

The Medical Classics and Clinical Argument in the Northern Song

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Medical case records of various sorts are found scattered in other genres of writing from the earliest times in China. The records on oracle bones of the ritual treatments of various maladies during the Shang dynasty (ca. 1600-1046) are the earliest records in China of the treatment of illness. The case records of Chunyu Yi (淳于意 b. 216 or 206 BCE), preserved in *Records of the Historian* (*Shiji* 史記) are another, more detailed, early example. These early examples of healthcare records, however, were preserved for purposes largely unrelated to their medical content. When case records did appear in early medical texts, such as the works of Sun Simiao (孫思邈, d. 682), they were small in number and scattered throughout the text like anecdotes used to illustrate a particular point.

As a genre, texts devoted completely or largely to medical case records would begin to flourish in the Ming dynasty (1368-1644) and would come to be known as, “medical cases (*yi'an* 醫案).”¹ A lesser known forerunner of the Ming medical cases—which were not, however, called *yi'an*—was developed by Song medical authors, exemplified by the two whose work is presented here: Qian Yi (錢乙, 1035-1117) and Xu Shuwei (1080-1154).

The background and status of Qian Yi's family are difficult to reconstruct. They claimed descent from an illustrious Tang dynasty (618-907) clan and were literate; however, the fact that Qian's uncle, who raised him, was a practicing physician suggests that Qian's family may not have been part of the literati elite. The failure of his biographers to mention Qian or any of his relatives sitting for the civil service examination provides further evidence that Qian's family

¹ Charlotte Furth, “Producing Medical Knowledge through Cases: History, Evidence, and Action,” in *Thinking With Cases: Specialist Knowledge in Chinese Cultural History*, ed. Judith T. Zeitlin, Ping-chen Hsiung, and Charlotte Furth, vol. 1 (University of Hawaii Press, 2007), 225.

probably belonged to the social stratum just below the literati. Whether they were, as they clearly wished to be perceived, an old elite family on hard times or one of the many non-elite families that were rising into the elite during the Song, is unclear. Qian Yi himself would eventually rise to the status of physician to the imperial household, a high position, but outside of the prestigious hierarchy of civil officials.²

Straightforward Guidance on the Essential Patterns of Children (*Xiao'er yaozheng zhijue* 小兒要證直訣), from which the case below is taken, is the only one of Qian's four known texts that is now extant. It was published posthumously in 1119 by an admirer of Qian's medical work, Yan Xiaozhong (閻孝忠, fl. early 12th c.).³ The text is composed of a combination of materials Yan obtained from Qian himself and others which he obtained from families whose members, like Yan himself, had been Qian's patients. Even this text was eventually lost and reconstructed by Qing dynasty (1644-1911) scholars on the basis of quotations preserved in other sources. It is composed of three sections: the first explains Qian's theories about diagnosis and treatment of children, the second is a collection of 23 cases recording their treatment, and the final section is a list of the medicinal formulae mentioned in the first section. The section containing the case records is titled, "Records of 23 Patterns of Illnesses that were Treated (*Ji chang suozhi bing ershisan zheng* 記嘗所治病二十三證)." The individual case records are not titled, but each begins with an identification of the patient in a fairly standard format. As seen in the cases

² Robert Hymes terms this stratum the *lumpenliterati*, see Robert Hymes, "Sung Society and Social Change," in *The Cambridge History of China, Vol. 5, Part 2: Sung China, 960-1279*, ed. John Chaffee and Dennis Twitchett (New York: Cambridge University Press, 2015), 621–642; and Stephen Boyanton, "The *Treatise on Cold Damage* and the Formation of Literati Medicine: Social, Epidemiological, and Medical Change in China 1000-1400" (PhD Dissertation, Columbia University, 2015), 83–85.

³ All aspects of Yan's life are unclear. Even his name is often reported in later sources as Yan Jizhong 閻季忠. Some scholars identify him with the author of a postface to Xu Shuwei's *Efficacious Formulae of Universal Aid* who also was also named Xiaozhong, but that postface is dated 1185 and in the only edition which provides a surname, attributed to a Zhang Xiaozhong 張孝忠, rendering it unlikely that the two individuals are identical, see Okanishi Tameto, *Sō izen iseki kō* (Beijing: Xueyuan Chubanshe, 2010), 722.

translated below, Qian stresses the identity and social status of the child patient's representative, usually a father or grandfather. The cases themselves vary a great deal in structure and content.

Xu Shuwei's books were published, and most likely written, in the early Southern Song, but he was born, educated, and lived most of his life under the Northern Song. Though published after the loss of North China, his medical writings show both Northern Song optimism about the possibility of activist social reform and an orientation to the *Treatise on Cold Damage* characteristic of that period. He was a Northern Song man even though he wrote after its demise. Xu was indisputably a member of the elite. Though his parents both died while he was young and he is said to have been poor, he ultimately earned fifth place in the civil service exam in 1132 at the age of 52—a feat that earned him the moniker “Literati Learning Xu (Xu Xueshi 許學士)” and a post in the imperial Hanlin academy. The cases below are taken from the text *Ninety Discourses on Cold Damage*—the first Chinese book devoted exclusively to medical case records. A variant of the first case also appears in Xu's formulary, *Efficacious Formulae for Universal Aid*.⁴ The cases in *Ninety Discourses* share a similar structure. Following the title, each case begins with a description of the patient, but the level of detail varies from highly specific—name and government position—to extremely vague—“a person from my neighborhood 鄉人.” This is followed by a narrative describing Xu's involvement in the case and its outcome. The case narratives vary greatly in length and detail, but frequently include a high level of social detail not strictly relevant to the medical problem being described—such as the patient's family secretly bringing him in for a second opinion.⁵ Finally, a section of varying length labeled

⁴ *Puji benshi fang*, juan 8, *Da chaihu tang*, in Xu Shuwei, *Xu Shuwei yixue quanshu*, ed. Li Jushuang and Liu Jingchao (Beijing: Zhongguo Zhongyiyao Chubanshe, 2006), 143.

⁵ Pattern 61, in Xu Shuwei, *Xu Shuwei Shanghan Lun Zhu Sanzhong*, ed. Chen Zhiheng, Zhongyi Guji Zhengli Congshu (Beijing: Renmin Weisheng Chubanshe, 1993), 189.

“Discussion (*lun* 論)” examines his reasoning in the case, other authors with whom he agrees or disagrees, texts he drew upon in arriving at his treatment, etc.

Box 4-1: Two of Qian Yi’s Case Records

From *Straightforward Guidance on the Essential Patterns in Children (Xiao’er yaozheng zhijue* 小兒要證直訣):

Li, the fiscal administrator of Capital-East, had an eight year-old grandson who was suffering from cough, fullness of the chest, and shortness of breath. A physician said that there was heat in the lung channel and used Bamboo Leaf Decoction and Bovine Bezoar Paste. Qian [Yi] said, “What is this treatment?” The physician said, “Abating heat and abating drool.” Qian [Yi] said, “How is it caused by heat?” [The physician] said, “The lung channel is hot and generates coughing. If prolonged coughing is not eliminated, it generates drool.” Qian [Yi] said, “[This is a case] caused by [the patient’s] preexisting vacuity and [the invasion of] wind-cold. What heat is there? If you took it to be lung heat, why did you not treat his lungs but on the contrary regulated his heart? For Bamboo Leaf Decoction and Bovine Bezoar Paste are medicinals for treating the heart!” The physician looked abashed. Qian [Yi] treated [the patient] and he recovered.

The grandson of Mr. Zhang from the Eastern Capital, 9 years old, suffered from lung heat. Other physicians had used rhinoceros horn, pearl, borneol,⁶ musk, and raw bovine bezoar. After one month, he had not recovered. His pattern [included] coughing and wheezing, oppression and derangement,⁷ constant drinking of water, and a complete inability to eat. Mr. Qian used Quisqualis Pill (*Shijunzi wan* 使君子湯) and Boost the Yellow Decoction (*Yihuang tang* 益黃湯). Zhang said, “There is already heat. Why are you using warm medicinals? Other physicians used cool medicinals to attack [the illness]. After one month, there is still no result.” Qian [Yi] said, “[If one takes] cool medicinals for a long time, then there will be cold and an inability to eat. When a child is vacuous and cannot eat, one should supplement the spleen. Afterwards, when eating and drinking are normal, then one drains the lung channel, and [the patient] will certainly recover from the illness.” [The grandson] took medicinals that supplement the spleen for two days and then desired to eat and drink. Qian [Yi] used Drain the White Decoction (*Xiebai tang* 瀉白湯) to drain his lungs, and afterwards he recovered. Zhang said, “Why did he not become vacuous [when you used cold medicinals to drain his lungs]?” Qian [Yi] said, “I first replenished his spleen and afterwards drained his lungs; therefore, he did not become vacuous.”⁸

⁶ The text abbreviates the name of these medicinals, in this case it says only “dragon (*long* 龍),” which could indicate a number medicinals whose names include this character. I have chosen the translation “borneol (*longnao* 龍腦),” because borneol, like all of the other medicinals in this list, was held to act primarily on the heart and is found in several formulae included in this text.

⁷ The precise meaning of this symptom is unclear, but, judging from the cooling medicinals used by previous physicians, it may have indicated a combination of a sense of tightness in the chest and deranged behavior.

⁸ *Xiao’er yaozheng zhijue, juan zhong*, in Qian Yi and Liu Fang, *Qian Yi, Liu Fang yixue quanshu*, ed. Li Zhiyong (Beijing: Zhongguo Zhongyiyao Chubanshe, 2005), 25.

Box 4-2: Two of Xu Shuwei's Case Records

From *Ninety Discourses on Cold Damage* (*Shanghan jiushi lun* 傷寒九十論):

14. *An Urgently Purging Yang Brightness Pattern*

A strong boy in the village contracted cold damage. His body was hot and his eyes hurt. His nose was dry and he could not sleep. He was constipated, and all positions of his pulse were large. He had already [been ill] for a number of days. The previous evening he began to sweat profusely. I said, “Quickly use Major Bupleurum Decoction (*Da chaihu tang* 大柴胡湯) to purge him.” The assembled doctors were shocked, saying, “In a Yang Brightness disease with spontaneous sweating, his body fluids are already exhausted. Why would you use Greater Bupleurum Decoction?” I said, “This is one of Zhongjing’s miraculous points which has not been transmitted. How would you gentlemen know about it?” I argued forcefully. Finally, they used Major Bupleurum Decoction. After taking two doses, [the boy] recovered.

Discussion: In discussing Yang Brightness [disease] Zhongjing [in the *Treatise on Cold Damage*] says, “In Yang Brightness disease, in the case of those with profuse sweating, urgently purge them.” [Yet] people frequently say that when there is already spontaneous sweating, if you further purge [the patient], won’t this make both the exterior and the interior vacuous? In discussing Lesser Yin [disease, Zhongjing] says, “In Lesser Yin illness that is one to two days old, in those with [signs and symptoms of] dryness, urgently purge them.” [Yet] people frequently say that if [an illness] develops in the yin, it has only been a few days, and you only see dryness, then if you further purge [the patient], how can their [pathological] yin *qi* not become even stronger? The common people seldom read. I regard [this situation] otherwise. Zhongjing calling this urgently purging [a patient], is similar to [the situations in which he says one] should urgently rescue the exterior or should urgently rescue the interior. He terms all of these emergencies. There are three places [in the *Treatise on Cold Damage*] where [Zhongjing calls for] urgently purging [the patient]. From these, one can realize that when there is profuse sweating but it has not reached the point of drying out the body fluids, it is expedient to quickly purge [the patient]. This will avoid the necessity of using a honey suppository. For when one uses a honey suppository, it is already a case of waiting too late to purge. It is simply that one has no other alternative. If you understand this clearly in your heart, what danger is there?

23. *A Greater Yin Pattern*

Cao Sheng initially suffered from cold damage. After six or seven days, his abdomen was full and he was vomiting. He couldn't get food down. He had a fever, and his hands and feet were hot. His abdomen ached, and he was nauseated. The physicians called it excessive yang. [His family] still had misgivings about his hands and feet being hot, fearing that heat had amassed in the stomach causing vomiting and nausea, or, seeing the vomiting and diarrhea, took it to be sudden turmoil [disease]. [They] asked me to diagnose [him]. His pulse was fine and sunken. I evaluated him saying, "This is a greater yin pattern. In greater yin disease, there is abdominal fullness and vomiting, inability to get food down, severe spontaneous diarrhea, and occasional spontaneous pain of the abdomen." I used Regulate the Center Pill (*Tiaozhong wan* 調中丸) to stop [the illness]. I used five or six pills the size of an egg yolk per day. Then I used Five Accumulations Powder. After several days [Cao] recovered.

Discussion: I see common physicians diagnosing cold damage and only labeling them yin patterns and yang patterns. Zhongjing has three yin and three yang [diseases]. Even in one pattern, there are also leanings toward exuberance or insufficiency. What is necessary is to clearly differentiate in which channel [the illness is present]. The formula must correspond to the signs, and there are standards for the use of medicinals. Moreover, in the case of greater yin, lesser yin, and reverting yin, they have [situations which demand] either supplementing or draining. How can [they] stop at naming [the disease] a yin pattern!⁹

Medical Learning and Technologies of Persuasion

The most striking similarity in Qian and Xu's case records is the attention given to acts of persuasion. In the first case, Qian Yi is presented as debating with and ultimately shaming the physician who is his opponent. In the second case, he must persuade a doubting grandfather that his treatment, which differs from that of previous doctors, is correct. In the third case, Xu Shuwei is positively belligerent in the dealing with the other physicians present, and states forthrightly that he "argued forcefully," to win the argument over how the patient should be treated. In the final case, he is summoned because the family doubts the diagnoses of other physicians, and he proceeds to convince them to follow his advice. I refer to these debates as "clinical arguments." As the second and fourth cases demonstrate, the patients' families were the final arbiters of what treatment would be used, and clinical arguments among the physicians present were ultimately aimed at gaining the family's agreement.

⁹ Xu Shuwei, *Xu Shuwei Shanghan Lun Zhu Sanzhong*, 158–159, 164–165.

As any modern clinician can tell us, convincing a patient and a family to cooperate with a proposed treatment remains an extraordinarily important part of clinical practice in the 21st century. In 11th to 12th century China, however, winning the support of patients and their families was both more difficult and more important. The healthcare marketplace of pre-modern China was not only far more diverse than that of most modern societies, it was also unregulated. No one group of healers could dominate the marketplace by legal fiat.¹⁰ High-status physicians such as Qian and Xu had to compete on a more-or-less level playing field with ritual healers of all kinds, popular medical customs, devotional forms of healing, and common, non-elite physicians. All of these methods of healing could claim legitimacy and were widely accepted as efficacious. The arts of persuasion were therefore essential to clinical success.

Doubtless, all of these healers had methods to secure patients' trust. When these methods were improvised on the spot to deal with specific situations, I call them tactics. When these tactics become more routinized and established, I refer to them as technologies.¹¹ The division between tactics and technologies is not rigid, and they are best thought of as two poles of a continuum. In the case records presented here, we see Qian Yi and Xu Shuwei drawing on a variety of tactics and technologies. The differences in the tactics and technologies they use reflect the changes that had occurred in the highest echelons of text-based medicine between their generations.

Case Records and the Northern Song Healthcare Marketplace

Before examining the details of the case records, a word should be said about the publication of such records, in general, and the presentation of the clinical argument, in

¹⁰ See Cullen 1993 for an excellent discussion of this issue.

¹¹ I am drawing on a distinction developed in Biagioli 1993 and 2006.

particular, as literary devices. The authoring and publication of case records is itself a technology of persuasion, but one aimed at a reader rather than a patient and his family. If the tactics and technologies which Qian and Xu are shown using serve the purpose of winning the clinical argument, what purpose does this literary technology of persuasion—the publication of case records—serve?

The answer is to be found in the detailed descriptions of clinical arguments themselves, which are not only the most notable similarity between Qian and Xu's case records but also a feature far less prominent in the later case record literature. Why were Northern Song medical authors so concerned with the process of clinical argumentation? If the healthcare marketplace of imperial China was always characterized by diversity and competition, that of the Northern Song was even more fraught than was customary. Widespread skepticism on the part of the elite regarding non-elite physicians led to debates over the form medicine should take, who was qualified to be a physician, and what sources of authority could guarantee medical knowledge and practice.¹² In such an environment, physicians had to argue not only for the correctness of the treatment they were proposing, but also for the correctness of their whole approach to healing. This polemic is clear in the discussions Xu appended to his case records, and although Qian's cases reveal a less coherent agenda, they still betray a deep anxiety over the validity of knowledge—whether in terms of accurate diagnosis or correct understanding of medicinals. Northern Song case records were not merely arguments about the superiority of a particular doctor's skills, but also arguments about what medicine should be, how it should be learned, and who should practice it. Publishing them was one means of persuading a broader audience to accept the physician's point of view.

¹² Boyanton, "The *Treatise on Cold Damage* and the Formation of Literati Medicine," 76–115.

Tactics and Technologies in Clinical Argument

Although Qian and Xu share concerns about the validity of medical knowledge and treatment, their responses to these anxieties are by no means identical. Xu clearly identifies both his opponents—non-elite physicians—and the sources of medical knowledge he deems reliable—the newly canonized medical classics. Qian Yi, on the other hand, never identifies a coherent group against whom he is arguing. He is implicitly disputing with any and all physicians who hold differing views, but there is no sense in that these physicians constitute a social group. He also draws upon more diverse sources of authority than Xu.

Xu uses the medical classics not only to persuade his readers, but also to argue down his physician opponents. In his first case, “An Urgently Purging Yang Brightness Pattern,” the only argument he uses against his opponents is an accusation that they are ignorant of the text of the *Treatise on Cold Damage* (*Shanghan lun* 傷寒論)—one of the most prominent members of the medical classics: “This is one of Zhongjing’s miraculous points which has not been transmitted. How would you gentlemen know about it?” In his second case, “A Greater Yin Pattern,” Xu quotes directly from the *Treatise* to justify his diagnosis. The sentence “In greater yin disease, there is abdominal fullness and vomiting, inability to get food down, severe spontaneous diarrhea, and occasional spontaneous pain of the abdomen” is the opening line of the *Treatise*’s chapter on greater yin disease.¹³ In his discussion of this case, although Xu does not quote from the medical classics, he relies completely upon the content of the *Treatise* for his argument.

These two case records are fairly representative of Xu’s cases. Citation of medical classics is his primary, and often only, form of argument. Notably, he takes the existence of the medical canon as a given for which he does not have to argue. By his time, the canon was

¹³ *Juan 6, pian 10*, line 273, in Zhang Ji, *Zhongjing quanshu zhi Shanghan lun, Jingui yaolue fanglun*, ed. Zhang Xinyong (Beijing: Zhongyi Guji Chubanshe, 2010), 441.

sufficiently established that its contents did not require justification, even if the necessity of relying upon them did. We may therefore say that, in Xu's work, referring to the medical classics has become routinized to the point that it may be considered a technology of persuasion rather than a tactic deployed in response to a particular situation.

Qian Yi's cases, by contrast, never cite the medical classics directly and only rarely refer to them indirectly. It is not that Qian was unfamiliar with these texts. He wrote an entire book on the *Treatise, Guidance on the Subtle in Cold Damage* (*Shanghan zhiwei lun* 傷寒指微論, now lost).¹⁴ He simply chooses not to invoke them. In the first of his cases translated here, Qian baldly contradicts another physician's diagnosis and makes no effort to justify his opposing diagnosis. Instead, he attacks his opponent's knowledge of medicine by observing that the medicinal formulae the physician gave the patient do not agree with the diagnosis the physician himself put forward. In the second case record, when questioned by the patient's grandfather, Qian's reply appeals to a basic understanding of medical principles that he seems to assume are shared by at least the literate elite. Qian's statement that, "[If one takes] cool medicinals for a long time, then there will be cold and an inability to eat," certainly could be justified by reference to several of the medical classics, but Qian does not bother to do so.

Furthermore, unlike Xu Shuwei, who relies on classical authority almost to the exclusion of all other tactics and technologies, Qian Yi draws upon a far wider variety of arguments to support his opinions: the properties of medicinals, the actions of formulae, the functions of organs, and the differences between adults and children are all invoked without citing textual authority to support his claims. He uses these varied arguments as tactics to respond to specific situations and none of them is adequately routinized to be called a technology.

¹⁴ Also known as *Guidance to the Perplexed on Cold Damage* (*Shanghan zhimi lun* 傷寒指迷論).

Qian Yi was born 45 years before Xu Shuwei, and died 37 years before him. Little more than two generations separated them, but their methods of clinical argumentation and self-justification differed in fundamental ways. Some of the differences may be idiosyncratic, but they also reflect the profound transformations that were occurring in literate medicine over the course of their lives. The formation of the medical canon only began in 1065, when the Bureau for Editing Medical Texts (*Jiaozheng yishu ju* 校正醫書局) initiated the series of publications that would establish the medical classics. By this time Qian was already 30 years old and an established doctor. Moreover, the initial publications of the Bureau were printed in large, expensive, difficult to carry editions and appear to have had little circulation. Only in 1088, when the government printed small-character editions of the texts, did circulation increase.¹⁵ Qian was therefore probably in his late fifties before the medical classics were widely available. Given his status as an imperial physician, he no doubt could have obtained copies earlier, but the value of these texts for polemics and clinical argumentation depended on their circulating widely enough to become recognized authorities among educated non-physicians. Born in 1080, Xu, on the other hand, would have come of age when the medical classics were both readily available and widely accepted. Xu therefore could routinize the citation of the medical classics as a technology of persuasion in a way that was not feasible for Qian.

¹⁵ Private small-character editions may have been in circulation earlier, but if so the extent of their circulation is unclear.

The Superiority of Xu's Technology of Persuasion

Access to an established medical canon alone, however, cannot explain Xu's choice to rely on that canon as the mainstay of his argumentation. Rather, he chose this technology of persuasion because of the advantages it offered him. It was not only more routinized than Qian Yi's tactics, but also more powerful.

Only the decision of the patient's family could definitively end the clinical argument. However, if a doctor could force his opponents to concede their own ignorance of any aspect of the case, he gained a significant advantage in the dispute. Moreover, if an opposing doctor could be shown ignorant of a text the patient's family accepted as authoritative, the clinical argument was all but won.

We see one such victory in the first Qian Yi case. Qian's final argument accuses his opponent of ignorance of the function of the medicinal formulae he had used: "[Qian Yi said,] 'If you took it to be lung heat, why did you not treat his lungs but on the contrary regulated his heart? For Bamboo Leaf Decoction and Bovine Bezoar Paste are medicinals for treating the heart!'" Following this broadside, we are told not only that Qian was able to treat the patient as he saw fit, but also that his opponent "looked abashed." While the uses of formulae were open to a certain degree of discussion, their basic functions were described in the many formularies (*fangshu* 方書) which catalogued them and could also be deduced from the functions of their ingredients, as recorded in *materia medica* (*bencao* 本草) compilations. Both formularies and *materia medica* texts were long-established genres by Qian's time, with numerous representatives published by the Song government. In this case Qian's tactics resemble Xu's technology: he is trying to prove his opponents' ignorance by drawing on established textual authorities that are difficult for them to dispute.

Xu's technology of citing the medical classics, however, had several advantages over Qian's appeal to formularies and *materia medica* literature. In the first place, formularies and *materia medica* texts were numerous, potentially conflicting, and constituted an open set; more of them were always being produced. The medical classics, though by no means free from internal contradiction, were a much smaller selection of texts and, after their canonization, were a closed set. No new classic could be produced to question the authority of the others. More importantly, the classics could claim antiquity, exalted authors, imperial support, and a long history of valorization. These qualities—widely valued in Song culture—gave the medical classics greater weight in an argument and made it nearly impossible to reject their authority outright. Finally, if we accept Xu's characterization of non-elite physicians as lacking knowledge of classical texts like the *Treatise on Cold Damage*, then his opponents were in a decidedly unfavorable position when arguing with him. Another, more educated physician might have been able to cite passages from the classics to support a differing point of view, but a physician who had not studied them would have no rejoinder. Knowledge of the medical classics was therefore a more effective means of demonstrating opposing physicians' ignorance and thereby winning the clinical argument.

In the highly contentious healing marketplace of the Northern Song, sustainable accusations of ignorance were one way of closing the potentially infinite regress of the clinical argument. Following the formation of a medical canon in the late 11th century, appeal to the medical classics became a standard, routinized form of medical argument. We may therefore call it an established technology of persuasion. In Qian Yi's cases, we see only momentary hints of this technology and its potential, but in Xu Shuwei's cases, the argumentative and polemical potential of this approach is fully manifest.

Social Interventions and Medical Technologies

The formation of a medical canon as a basis for medicine strengthened the position of those physicians who embraced it vis-à-vis their opponents both in the context of clinical arguments and in the broader context of Chinese society and the Northern Song debates on medicine. However, while they may have been aware of this advantage, it was not the purpose for which proponents of this type of medicine chose to emphasize the medical classics. Their writings are unanimous in the view that the medical classics are the embodiment of correct medicine. In arguing for the centrality of these classics to medical practice, they saw themselves as restoring the effectiveness of medicine that had been lost due to neglect of the classics. In short, stressing the importance of the medical classics was all about improving the results of medical treatment. It was therefore both a technology of persuasion and a technology of practice.

This should not surprise us. The role played by evidence-based medicine (EBM) among modern biomedical healthcare providers closely parallels the role the medical classics played for elite Northern Song physicians such as Qian and Xu. Like the medical classics, EBM serves roles in clinical decision-making, in persuading patients to comply with a treatment, and in justifying biomedicine within society at large. Furthermore, both phenomena emerged as reform movements within medicine that sought to bring medical practice into greater harmony with socially valued standards of knowledge production and evaluation. In the case of EBM, the physical sciences are the socially esteemed model of valid knowledge that doctors seek to emulate. In the case of Northern Song elite, text-based medicine, literary learning (*wenxue* 文

學)——with its ancient classics and textually-rooted learning——was the paradigm physicians wished to embody.

There is an indissoluble link between trust and the production and validation of knowledge, but the economy of trust is inherently a social economy and the social element of knowledge is therefore irreducible.¹⁶ Any effort at reforming the production and verification of knowledge—whether in medicine or any other field—must therefore involve social interventions as well. The case records of Qian Yi and Xu Shuwei are remarkable precisely because of the social detail they provide. In so doing they give us an insight not only into the social realities of Northern Song medical practice, but also into the social components of all medical practice.

¹⁶ Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: The University of Chicago Press, 1995), 8–15, 22–27, 34–36; Georg Simmel, *The Sociology of Georg Simmel* (New York: Free Press, 1964), 313; John Hardwig, “The Role of Trust in Knowledge,” *The Journal of Philosophy* 88, no. 12 (December 1991): 694, 708; William James, *Pragmatism and The Meaning of Truth* (Cambridge: Harvard University Press, 1978), 100; Boyanton, “The *Treatise on Cold Damage* and the Formation of Literati Medicine,” 88–90.