastachis Poria cocos each 2 qian and 5 fen Pinelliae rhizome cut 2 qian Roasted herbs 1 qian Fresh ginger 3 slices | ImD |
| Decoction of agastachis to regulate the qi harmonizing Cures those who have been affected by a seasonally abnormal qi, who have Sudden Disorder vomiting and diarrhea, who have headache and feel hot and cold alternatively. | DA |
| Herba agastachis Perilla frutescens Radix angelicae dahuricae Pericarpium arecae washed with alcohol Platycodon grandiflorum 1 qian each Magnolia officinalis cut with juice of ginger Atractylodes rhizome dried white poria cocos mandarin peel pinelliae rhizome cut roasted herbs 8 fen each | ImD |
| Add three pieces of fresh ginger, one jujube and boil. | DD |

| | |
|---|-----|
| Simple and practical decoction of one ingredient harmonizing Cures Sudden Disorder | DA |
| Bark of camphor tree 1 liang. | ImD |
| Boil with water. | DD |
| Moreover when vomiting and diarrhea don't stop, use a bunch of artemisia vulgaris boil and take it thickened. | CD |
| Decoction of the six harmonies harmonizing It cures the harm to the spleen caused by excessive heat and dampness in summer and autumn. If you eat too much cold (food), too much melon, until having blocked cold in the stomach. The food stagnates and is not digested. Progressively, it becomes the Sudden Disorder. | DA |
| Angelica root fried with rice its bark removed Pinellia ternata rhizome cut Fructus amomi crushed 1 qian dolichos crushed and browned Herba agastachis red poria cocos Chaenomeles speciosa 2 qian each roasted herbs 1 qian | ImD |
| Add three slices of ginger, one jujube and boil. | DD |
| Powder for pacifying the stomach harmonizing It cures disharmonies of the spleen and stomach, abdominal distension, vomiting, Sudden Disorder, and the like. | DA |
| Herba agastachis 1 qian 5 fen atractylodes washed in rice water peel of magnolia officinalis browned in ginger juice orange peel 1 qian each | ImD |
| Add two slices of ginger and boil. If vomiting is frequent, add 1 qian and 5 fen of Pinellia ternata rhizome. Painful abdomen: add 7 Fructi amomi and 1 qian of radix aucklandiae. cold: add 5 to 7 fen or 1 qian of dried ginger. | DD |
| Decoction of lengxiang very warming prescription It cures Sudden Disorder progressively developed because of mutual attacks on yin and yang, linked to the desire to eat raw and cold things, in damp summer and autumn. Abdomen is fiercely painful, sides are big and full, physical and psychological agitation leading to excessive eating. | DA |
| Dried grains of Alpinia katsumadai washed, roasted and crushed aconite cut Alpinia chinensis rosc 1 qian each Flos caryophylli 7 fen Radix symplocoricis paniculatae roasted herbs 1 qian each | ImD |
| Once boiled wait it becomes cold. It is when vomiting happens that it must be taken. | DD |
| Decoction of aconite and of late rice very warming prescription It cures Sudden Disorder with the four extremities cold, with frequent nausea and little vomiting. | DA |
| Dried ginger 1 qian slightly browned aconite prepared Pinellia ternata rhizome cut in pieces of 1 qian 5 fen roasted herbs 1 qian | ImD |
| Add a pinch of late rice, two big jujubes and boil. | DD |
| Classified Recipes against Sudden Disorder with cramps | DA |
| Decoction of Chaenomeles speciosa warm It cures unstoppable vomiting and diarrhea, troubled with cramps | DA |
| Fructus evodiae 1 qian soaked fennel 1 qian browned Chaenomeles speciosa 3 qian roasted herbs 1 qian 5 fen | ImD |
| Add three slices of fresh ginger, ten leaves of perilla and boil. | DD |
| Sishun fuzi tang very warming prescription It cures Sudden Disorder with muscle cramps, vomiting and diarrhea, cold extremities, aphasia due to exhausted qi, cold perspiration. | DA |
| Aconite a piece of 1 qian 5 fen dried ginger browned roasted herbs 1 qian each | ImD |
| Classified recipes against Dry Sudden Disorder | DA |
| Alum powder slightly cooling It cures (the cases) where one wants to vomit but can't, one wants to evacuate diarrhea but can't, with associated abdominal pain, and that we commonly call the Disease of the Blocked Intestines. | DA |
| Alum 1 qian | ImD |
| Crush into powder, mix it with Yin Yang Water and take. Mix the same quantity of cold water and boiling water, it is precisely the Yin Yang Water. | DD |

6th text: *Tried and Effective Recipes (jiyan liangfang)*, anonymous, 1936 and 1946

| | |
|---|-----|
| Recipes for curing Sudden Disorder | AoD |
| Up, vomiting, down, diarrhea, we call it Sudden Disorder. | |
| With muscle cramps, we call it the Sudden Disorder with muscle cramps. | AoD |
| Vomiting but no diarrhea, we call it Dry Sudden Disorder. | AoD |
| The disease exists from winter to summer. | DA |
| The recipes use camphor tree, <i>Cunninghamia lanceolata</i> , dried leaves of maple, an old rope, the bristles of a broom, the soil from a stove, perilla leaves, in equal quantities, add a pinch of fresh salt, brown and roast some nails and some cotton threads, boil together until you obtain a thick soup, drink it like tea, it is effective immediately. | ID |
| Furthermore you carefully observe the sick person's back, if there are black spots, you pierce with a needle and bleed, he will recover immediately . | CD |
| There is also powder of alum combined with Yin Yang Water. You take 1 to 2 qian, it is miraculously effective. | ID |
| You can also take a pinch of salt, put it on the knife blade that you heat until it is red, you infuse it in Yin Yang Water, it is also very effective. | ID |
| For this disease, refrain from eating rice; refrain from eating rice soup as well ; a fortiori refrain from ginger. | ID |

References

- Anonymous. 1936. 經驗良方 (Jingyan liangfang, Tried and Effective Recipes). In 融縣志 (Rong xianzhi, Gazetteer of Rong). Huang Zhixun (Compiler).
- Austin, John L. 1962. *How to do things with words*. Oxford: Oxford University Press.
- Bhatia, Vijay K. 2004. *Worlds of written discourse. A genre-based view*. London: Continuum International Publishing Group Ltd.
- Blanks, David. 2005. *Les marqueurs linguistiques de la présence de l'auteur*. Paris: L'Harmattan.
- Bretelle-Establet, Florence. 2002. *La santé en Chine du Sud, (1898–1928)*. Paris: CNRS, Asie Orientale.
- Bretelle-Establet, Florence. 2009. Chinese biographies of experts in medicine: What uses can we make of them? *East Asian Science, Technology, and Society* 3 (4): 421–451.
- Bretelle-Establet, Florence. 2011. The construction of the medical writer's authority and legitimacy in late imperial China through authorial and allographic prefaces. *NTM Zeitschrift für Geschichte der Wissenschaften, Technik und Medizin* 19:349–390.
- Brokaw, Cynthia J. 1996. Commercial publishing in late imperial China: The Zou and the Ma family business of Sibao, Fujian. *Late Imperial China* 17 (1): 49–92.
- Brokaw, Cynthia J., and Kai-Wing Chow. 2005. *Printing and book culture in late imperial China*. Berkeley: University of California Press.
- Chao, Yuanling. 2009. *Medicine and society in late imperial China. A study of the physicians in Suzhou, 1600–1850. [= Asian thought and culture, 61]*. New York: Peter Lang.
- Chen, Lanbin 陳蘭彬. 1890. 高州府志 (*Gaozhou fuzhi, Gazetteer of Gaozhou*). Compiler. Taipei: Taiwan xuesheng shuju.
- Chia, Lucille. 1996. The development of the Jianyang book trade, Song-Yuan. *Late Imperial China* 17 (1): 10–48.
- Chia, Lucille. 2002. *Printing for profit: The commercial publishers of Jianyang, Fujian, 11th-17th century*. Harvard-Yenching Institute Monograph series. Cambridge: Harvard University Asian Center.
- Chiu, Yu Tseng. 2004. Speech prosody: Issues, approaches and implications. In *From traditional phonology to modern speech processing*, Eds. Gunnar Fant, Hiroya Fujisaki, Jianfen Cao, and Yu Xi. Beijing: Foreign Language Teaching and Research Press.
- Elman, Benjamin. 2000. *A cultural history of civil examinations in late imperial China*. Berkeley: University of California Press.

- Elman, Benjamin, and Alexander Woodside. 1994. *Education and society in late imperial China*. Berkeley: University of California Press.
- Furth, Charlotte. 1987. Concepts of pregnancy, childbirth and infancy in Ch'ing dynasty China. *Journal of Asian Studies* 46 (1): 8–35.
- Furth, Charlotte. 1999. *A flourishing Yin: Gender in China's medical history, 960–1665*. Berkeley: University of California Press.
- Genette, Gérard, et al. 1986. *Théorie des genres*. Paris: Seuil.
- Gernet, Jacques. 2003. L'éducation des premières années (du 11^e au 17^e siècles). In *Education et Instruction en Chine*, eds. Christine Nguyen Tri and Catherine Despeux, vol. 1, 7–60. Louvain: Peeters.
- Gong, Chun 龔春. 1983. 中國歷代衛生組織及醫學教育 (*Zhongguo lidai weisheng zuzhi ji yixue jiaoyu. Medical teaching and Public Health Organization in Chinese History*). Beijing: Weisheng bu kejiao.
- Grant, Joanna. 2003. *A Chinese physician. Wang Ji and the 'Stone Mountain Medical Cases History'*. London: RoutledgeCurzon.
- Grmeck, Mirko. 1983. *Les maladies à l'aube de la civilisation occidentale*. Paris: Payot.
- Gui, Dian 桂沾. 1911. 南海縣志 (*Nanhai xianzhi Gazetteer of Nanhai*). Taipei: Taiwan xuesheng shuju.
- Guo, Aichun 郭靄春. 1987. 中國分省醫籍考 (*Zhongguo fensheng yiji kao. Reference of medical books in each province of China*). Tianjin: Kexue jishu chubanshe.
- Hanson, Marta. 1997. *Inventing a tradition in Chinese medicine: From universal canon to local medical knowledge in South China, the seventeenth to the nineteenth century*. PhD diss., University of Pennsylvania.
- He, Mengyao 何夢瑤. [1751] 1994. 醫碕 (*Yibian. The stepping-stone for medicine*). Beijing: Renmin weisheng chubanshe.
- Huang, Yan 黃岩. [1800] 1918. 醫學精要 (*Yixue jingyao, Essentials in medicine*). Shanghai: Cuiying shuju yinhang.
- Huang, Zhixun 黃志勛. 1936. 融縣志 (*Rong xianzhi, Gazetteer of rong*). Compiler. Taipei: Taiwan xuesheng shuju.
- Huangdi nejing 黃帝內經. 1997. Trans. Liansheng Wu, Qi Wu. Beijing: China Science and Technology Press.
- Leung, Ki Che Angela. 1987. Organized medicine in Ming-Qing China: State and private medical institutions in the lower Yangzi region. *Late Imperial China* 8 (1): 134–166.
- Leung, Ki Che Angela. 2003. L'instruction médicale et sa vulgarisation dans la Chine des Ming et des Qing. In *Education et Instruction en Chine*, eds. Christine Nguyen Tri and Catherine Despeux, vol. 2, 89–114. Louvain: Peters.
- Liang, Chongding 梁崇鼎. 1935. 貴縣志 (*Gui xianzhi, Gazetteer of Gui*). Compiler.
- Liang, Lianfu 梁廉夫. [1881] 1936. 不知醫必要 (*Bu zhi yi biyao. What someone ignorant in medicine should know*). Shanghai: Kexue jishu chubanshe.
- McDermott, Joseph. 2006. *A social history of the Chinese book. Books and literati culture in late imperial China*. Hongkong: Hong Kong University Press.
- Mizayaki, Ichisada. 1976. *China's examination hell. The civil service examinations of imperial China*. New Haven: Yale University Press.
- Pan, Mingxiong 潘明熊. [1865] 1868. 評琴書屋醫略 (*Pingqin shuwu yilue. The short guide of medicine of the room Pingqin*). Guangzhou: Guangzhou keben.
- Schaeffer, Jean-Marie. 1989. *Qu'est-ce qu'un genre littéraire?* Paris: Seuil.
- Scheid, Volker. 2007. *Currents of tradition in Chinese medicine 1626–2006*. Seattle: Eastland Press.
- Schiffirin, Deborah. 1988. *Discourse Markers, (Studies in Interactional Sociolinguistics)*. Cambridge: Cambridge University Press.
- Searle, John R. 1969. *Speech acts: An essay in the philosophy of language*. Cambridge: Cambridge University Press.
- Shi, Zheng 史證. 1879. 廣州府志 (*Guangzhou fuzhi, Gazetteer of Fuzhou*). Compiler.

- Unschuld, Paul U. 1985. *Medicine in China: A history of ideas*. Berkeley: University of California Press.
- Unschuld, Paul U. 1986. *Nan-ching, The classic of difficult issues*. Berkeley: University of California Press.
- Unschuld, Paul U. 2003. *Huang Di Nei Jing Su Wen, nature, knowledge, imagery in an ancient Chinese medical text*. Berkeley: University of California Press.
- Vernant, Denis. 2005. Pour une analyse de l'acte de citer. In *Citer l'autre*, eds. M.-D. Popelard and A. J. Wall, 179–194. Paris: Presses Sorbonne Nouvelle.
- Virbel, Jacques. 1997. Aspects du contrôle des structures textuelles. In *Perception auditive et compréhension du langage*, eds. J. Lambert and J.-L. Nespoulous, 251–272. Marseille: Solal.
- Volkmar, Barbara. 2000. The physician and the plagiarist. The fate of the legacy of Wan Quan. *East Asian Library Journal* IX (1): 1–77.
- Wang, Xueyuan 王学渊. 1843. 暑症指南 (*Shuzheng zhinan. Guide for summer-heat diseases*). n.p: n.p.
- Wei, Renzhong 魏任重. 1946. 三江縣志 (*Sanjiang xianzhi, Gazetteer of Sanjiang*). Compiler. Taibei: Taiwan xuesheng shuju.
- Wen, Zhonghe 溫仲和. 1898. 嘉應州志 (*Jiaying zhoushi, Gazetteer of Jiaying*). Compiler.
- Widmer, Ellen. 1996. The Huanduzhai of Hangzhou and Suzhou: A study in seventeenth-century publishing. *Harvard Journal of Asiatic Studies* 56 (1): 77–122.
- Wilkinson, Endymion. 1998. *Chinese history: A manual*. Cambridge: Harvard University Press.
- Xue, Qinglu 薛清录. 1991. 全國中醫圖書聯合目錄 (*Quanguo zhongyi tushu lianhe mulu, Catalogue of medical books preserved in the Chinese libraries*). Beijing: Zhongyi guji chubanshe.
- Yu, Yunxiu 余云岫. 1943. 流行性霍亂與中國舊醫學 (*Liuxing xing huoluan yu zhongguo jiu yixue. The cholera epidemic and the ancient medicine of China*). *Zhonghua yixue zazhi* 6:273–285.