

MAPPING MEANINGS

*The Field of New Learning
in Late Qing China*

EDITED BY

MICHAEL LACKNER

AND

NATASCHA VITTINGHOFF



BRILL
LEIDEN · BOSTON
2004

Illustration on the cover: 'mappingMEANINGS' (Ancient Chinese seal style), by Daniel Niedenführ 2004.

This book is printed on acid-free paper.

Library of Congress Cataloging-in-Publication Data

International Conference "Translating Western Knowledge into late Imperial China"
(1999 : Göttingen University)
Mapping meanings : the field of new learning in late Qing China / edited by Michael
Lackner and Natascha Vittinghoff.
p. cm. (Sinica Leidensia, ISSN 0169-9563 ; vol. 64)
Collection of contributions to the international conference "Translating Western
Knowledge into late Imperial China," held at the ... University of Göttingen
University in Dec. 1999.
Includes bibliographical references and index.
ISBN 90-04-13919-2
1. China - Civilization - 1644-1912 - Western influences. 2. Learning and
scholarship - China. I. Title: Field of new learning in late Qing China. II. Lackner,
Michael. III. Vittinghoff, Natascha. IV. Title. V. Series.

DS754.L4.L57 1999
951'.033 - dc22

2004046526

ISSN 0169-9563
ISBN 90 04 13919 2

© Copyright 2004 by Koninklijke Brill NV, Leiden, The Netherlands

*All rights reserved. No part of this publication may be reproduced, translated, stored in
a retrieval system, or transmitted in any form or by any means, electronic,
mechanical, photocopying, recording or otherwise, without prior written
permission from the publisher.*

*Authorization to photocopy items for internal or personal
use is granted by Brill provided that
the appropriate fees are paid directly to The Copyright
Clearance Center, 222 Rosewood Drive, Suite 910
Danvers, MA 01923, USA.
Fees are subject to change.*

PRINTED IN THE NETHERLANDS

ANGELIKA C. MESSNER

ON 'TRANSLATING' WESTERN PSYCHIATRY INTO THE
CHINESE CONTEXT IN REPUBLICAN CHINA

INTRODUCTION

As medical missionaries, beginning in the late nineteenth century, attempted to introduce Western science and technology (including medicine),¹ they did not initially focus much on madness, for they were convinced that due to the comparatively quiet life in China madness would not often occur.² John Glasgow Kerr (Jia Yuehan 嘉約翰, 1821–1901)³ had spent more than two decades of his life founding the first 'Refuge for the Insane' (1898 in Canton). It was to be the first in Chinese history. Undoubtedly his thinking was full of philanthropic values; nevertheless, his actual activities for the 'Chinese insane' were strongly determined by his North American background, i.e. the new and still consolidating psychiatric profession in the nineteenth century, which was tightly connected to the economic, political and social transformations occurring at that time. Madness became a central cultural problem during the Enlightenment. Inquiries into the functions of the nervous system led to the formation of the concept of mental illness. Medicalization of madness was based on the 'qualita-

¹ The expansion of the medical mission work throughout China can be observed in general: in 1881 there were 34 mission doctors in China; by 1887 there were 16 hospitals and 24 dispensaries; by 1890 there were 61 hospitals and 44 dispensaries. See Sara Waitstill Tucker. 1983. "The Canton Hospital and Medicine in Nineteenth Century China 1835–1900". Ph.D. diss., Harvard University. Reprint Ann Arbor: UMI, p. 232.

² With regard to insanity, Benjamin Hobson (He Xin 合信, 1816–1873) reports that within his eight year stay in China, he only observed two cases of insanity. Cf. Benjamin Hobson. 1850. "Medical Missions. I. General Report of the Hospital of Kam-li-fau in Canton, from April 1848 to Nov. 1849", *Chinese Repository* 19.5, p. 303. Dr. Wenyon, the senior British medical officer in the province of Canton, also reported that insanity occurred relatively seldom in China. Cf. Wenyon. 1891. "Letter to the Editor", *The China Medical Missionary Journal* 5, p. 1.

³ Born in Duncansville, Ohio, November 30, 1824, he graduated in March 1847 from the Jefferson Medical College in Philadelphia. He was accepted by the Presbyterian Board of Foreign Missions in 1854. On May 5, 1855 he took charge of the Canton Hospital, which had begun as the Ophthalmic Hospital (at Factory No. 3, at Canton) in 1835 under the guidance of Dr. Peter Parker (Bo Jia 伯駕, 1804–1889), the first medical missionary in China. Cf. Tucker 1983, pp. 126ff.

tive' conception of the "Diseases of the Mind" newly developed in Britain in the late eighteenth century.⁴ The mental hospital replaced the former madhouse and asylum; the mental patient replaced the former madman or madwoman. The building of the mental hospital itself became as "important as any drugs or other remedies in the alienist's armamentarium."⁵ The medical superintendent in North-America defined both medical *and* moral treatment,⁶ his optimism based on the "cult of curability" of insanity. From this background, Kerr's conviction that Chinese society had never cared for its mad members and his demand that at least three hundred insane hospitals for one thousand inmates each be built in China at least seems understandable.⁷

Regardless of which point of view we adopt for our analysis, whether we feel passionately committed to the view of psychiatry as an important tool of repression and exclusion and thus are committed to interpreting sources solely as a form of domination through medicalization,⁸ or whether we are convinced that the history of psychiatry is essentially the history of humanism,⁹ a few facts concerning the context of traditional Chinese medicine need to be considered which are quite independent from such considerations. Firstly, within traditional Chinese medical discourse madness had been recognized and dealt with as a medical phenomenon since early times (second century

⁴ Cf. Michael Donnelly. 1984. *Managing the Mind: A Study of Medical Psychology in Early Nineteenth-Century Britain*. London, New York: Tavistock, p. viii. For the shift from 'quantitative' to 'qualitative' concepts concerning the perception of 'normal' and 'anormal' in nineteenth century Europe, see Georges Canguilhem. 1972. "Das Normale und das Pathologische", in: Wolf Lepenies and Henning Ritter (eds.). *Hanser Anthropologie*. Munich: Hanser, pp. 81; and Wolf Lepenies. 1977. "Probleme einer Historischen Anthropologie", in: Reinhard Rürup (ed.). *Historische Sozialwissenschaften. Beiträge zur Hinführung in die Forschungspraxis*. Göttingen: Vandenhoeck and Ruprecht, pp. 126–60; p. 141.

⁵ Andrew T. Scull. 1981. "The Social History of Psychiatry in the Victorian Era", in: id. (ed.). *Madhouses, Mad-Doctors, and Madman. The Social History of Psychiatry in the Victorian Era*. London: Athlone Press, p. 10.

⁶ *Ibid.*, p. 12.

⁷ Cf. J. G. Kerr. 1898. "The 'Refuge for the Insane', Canton", *The China Medical Missionary Journal* 12.4, pp. 177–8; p. 178.

⁸ Michel Foucault. 1961. *Histoire de la folie*. Paris: Librairie Plon.

⁹ This definition is given by Gregory Zilboorg. 1967. *A History of Medical Psychology*. New York: The Norton Library, p. 524.

BC),¹⁰ but no specialized institution exclusively dealing with mad people ever emerged. Secondly, since early times, madness was recognized within the judicial discourse as a state of weakness.¹¹

I shall focus in the following on textual evidence regarding the sensitive problem of why the introduction of Western psychiatric concepts and practices did not work within the Chinese context, because of different conceptualizations of “normal” and “abnormal”, which in turn reflected different conceptualizations of the “body”.

1. ON TRADITIONAL MEDICAL PERCEPTIONS OF MADNESS

Dian 癲 derives its meaning from the character *dianfu* 癲覆 ‘to fall down’; *dianwei* 癲危 ‘to collapse, decline’; *dianpei* 癲沛 ‘to fall down, overturn, to die’; *diandao* 癲倒 ‘to fall down, confusion, to put something top down’. Each character bears the meaning of misfortune and catastrophe. ... Different character compounds exist for the term *kuang* 狂, such as *kuangxiao* 狂笑 ‘to laugh excessively’; *kuangdang* 狂蕩 ‘unrestrained’, *kuangyan* 狂言 ‘to talk nonsensically’; *kuangtong* 狂童 ‘crazy fellow’. These character principles have different meanings. Explaining these [diseases] as being simply caused by fire would mean a simplification. ... For instance, some physicians (*yiliu* 醫流) wrongly take *dian* 癲 for *xian* 癲 ‘epilepsy’ and [sometimes] they even confuse it with *feng* 瘋 ‘frenzy’.¹²

This passage is taken from a medical textbook published in 1834. It deals with the most significant terms indicating madness in late imperial China. Besides *dian*, *kuang*, *xian* and *feng*, many other terms indi-

¹⁰ Cf. *Mawangdui Hanmu boshu* 馬王堆漢墓帛書 (Silk manuscripts of the Han tomb in Mawangdui). 1985. Edited by Mawangdui Hanmu boshu zhenglixiaozu 馬王堆漢墓帛書整理小組. Beijing: Wenwu chubanshe; Zhou Yimou 周一謀 and Xiao Zuotao 蕭佐桃. 1988. *Mawangdui yishu kaozhu* 馬王堆醫書考注 (Commentaries on the medical texts from Mawangdui). Tianjin: Tianjin kexue jishu chubanshe, pp. 78, 105–7.

¹¹ Cf. Karl Hunger. 1950. “The Punishment of Lunatics and Negligents According to Classical Chinese Law”, *Studia Serica* 9.2, pp. 1–16; Martha Li Chiu. 1981. “Insanity in Imperial China: A Legal Case Study”, in: Arthur Kleinman and Tsung-Yi Lin (eds.), *Normal and Abnormal Behavior in Chinese Culture*. Dordrecht: D. Reidel, pp. 75–94; Vivien Ng. 1990. *Madness in Late Imperial China: From Illness to Deviance*. Norman: University of Oklahoma Press.

¹² Zhang Bilu 張必祿. 1990 [1834]. “Yifang biannan dacheng” 醫方辨難大成 (Great compendium of medical remedies and differentiation of difficult issues). Sichuan Bazhou: Hefei kanben. Reprinted in: *Diankuangxian* 癲狂癲 (Falling sickness, madness and epilepsy). 1990. Edited by Hua Beiling 華蓓苓, Zhou Zhangfa 周長發 and Zhu Xinghai 朱興海. Beijing: Zhongyi guji chubanshe, p. 193.

cating madness and related phenomena circulated in late imperial medical discourse, such as *xiandian* 癩癲 ‘epilepsy’, *dianchi* 癲癡 ‘imbecility’, *diandai* 癲呆 ‘imbecility’, *yangxian* 羊癲 ‘epilepsy’ etc. Some authors, as for instance Wang Qingren 王清任 (1768–1831), preferred the term *diankuang* 癲狂 as one category, without differentiating between the two terms from which it is formed, whereas others emphasized the difference. The difference between *dian* and *kuang* was explained already in the *Nanjing* 難經 (The Classic of Difficult Issues, AD 100):¹³

A doubling of the *yang* 陽 [influences results in] madness (*kuang* 狂); a doubling of the *yin* 陰 [influences results in] falling sickness (*dian* 癲). When the *yang* [influences] are lost, however, one sees demons; when the *yin* [influences] are lost, one’s eyes turn blind.¹⁴

Besides this systematic differentiation between two kinds of madness and the indications for their cause, another passage in the *Nanjing* focuses on different manifestations of the “two faces of madness”.

By what [criteria] can the illnesses of madness and falling sickness be distinguished? It is like this: During the initial development of madness, one rests only rarely and does not feel hungry. One will [speak of] oneself as occupying a lofty, exemplary position. One will point out one’s special wisdom, and one will behave in an arrogant and haughty way. One will laugh—and find joy in singing and making music—without reason, and one will walk around heedlessly without break. During the initial development of falling sickness, however, one’s thoughts (*yi* 意) are unhappy. One lies down and stares straight ahead...¹⁵

The sharp difference between the “two faces” of madness manifests itself on two levels. First, the difference is characterized by the opposite direction of bodily movement: *kuang* is manifested by the direction to the top and outward movement and by restlessness; *dian* is manifested by the direction to the bottom, collapsing and sinking down. The same directions appear on the second, ‘social’ level: a *kuang* person will feel superior to other people; a person suffering

¹³ The authorship of this book is not clear. Cf. Paul Unschuld (tr. and comm.), 1986. *Nan-ching: The Classic of Difficult Issues—With Commentaries by Chinese and Japanese Authors From the Third Through the Twentieth Century*. Berkeley, Los Angeles, London: University of California Press.

¹⁴ Cf. Unschuld 1986, p. 268.

¹⁵ Cf. *ibid.*, p. 527.

from *dian* will withdraw from the outside world, lacking any joy and ambition. Hence, the two "faces" of madness can be interpreted in terms of the loss of "bodily economy",¹⁶ which would normally maintain the "middle between too much extension—*kuang*—and too much of narrowing—*dian*." The physician has to differentiate between the two "faces" and to act appropriately, i.e. to re-establish the harmony between *yin* and *yang*.

Besides the aforementioned cause for madness (the doubling of *yin* or *yang*) within the *Huangdi neijing* 黃帝內經 (Inner Classic of the Yellow Emperor, around 100 BC) (not in the *Nanjing*), the following factors also appeared to cause madness, factors which are inherent to late imperial medical discourse on madness: the reversion of *qi* 氣 - flow at the *yangming* 陽明 meridian of the foot; *yinyang* 陰陽 disharmony; a state of depletion or repletion (*xushi* 虛實) of *qi*; and a disharmony of emotions.¹⁷

Within the late imperial medical discourse on madness, two dominant patterns can be discerned: on the one hand, the possession by demons and, on the other hand, the medicine of correspondences.

¹⁶ For a philosophical discussion of these two antagonistic bodily states, see Hermann Schmitz. 1990. *Der unerschöpfliche Gegenstand: Grundzüge der Philosophie*. Bonn: Bouvier, pp. 122-4.

¹⁷ Within the *Huangdi neijing*, different forms of madness figure within different contextual frameworks: *Kuang* appears mostly in connection with talking and laughing as 'crazy talking' (*kuangyan* 狂言) (cf. *Huangdi neijing. Suwen: Suwen zhushi huicui* 素問注釋匯粹 (The Inner Classic of the Yellow Emperor. Basic questions with selected commentaries). 1982. Edited by Cheng Shide 程士德 et al. 2 vols. Beijing: Renmin weisheng chubanshe, 9.33, p. 470) and 'crazy laughing' (*kuangxiao* 狂笑), (cf. *Lingshujing jiaoshi* 靈樞經校釋 (Critical Edition of the Divine Pivot). 1982. Edited by Hebei yixueyuan 河北醫學院. 2 vols. Beijing: Renmin weisheng chubanshe, 1.4, p. 93). In these cases *kuang* seems to be interchangeable with *wang* 妄 'absurd' [For *wangzou* 妄走 'absurd walking' cf. *Huangdi neijing. Suwen* 8.30, p. 434 and for *wangdong* 妄動 'absurd moving' cf. *Huangdi neijing. Lingshu* 4.22, p. 399], and seems to indicate a temporary state. Other passages indicate *kuang* as 'madness', which never appears isolated, but always as a constituent part of a wide, variable and flexible disease picture: once *kuang* appears in connection with the shrinking of the genitals, forgetfulness and dry skin (cf. *Huangdi neijing Lingshu* 2.8, pp. 174-83). See Martha Li Chiu. 1986. "Mind, Body, and Illness in a Chinese Medical Tradition". Ph.D. diss., Harvard University. Reprint Ann Arbor: UMI; and Christian Schütz. 1991. "Psychiatrische und psychosomatische Ansätze in den Heiltraditionen bis zur Zeit der Yuan-Dynastie". Ph.D. diss., LMU Munich.

Although the majority of late imperial texts strongly base their explanations on the “medicine of correspondences”, they simultaneously clearly indicate that demons and ghosts have by no means fully disappeared.¹⁸ They therefore require that the physician first find out whether the state of madness was due to possession or due to a disharmony of *yinyang* and other bodily imbalances.¹⁹ Others explicitly argue against the ‘belief’ in demons and ghosts in cases of madness.²⁰

¹⁸ This is especially evident in the writings of Zhang Jiebin 張介賓 (ca. 1563–1640) in his *Zhangshi leijing* 張氏類經 (The classified canon of Zhang Jiebin) (1624), where he demands healing by incantation (*zhuyou* 祝由) in the official medical canon. His arguments are based on his conviction that some diseases can only be healed through incantations. Cf. Zhang Jiebin 張介賓, 1983 [1624], *Zhangshi leijing* 張氏類經 (The Classified Canon of Zhang Jiebin). Taipei: Wenguang tushu youxian gongsi, *juan* 20, p. 247. He argues that demons actually originate in the heart (*gui sheng yu xin* 鬼生於心), that they would not attack the human being from the outside but were produced by extreme emotions, cf. *ibid.*, *juan* 20, p. 246a. Zhang describes a case where he himself cured a woman suffering from madness (*kuang* 狂), frightening (*jing* 驚), heat in the stomach and demons and ghosts ‘in her tow-line’ by incantations and a “white tiger decoction”, cf. *ibid.*, *juan* 12, p. 247. It is not the place here to speculate in how far Zhang Jiebin himself ‘believed’ in demons or rather only assumed this ‘belief’ in the patients. Another physician living at the same time, however, clearly explains that he was able to drive out the demons through acupuncture. See Yang Jizhou 楊繼洲, 1994 [1601], “Zhenjiu dacheng” 針灸大成 (Great compendium of acupuncture and moxibustion), in: *Lidai ming qi'an ji* 歷代名奇案集 (Famous and strange medical case studies through the ages). Edited by Da Meijun 達美君. Shanghai: Sanlian shudian Shanghai fendian, p. 86. An explanation is found in the *Chuanya neibian*, whose author Zhao Xuemin 趙學敏 (ca. 1719–1805), a *ruyi* 儒醫 scholar physician, is assumed to have recorded the recipes of a *lingyi* 鈴醫 travelling physician. He describes the case of a woman suffering from madness (*diankuang*), where after being cured, something (*wu* 物) disappeared from her chest. Cf. *Chuanya neibian xuanzhu* 串雅內編選注 (Internal treatise on folk medicine with selected commentaries). 1980 [1851]. Edited by Changchun zhongyi xueyuan 長春中醫學院. Beijing: Renmin weisheng chubanshe, p. 37. See also Paul Unschuld, 1978, “Das Ch’uan-ya und die Praxis chinesischer Landärzte im 18. Jahrhundert”, *Sudhoffs Archiv* 62.4, pp. 378–407.

¹⁹ As for instance Li Guanxian 李冠袖, a native from Dantu (present Jiangsu province), living in the early nineteenth century, in his *Shangyu yicao* (1835, printed in 1887) explicitly does. Cf. Li Guanxian 李冠袖, 1990b [1835], *Shangyu yicao* 傷萬意草 (An imitation of significance of herbs). Reprinted in *Lidai zhongyi zhenben jicheng* 歷代中醫珍本集成 (Collection of precious works on Chinese medicine through the ages). Edited by Shanghai Zhongyi xueyuan wenxian yanjiusuo 上海中醫學院文獻研究所. Shanghai: Shanghai sanlian shudian, vol. 34.

²⁰ Cf. Xie Xinghuan 謝景煥, 1986 [1861], “Dexin ji yi'an” 得心集醫案 (Collection of medical records as desired), in: Wang Yurun 王玉潤 et al. (eds.), *Zhenben yishu jicheng* 珍本醫書集成 (A collection of precious books on medicine). Shanghai: Kexue jishu chubanshe, vol. 12.

The explanation of madness as caused by a disharmony of *yinyang* or by an imbalance within the sequences of the five phases (*wuxing* 五行), or by an imbalance of the relationship between depletion and repletion of *qi* led to the simple fact that madness was not perceived as a disease that was essentially and 'qualitatively' different from other diseases. This is also shown by the language used in explaining madness.²¹

It is true that health manuals in Ming and Qing times invoked similar theories, since they heavily quoted identical passages from texts such as the *Huangdi neijing Suwen* (The Inner Classic of the Yellow Emperor: Basic Questions) and *Huangdi neijing Lingshu* (The Inner Classic of the Yellow Emperor: Divine Pivot) and the *Nanjing*. Nevertheless, they put forward highly individual insights and explanations specific to different regions and to the period of late imperial China.²² For instance, the "warm-restoring-school" (*wenbu xue* 溫補學) which appeared in Southern China in late Ming times was based on the assumption that heat deficiency was the main pathogenic factor in most cases.²³ Hence, many Qing textbooks explained different forms of madness as an accompanying symptom of heat-diseases.²⁴ In con-

²¹ This is also stated by Vivien Ng. 1990.

²² Cf. Frank Dikötter. 1997. *Imperfect Conceptions: Medical Knowledge, Birth Defects and Eugenics in China*. London: Hurst, p. 24.

²³ The so-called 'warm disease school' (*wenre xue* 溫熱學)—focussing on the pattern of the four stages—which developed from the late Ming dynasty through the Qing dynasty, was first conceived as complementary and increasingly in opposition to the cold-damage conception. The big epidemics afflicting the whole of China in the early seventeenth century could have been the cause for the systematization of this school. Cf. Helen Dunstan. 1975. "The Late Ming Epidemics: A Preliminary Survey", *Ch'ing-shih wen-t'i* 3.3, pp. 1–59; Lu Dong, Ma Xi and François Thann. 1995. *Les maux épidémiques dans l'empire chinois*. Paris: Harmattan; Ouyang Bing 歐陽兵. 1995. "Mingdai shanghanlun yanjiu dui houshide yingxiang" 明代傷寒論研究對後時的影響 (The influence of the 'Treatise on cold damage'—Studies carried out by Ming-scholars on later times), *Zhonghua yixue zazhi* 25.2, pp. 92–4; Qiu Peiran 裘沛然 et al. (eds.). 1984. *Zhongyi lidai gejia xueshuo* 中醫歷代各家學說 (Different Academic schools of Chinese medicine through the ages). Shanghai: Shanghai kexue jishu chubanshe, pp. 123–8 and 185–91; *Zhongguo renwu cidian* 中國人物辭典 (Chinese biographical dictionary). 1988. Edited by Li Jingwei 李經緯 et al. Shanghai: Cishu chubanshe, pp. 350–1; Paul Unschuld. 1980. *Medizin in China. Eine Ideengeschichte*. Munich: Beck, pp. 160–1. See also the discussion in Martha Hanson. 1998. "Robust Northerners and Delicate Southerners: The Nineteenth-Century Invention of a Southern Medical Tradition", *positions—east asia cultures critique* 6.3, pp. 515–50.

²⁴ Cf. i.e. Ye Tianshi 葉天士. 1984 [1746]. *Linzheng zhinan yi an* 臨証指南醫案 (A guide to clinical practice with medical records). Taipei: Guoli gugong bowuyuan

trast to this, however, prominent Qing physicians returned to the earlier view prevalent in Song-Yuan times, which emphasized the importance of heat purgatives in maintaining good health.²⁵ Within these different schools, madness too was subject to different explanations.

And this is in fact the intention expressed by Zhang Bilu 張必祿 (1843) in the text quoted above. In the West, at the very same time as the textbook quoted above appeared, i.e. at the beginning of the nineteenth century, the brain, as the only location and cause for the outbreak of madness, became the crucial organ, and hence madness was now termed a “mental disease”. Zhang Bilu criticized the current trend of defining all different phenomena of madness simply as a disease of fire as being reductionist.

Others interpreted different manifestations of madness as being caused by a cold stroke (*zhong* 中). Others again focussed on fire at the *yangming* meridian (corresponding to the stomach).²⁶ Still others emphasized wind in the heart as the main cause for *kuang*, and mucus/phlegm in the chest as the main cause for *dian*.²⁷ Some focussed on the spleen—as part of the *yin*-organ system corresponding to the

²⁴ (cont.) *juan* 10.7; Wang Shixiong 王士雄 . 1990 [1929]. *Wang Mengying yihua jinghua* 王孟英醫話精華 (Selected medical records of Wang Mengying), in: Qin Bowei 秦伯未 (ed.), *Qingdai mingyi yihua jinghua* 清代名醫醫話精華 (Selected medical records of famous Qing-physicians). 4 vols. Reprinted in: *Lidai zhongyi zhenben jicheng* 歷代中醫珍本集成 (Collection of precious works on Chinese medicine through the ages). Edited by Shanghai Zhongyi xueyuan wenxian yanjiusuo 上海中醫學院文獻研究所. Shanghai: Shanghai sanlian shudian, vol. 40, *juan* 7, pp. 1–150; 116–7; Wu Tang 吳塘 . 1990 [1916]. *Diankuang* 癩狂 (Falling sickness), in: *Wu Jutong yi an* 吳鞠通醫案 (Wu Jutong’s medical cases), *juan* 5. Reprinted in *Diankuangxian*, pp. 228–30.

²⁵ Although Zhang Zhongjing 張仲景 (ca. 150 AD– ca. 219) in his *Shanghan za-bing lun* 傷寒雜病論 (On different diseases caused by cold damages), did not mention any form of madness caused by cold damage, Chen Shiduo 陳士鐸 (late seventeenth century) identifies a form of *kuang* madness as due to exogenic cold damage. Cf. Chen Shiduo 陳士鐸 . 1991 [1687]. *Shishi milu* 石室秘錄 (Secret records from the stone room). Beijing: Zhongguo zhongyiyao chubanshe [Reprint of Xuanyongtang edition], pp. 295–6. Guo Chuanling 郭傳鈴 , the author of the first medical textbook within the Chinese context to deal exclusively with madness, the *Diankuang tiaobian*, applied the pattern of the Six Warps (*liujing bianzheng* 六經辨症) for the outbreak of different kinds of madness. Guo Chuanling 郭傳鈴 . 1909. *Diankuang tiaobian* 癩狂條辯 (Systematized identification of madness). Reprinted in: *Diankuangxian* 1990, pp. 170–5.

²⁶ Cf. i.e. Xie Xinghuan 1986 [1861], p. 135.

²⁷ Cf. Li Guanxian 1990a [1929]. “Li Guanxian yihua jinghua” 李冠仙醫話精華 (Selected medical records of Li Guanxian), in: Qin Bowei 1990, vol. 40, *juan* 8.

stomach and to the earth (within the five phases paradigm).²⁸ Physicians focussed equally on the liver and the bladder or on the heart and the heart envelope, which could be penetrated by phlegm (*tan* 痰) or by wind.

Especially those who chiefly referred to the five phases paradigm argued on the basis of many different forms and phenomena of madness. According to this paradigm, all related elements (such as emotions, climatic influences, etc.) to the five *yin*-organ systems could cause different forms of madness, depending on the location within the viscera where the imbalance took place. Hence, at least more than ten different phenomena of madness could be diagnosed. Thus madness, in the discourse of traditional Chinese medicine, was regarded as being caused by certain disharmonies and imbalances—like any other disease. Therefore, a single exclusive factor causing madness was never identified. The strictly systemic pattern of thinking prevented physicians from viewing mental factors as independent from bodily processes. This can be underlined by the fact that within Chinese medical discourse, there has never been a necessity to write books which exclusively deal with “madness”, and concomitantly, people suffering from ‘madness’ have never been confined to special places called ‘insane hospitals’.

Therefore, it seems natural that any concept alien to this explication had to be incorporated into one of the concepts already existing within the framework of the Chinese medical knowledge system, because the systemic approach does not allow the assignment of a function to a single organ but only to a working unit consisting of more than one element. Consequently, one could account for ‘thinking’ within the brain only when brain function was considered in combination with other elements.

2. INCORPORATING WESTERN CONCEPTS OF MADNESS INTO THE CHINESE CONTEXT

Since the late nineteenth century, Chinese intellectuals had strongly demanded a fundamental reform of China. Within their arguments,

²⁸ Cf. i.e. Kang Yingchen 康應辰. 1902. “Dianbing” 癲病 (Falling sickness), in: *Yixue tanli quanji* 醫學探驪全集 (Complete collection of investigations in medicine). Reprinted in: *Diankuangxian* 1990, p. 209.

the topic of 'mental illness' became a more and more central concern. Already in 1897 Kang Youwei 康有為 (1858–1927) formulated his vision of a new society totally free from the insane.²⁹ His special concern for the medical profession as the key for the development of the new society matches well with different discourses emerging in the Western hemisphere since the late eighteenth century.

But Kang did not focus on the patterns of explanation of insanity. The linking of the social implications of madness with its (Western) medical explanation which took place in the Chinese context is evidenced by a few articles appearing around the May Fourth Movement of 1919. Wang Wanbai 王完白,³⁰ in 1919, explains that Chinese (traditional) physicians do not know of 'psychological' (*xinli* 心理) causes of insanity on the one hand, of the 'physiological' (*shengli* 生理) causes of insanity on the other. The differentiation between bodily and psychic factors appears here as implicit 'pre-knowledge', in the sense of a premise of the splitting of 'mental and/or psychic' processes from the bodily processes. One of the more important translations in the 'science of the psychic life' appeared in 1907.³¹ Wang speaks of *jingshenbing* 精神病, indicating 'insanity', meaning 'men-

²⁹ Cf. Wolfgang Bauer. 1974. "Introduction", in: K'ang, Yu-wei. 1974. *Ta T'ung Shu: Das Buch von der Großen Gemeinschaft*. Translated and commentated by Lawrence G. Thompson. Edited by Wolfgang Bauer. Düsseldorf, Cologne: Diederichs, pp.16–7; Chang Hao. 1980. "Intellectual Change and the Reform Movement, 1890–8", in: *Cambridge History of China, Vol. 11: Late Ch'ing, 1800–1911*, part 2, pp. 274–339; See also Nancy N. Chen. "Translating Psychiatry and Mental Health: Twentieth Century Clue", in: Lydia Liu (ed.). *Tokens of Exchange. The Problem of Translation in Global Circulations*. Durham, London: Duke University Press, pp. 305–30.

³⁰ As a Christian physician, Wang also worked as a missionary. He was a member of the Chinese Medical Association (*Zhonghua yixuehui* 中華醫學會) and of the Association for the Translation of Scientific Terms (*Zhongguo kexue mingci shencha-hui daibiao* 中國科學名詞審查會代表). He was engaged in the public recognition of Western medicine in China. In the 1920s, he founded a hospital in his home town Changzhou where he dedicated himself to the distribution of the smallpox vaccination. Later on at Suzhou he founded a small Insane Hospital (*fengrenyuan* 瘋人院). Cf. Wang Wanbai 王完白. 1919. "Fengrenyuan zhi zhongyao yu biyi" 瘋人院之重要與裨益 (On the importance and benefit of lunatic asylums), *Zhonghua yixue zazhi* 3.5, pp. 127–31; 127.

³¹ Wang Guowei 王國維 (1877–1927) translated Höffding's *Psychologie in Umrissen auf der Grundlage der Erfahrung* under the title *Xinlixue gailun* 心理學概論 (Outline of Psychology). Cf. Gao Juefu 告覺敷 et al. (eds.), 1986. *Zhongguo xinlixue shi* 中國心理學史 (A history of Chinese psychology). Beijing: Renmin jiaoyu chubanshe, p. 21.

tal disease’. He explains that Chinese people were not aware that ex-prisoners and bandits stirring up trouble everywhere (*raoluan difang zhi feitu* 擾亂地方之匪徒) and idiots (*chunyu* 蠢愚) are actually in general a disguised kind of mad people (*fengren* 瘋人) who have to be cured in special hospitals. His demand for the nationwide building of such hospitals is based on the argument that these institutions would protect society from the handicapped (*canzei* 參賊), dumb (*yu* 愚) and weak (*ruo* 弱) in as much the reproduction of all these could be prevented there.³²

The scientific medical knowledge that insanity ultimately would always be a disease of the brain (*naobing* 腦病) should replace the ‘absurd’ concept of a “sputum which blocks the heart holes” adopted by traditional Chinese physicians, or the concept of ‘demons and ghosts’ believed by the ‘dumb’ people (*wuzhi yumin* 無知愚民).³³

The notion that all intellectual, mental and psychic activities would take place exclusively in the brain was alien to the traditional medical discourse in China.³⁴ But this was one of the concepts crucial to the specific Western psychiatric discourse at that time. The idea of the “definition of the human being as brain”, i.e. the determination of the qualities of the human being through the brain, can indeed be seen as one of the most “effective terms of modernity for the definition of the human being.”³⁵

³² Wang Wanbai, p. 130.

³³ *Ibid.*, p. 127.

³⁴ Although Wang Qingren 王清任 (1768–1831) mentioned the idea of the brain as the location for the outbreak of epilepsy (*xian* 癲) (whether influenced by Western thought or not), this viewpoint did not achieve any significance within general medical discourse on madness until the 1930s. Cf. Wang Qingren 王清任, 1937 [1831]. *Yilin gaicuo* 醫林改錯 (Corrections of errors in the forest of medicine [i.e. among physicians]). Shanghai: Dadong shuju, vol. 1, p. 1. On Wang Qingren’s challenge, see Zhao Hongjun 張洪鈞, 1989. *Jindai Zhongyi lun zhengyi* 近代中醫論爭議 (History of the modern controversies over Chinese vs. Western medicine). Anhui: Kexue jishu chubanshe, p. 46; Ma Kanwen 馬堪濫, 1963. “Zuguo Qingdai jiechude yixuejia Wang Qingren” 祖國清代傑出的醫學家王清任 (On the outstanding Qing-physician Wang Qingren), *Kexueshi jikan* 6, pp. 66–74; Bridie Andrews, 1994. “Tailoring Tradition: The Impact of Modern Medicine on Traditional Chinese Medicine, 1887–1937”, in: Viviane Alleton and Alexei Volkov (eds.), *Notions et Perceptions du Changement en Chine: Textes Présentés au IXe Congrès de L’Association Européenne d’Études Chinoises*. Collège de France: Institut des Hautes Études Chinoises, pp. 59–165.

³⁵ Cf. Michael Hagner, 1997. *Homo cerebrialis: Der Wandel vom Seelenorgan zum Gehirn*. Berlin: Berlin Verlag, p. 293.

3. ZHANG XICHUN'S EXPLANATION OF MADNESS

Whereas Wang Wanbai merely adopted the Western conception of insanity, which he deemed to be the only objective and scientific solution, others, like Zhang Xichun 張錫純 (1860–1933),³⁶ one of the leading Chinese physicians of his time, questioned this “objectivity”. For example, in the *Yixue zhongzhong canxi lu* 醫學衷中參西錄 (The assimilation of Western and Chinese medicine),³⁷ it is the heart as well as the spleen which are said to be the communicating partners of the brain and of no less importance than the brain itself. Zhang Xichun argued that the principles of traditional and modern medicine are the same; and that Western medicine could be used to clarify enigmatic classical texts:

The head is the place of the brilliance of the essence (*jingming* 精明). The center of the head is the brain.³⁸ Since [the *Suwen*] calls it brilliance of the essence, why should it not have [the ability/ function] of thinking? The brain cannot think by itself. Looking at the old character 思 (*si*), we see that it is identical with 蔥 (*cong*); 囟 (*cong*)³⁹ means brain. The [character] 心 *xin* [beneath] means heart. Hence, we know that the character 思 has the meaning of ‘thinking’. Actually, heart and brain complement each other. In addition [they] need the spleen-earth in order to get the function of calmness.⁴⁰

³⁶ He served as military physician at the end of the Qing dynasty, and from 1918 was head of a hospital in Liaoning. From 1928, he lived in Tianjin running ‘correspondence courses’ for traditional medicine.

³⁷ His text book appeared between 1918 and 1934, published in 7 parts (in 30 *juan*). It was completed by an eighth part (posthumous) in 1957, which contains writings for his students. The edition of 1974, despite omissions, contains many changed passages. The edition of 1985 (the edition of 1995 is a reprint of 1985) is based on the original edition (including the eighth part of 1957). Zhang Xichun 張錫純, 1995 [1918–1934]. *Yixue zhongzhong canxi lu* 醫學衷中參西錄 (The assimilation of Western and Chinese medicine). Hebei: Kexue jishu chubanshe.

³⁸ This passage clearly refers to the brilliance of the essence, which is located in the head. Some commentators (from the late Qing dynasty) interpret this by referring to the essence *qi* deriving from the five viscera which goes up to the head. According to Herrmann Tessenow (personal communication), the original meaning of *jingming* clearly refers to a substance (essence) which has been assumed to be located by necessity in the eyes in order that one could see. Cf. *Huangdi neijing. Suwen* 5.17, p. 235.

³⁹ The point of the head. Cf. *Shuowen jiezi zhu* 說文解字注 (Commented edition of the *Shuowen jiezi*). 1988. Edited and commented by Duan Yucui 段玉裁. Shanghai: Shanghai guji chubanshe, p. 501.

⁴⁰ Zhang Xichun 1995, vol. 1, part 3, *juan* 1, p. 3.

The author here is referring to a passage in chapter 17 of the *Suwen*. He seems eager to give evidence for autochthonous knowledge of the brain as the *locus* for thinking.

Nowadays, scholars interpret the meaning of *jingming* 精明 in this very passage as a substance within the eyes which is assumed to be essential for seeing. It is not very clear however, whether Zhang also had this meaning of *jingming* in mind when he was referring to this term. He could also have meant the essence *qi* arising out of the five viscera into the head—as it was for instance interpreted by Zhang Jiebin 張介賓, which can be 'seen' there (on the head) as particular brilliance. Whatever he may have thought, he did argue that "essence brilliance" has the function of thinking. This interpretation led him to the analysis of the related characters. By referring to the *Shuowen jiezi* 說文解字 (Explanations of single component graphs and analyses of compound characters) he equates *tian* 田 'field' with *cong* 凶 'fontanelle', or in the words of Zhang 'brain', thus supplying proof for his assumption. He does not reveal, however, that the explanation in the *Shuowen* actually stems from the Qing commentary by Duan Yucan 段玉裁 (1735–1815)—and not from ancient times as he suggests.

Zhang Xichun's main concern seems to be the "fact" that the brain cannot think by itself. It essentially needs the heart. In his opinion, there is an endless connection of a silk thread between heart and brain. The Western insight of 'the brain receiving one seventh of the whole blood by heart function' serves as another confirmation for his connection-paradigm. Additionally, he mentions a third necessary element for thinking: the spleen. In saying so, he does not depart from the traditional pattern of medical thinking at all.

In the first chapter, dealing with *yin*-depletion (*yinxu* 陰虛), heat and disharmonies within the stomach organ system, Zhang explains the following:

Some people asked me: The *Neijing* says that the spleen controls thinking; people in the West say, that thinking arises in the brain (*naobu* 腦部). What do you say [on the view], that thinking takes place in the heart? [My] answer is: When the *Neijing* says that the spleen controls thinking, it does not mean that the spleen can think by itself. The spleen corresponds to the earth. The earth controls calmness. Only if men are silent, can they think.⁴¹

⁴¹ Ibid.

Here again, there are three *loci classici* of thinking. Two can be traced back to the traditional medical discourse: first, the spleen with its specific *shen* 神 —namely *yi* 意 ‘intention, imagination’—and secondly, the heart with the *shen* in all its emotional and cognitive functions. The third is the Western conception of the brain. Zhang connects them all in a functional way. This makes it impossible for him to look upon one single *locus* within the human body as having the power to control everything.

What the Chinese refer to as *diankuang* is what Western people call disease of the nerves (*shenjingbing*).⁴²

So what did he perceive as madness? Does he refer to madness (*diankuang*) as a multiple disharmony? Does he thus refer to the constantly changing concept of a “Chinese body”, which manifests madness when *qi* and/or phlegm is sticking somewhere, or heat and/or fire and wind are expanding, etc.? Or does he refer to the brain-controlled body which suffers from a brain-nerve-disease (*naosui shenjing bing* 腦髓神經病), because the brain has lost control? He seems to refer to *none* of them. He more or less speaks about a new body, which is however grounded deeply in the Chinese tradition, only enriched by another element (the brain) within this bodily system.

This is clearly shown in his explanations referring to madness (*diankuang*), which arises, according to him, when the connection between brain and heart is blocked by persistent phlegm/sputum, and hence the *shenming* (the *shen* brilliance) can no longer move fluently within the connection-thread between heart and brain. Hence, when explaining causes and manifestations of madness, he “switches” between two different terms, indicating different conceptions of the body and so of madness: on the one hand, brain-and-nerve-disease (*shenjingbing*), and *diankuang* on the other. He clearly recognizes the brain and the nerves as important elements within the body, but he does not use these terms according to the meaning they had in Western discourse at that time. In other words, he invests them with a completely new meaning when referring to the Chinese body. Treating *diankuang* still meant to administer medicine which leads to a discharging of blocks of *qi* and phlegm, to draining fire etc. Nowhere does Zhang Xichun give an explanation of the nerves: it seems quite

⁴² Cf. *ibid.*, p. 152.

reasonable that by the “connection” between heart and brain he also meant the nerve-path (through the spinal cord) where *shen* continuously moves. *Shen* (indicating spirit, cognition and emotions) was never thought of as being independent from *jing* (essence), *xue* (blood) and *qi*, and as such indicated ‘vital force’. Zhang “deprives” the brain of its rights as the autocratic ruler of all bodily and mental functions and processes. He “dethrones” the brain from its powerful position. Hence, through Zhang’s interpretation, the brain became an equal member among all other bodily functions.

CONCLUSION

In sum, the newly introduced significant terms, which were to transfer “psychiatric concepts” like *jingshenbing* 精神病 (Zhang speaks of *shenjingbing* 神經病), did not change the “Chinese epistemology” of the bodily function, and so did not succeed in dividing purely bodily from purely mental factors. This term had and has to be perceived certainly not in the sense of mental or psychological diseases, but in the sense of “vital-force-disease” implicating all bodily functions consisting of the finest *qi* moving with and along the vital-spiritual-emotional processes: *shen* itself is a manifestation of *qi*.

It may be because of these essential difficulties at the epistemological level that all disease records relating to “mental illness” at the Peking Union Medical College (PUMC), which was founded in 1921 as an American transplant, i.e., all classifications and prescriptions for “mental disease” (used within this hospital), were exclusively “communicated” and recorded in the English language.⁴³ Looking for equivalents to psychiatric terms in the Chinese language is a process which cannot be solved by linguists, and has yet to be concluded. This may be the reason for the urgent requirement of the development of a “psychiatry with Chinese characteristics”⁴⁴ by contemporary Chinese medical scholars—about 100 years after psychiatry was first introduced into China.

⁴³ Cf. Hugh Shapiro. 1995. “The View from a Chinese Asylum: Defining Madness in 1930s Peking”. Ph.D. diss., Harvard University.

⁴⁴ Veronica Pearson. 1995. *Mental Health Care in China: State Policies, Professional Services and Family Responsibilities*. London: Gaskell, p. 5.

REFERENCES

- Andrews, Bridie. 1994. "Tailoring Tradition: The Impact of Modern Medicine on Traditional Chinese Medicine, 1887–1937", in: Viviane Alleton and Alexei Volkov (eds.). *Notions et Perceptions du Changement en Chine: Textes Présentés au IXe Congrès de l'Association Européenne d'Études Chinoises*. Collège de France: Institut des Hautes Études Chinoises (Mémoires de l'Institut des Hautes Études Chinoises, vol. 36), pp. 59–165.
- Bauer, Wolfgang. 1974. "Introduction", in: K'ang, Yu-wei. *Ta Tung Shu: Das Buch von der Großen Gemeinschaft*. Translated and commentated by Laurence G. Thompson. Edited by Wolfgang Bauer. Düsseldorf, Cologne: Diederichs.
- Bünger, Karl. 1950. "The Punishment of Lunatics and Negligents According to Classical Chinese Law", *Studia Serica* 9.2, pp. 1–16.
- Chang Hao. 1980. "Intellectual Change and the Reform Movement, 1890–8", in: *Cambridge History of China. Vol. 11: Late Ch'ing, 1800–1911*, part 2, pp. 274–339.
- Chen, N. Nancy. 1999. "Translating Psychiatry and Mental Health: Twentieth Century China", in: Lydia H. Liu (ed.). *Tokens of Exchange. The Problem of Translation in Global Circulations*. Durham, London: Duke University Press, pp. 305–30.
- Chen Shiduo 陳士鐸. 1991 [1687]. *Shishi milu lu* 石室秘路錄 (Secret records from the stone room). Beijing: Zhongguo Zhongyiyao chubanshe. [Reprint of the Xuanyongtang 萱永堂 ed.].
- Chiu, Martha Li. 1981. "Insanity in Imperial China: A Legal Case Study", in: Arthur Kleinman and Tsung-Yi Lin (eds.). *Normal and Abnormal Behavior in Chinese Culture*. Dordrecht: D. Reidel, pp. 75–94.
- . 1986. "Mind, Body, and Illness in a Chinese Medical Tradition". Ph.D. diss., Harvard University. Reprint Ann Arbor: UMI.
- Chuanya neibian xuanzhu* 串雅內編選注 (Internal treatise on folk medicine with selected commentaries). 1980 [1851]. Edited by Changchun zhongyi xueyuan 長春中醫學院. Beijing: Renmin weisheng chubanshe.
- Canguilhem, Georges. 1972. "Das Normale und das Pathologische", in: Wolf Lepenies and Henning Ritter (eds.). *Hanser Anthropologie*. Munich: Hanser, pp. 81.
- Croizier, Ralph C. 1968. *Traditional Medicine in Modern China: Science, Nationalism and the Tensions of Cultural Change*. Cambridge, Mass.: Harvard University Press.
- Diankuangxian* 癲狂癇 (Falling sickness, madness and epilepsy). 1990. Edited by Hua Beiling 華蓓苓, Zhou Zhangfa 周長發 and Zhu Xinghai 朱興海. Beijing: Zhongyi guji chubanshe.
- Dikötter, Frank. 1997. *Imperfect Conceptions: Medical Knowledge, Birth Defects and Eugenics in China*. London: Hurst.
- Donnelly, Michael. 1984. *Managing the Mind: A Study of Medical Psychology in early Nineteenth-Century Britain*. London, New York: Tavistock.
- Dunstan, Helen. 1975. "The Late Ming Epidemics: A Preliminary Survey", *Ch'ing - shih wen-t'i* 3.3, pp. 1–59.
- Foucault, Michel. 1961. *Histoire de la folie*. Paris: Libraire Plon.
- Gao Juefu 告覺敷 et al. (eds.). 1986. *Zhongguo xinlixue shi* 中國心理學史 (A history of Chinese psychology). Beijing: Renmin jiaoyu chubanshe.
- Guo Chuanling 郭傳鈴. 1909. *Diankuang tiaobian* 癲狂條辯 (Systematized identification of madness). Reprinted in: *Diankuangxian* 癲狂癇. 1990. Edited by Hua

- Beiling 華蓓苓, Zhou Zhangfa 周長發 and Zhu Xinghai 朱興海. Beijing: Zhongyi guji chubanshe, pp. 170-5.
- Hagner, Michael. 1997. *Homo cerebralis: Der Wandel vom Seelenorgan zum Gehirn*. Berlin: Berlin Verlag.
- Hanson, Martha. 1998. "Robust Northerners and Delicate Southerners: The Nineteenth-Century Invention of a Southern Medical Tradition", *positions—east asia cultures critique* 6. 3, pp. 515-50.
- Hobson, Benjamin. 1850. "Medical Missions. I. General Report of the Hospital at Kam-li-fau in Canton, from April 1848 to Nov. 1849", *Chinese Repository* 19.5, pp. 300-11.
- Huangdi neijing Suwen: Suwen zhushi huicui* 素問注釋匯粹 (The Inner Classic of the Yellow Emperor. Basic questions with selected commentaries). 1982. Edited by Cheng Shide 程士德 et al. 2 vols. Beijing: Renmin weisheng chubanshe.
- Kang Yingchen 康應辰. 1990 [1902]. "Dianbing" 癩病 (Falling sickness), in: *Yixue tanli quanji* 醫學探驪全集 (Complete collection of investigations in medicine). Reprinted in *Diankuangxian* 癩狂癩. 1990, p. 209.
- K'ang, Yu-wei. 1974. *Ta T'ung Shu: Das Buch von der Großen Gemeinschaft*. Translated and commented by Laurence G. Thompson. Edited by Wolfgang Bauer. Düsseldorf, Köln: Diederichs.
- Kerr, John Glasgow. 1898. "The 'Refuge for the Insane', Canton", *The China Medical Missionary Journal* 12.4, pp. 177-8.
- Lepénies, Wolf. 1977. "Probleme einer Historischen Anthropologie", in: Reinhard Rürup (ed.). *Historische Sozialwissenschaften. Beiträge zur Hinführung in die Forschungspraxis*. Göttingen: Vandenhoeck and Ruprecht, pp. 126-60.
- Lepénies, Wolf and Henning Ritter (eds.). 1972. *Hanser Anthropologie*. Munich: Hanser.
- Li Guanxian 李冠仙. 1990a [1929]. "Li Guanxian Yihuajinghua" 李冠仙醫話精華 (Selected medical records of Li Guanxian), in: *Qingdai mingyi yihua jinghua* 清代名醫醫話精華 (Selected medical records of famous Qing physicians). Edited by Qin Bowei 秦伯未. 4 vols. Reprinted in: *Lidai zhongyi zhenben jicheng* 歷代中醫珍本集成 (Collection of precious works on Chinese medicine through the ages). Edited by Shanghai Zhongyi xueyuan wenxian yanjiusuo 上海中醫學院文獻研究所. Shanghai: Shanghai sanlian shudian, vol. 40, *juan* 8.
- . 1990b [1835]. *Shangyu yicao* 傷寓意草 (An imitation of significance of herbs). Reprinted in *Lidai zhongyi zhenben jicheng* 歷代中醫珍本集成 (Collection of precious works on Chinese medicine through the ages). 1990. Edited by Shanghai Zhongyi xueyuan wenxian yanjiusuo 上海中醫學院文獻研究所. Shanghai: Shanghai sanlian shudian, vol. 34.
- Li Jingwei 李經緯 and Li Zhidong 李志東. 1990. *Zhongguo gudai yixue shilüe* 中國古代醫學史略 (Brief history of Chinese old medicine). Hebei: Hebei kexue jishu chubanshe.
- Lingshujing jiaoshi* 靈樞經校釋 (Critical edition of the *Divine Pivot*). 1982. Edited by Hebei yixueyuan 河北醫學院. 2 vols. Beijing: Renmin weisheng chubanshe.
- Liu, Lydia H. (ed.). 1999. *Tokens of Exchange. The Problem of Translation in Global Circulations*. Durham, London: Duke University Press
- Lu Dong, Ma Xi and François Thann. 1995. *Les maux épidémiques dans l'empire Chinois*. Paris: Harmattan.
- Ma Kanwen 馬堪溫. 1963. "Zuguo Qingdai jiechude yixuejia Wang Qingren" 祖國清代傑出的醫學家王清任 (On the outstanding Qing-physician Wang Qingren), *Kexueshi jikan* 6, pp. 66-74.

- Mawangdui Hanmu boshu 馬王堆漢墓帛書 (Silk manuscripts of the Han tomb in Mawangdui). 1985. Edited by Mawangdui Hanmu boshu zhenglixiaozu 馬王堆漢墓帛書整理小組. Beijing: Wenwu chubanshe.
- Ng, Vivien. 1990. *Madness in Late Imperial China: From Illness to Deviance*. Norman: University of Oklahoma Press.
- Ouyang Bing 歐陽兵. 1995. "Mingdai Shanghanlun yanjiu dui houshide yingxiang" 明代傷寒論研究對後時的影響 (The influence of the 'Treatise on Cold Damage'—Studies carried out by Ming-Scholars on later times), *Zhonghua yixue zazhi* 25.2, pp. 92–4.
- Pearson, Veronica. 1995. *Mental Health Care in China: State Policies, Professional Services and Family Responsibilities*. London: Gaskell.
- Qin Bawei 秦伯未 (ed.). 1990 [1929]. *Qingdai mingyi yihua jinghua* 清代名醫醫話精華 (Selected medical records of famous Qing-physicians). 4 vols. Reprinted in: *Lidai zhongyi zhenben jicheng* 歷代中醫珍本集成 (Collection of precious works on Chinese medicine through the ages). Edited by Shanghai Zhongyi xueyuan wenxian yanjiusuo 上海中醫學院文獻研究所. Shanghai: Shanghai sanlian shudian, vol. 40.
- Qiu Peiran 裘沛然. 1984. *Zhongyi lidai gejia xueshuo* 中醫歷代各家學說 (Different academic schools of Chinese medicine through the ages). Shanghai: Shanghai kexue jishu chubanshe.
- Scull, Andrew T. 1981. "The Social History of Psychiatry in the Victorian Era", in: id. (ed.). *Madhouses, Mad-Doctors, and Madman. The Social History of Psychiatry in the Victorian Era*. London: Athlone Press, pp. 5–32.
- Schmitz, Hermann. 1990. *Der unerschöpfliche Gegenstand: Grundzüge der Philosophie*. Bonn: Bouvier.
- Schütz, Christian. 1991. "Psychiatrische und psychosomatische Ansätze in den Heiltraditionen bis zur Zeit der Yuan-Dynastie". Ph.D. diss., LMU Munich.
- Shapiro, Hugh. 1995. "The View from a Chinese Asylum: Defining Madness in 1930s Peking". Ph.D. diss., Harvard University.
- Shuowen jiezi zhu* 說文解字注 (Commented edition of the *Shuowen jiezi*). 1988. Edited and commented by Duan Yucai 段玉裁. Shanghai: Shanghai guji chubanshe.
- Sivin, Nathan. 1995. "Emotionals Counter-Therapy". in: id. *Medicine, Philosophy and Religion in Ancient China: Researches and Reflections*. Great Yarmouth, Norfolk: Galliard, part 2, pp. 1–19.
- . 1998. "The History of Chinese Medicine: Now and Anon", *positions—east asia cultures critique* 6.3, pp. 731–62.
- Spence, Jonathan. 1975. "Commentary on Historical Perspectives and Ch'ing Medical Systems", in: Arthur Kleinman et al. (eds.). *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies*. Washington: U.S. Government Printing Office, pp. 77–83.
- Suwen zhushi huicui* 素問注釋匯粹 (The basic questions with selected commentaries). 1982. Edited by Cheng Shide 程士德. 2 vols. Beijing: Renmin weisheng chubanshe.
- Tucker, Sara Waitstill. 1983. "The Canton Hospital and Medicine in Nineteenth Century China 1835–1900". Ph.D. diss., Harvard University. Reprint Ann Arbor: UMI.
- Unschuld, Paul. 1978. "Das Ch'uan-ya und die Praxis chinesischer Landärzte im 18. Jahrhundert". *Sudhoffs Archiv* 62.4, pp. 378–407.
- . 1980. *Medizin in China. Eine Ideengeschichte*. Munich: Beck.

- (tr. and comm.). 1986. *Nan-ching: The Classic of Difficult Issues—With Commentaries by Chinese and Japanese Authors From the Third Through the Twentieth Century*. Berkeley, Los Angeles, London: University of California Press.
- Wang Qingren 王清任 . 1937 [1831]. *Yilin gaicuo* 醫林改錯 (Corrections of errors in the forest of medicine). Shanghai: Dadong shuju.
- Wang Shixiong 王士雄 . 1990 [1929]. *Wang Mengying yihua jinghua* 王孟英醫話精華 (Selected medical records of Wang Mengying), in: Qin Bowei 秦伯未 (ed.). *Qingdai mingyi yihua jinghua* 清代名醫醫話精華 (Selected medical records of famous Qing-physicians). 4 vols. Reprinted in: *Lidai zhongyi zhenben jicheng* 歷代中醫珍本集成 (Collection of precious works on Chinese medicine through the ages). Edited by Shanghai Zhongyi xueyuan wenxian yanjiusuo 上海中醫學院文獻研究所. Shanghai: Shanghai sanlian shudian, vol. 40, *juan* 7, pp. 1–150.
- Wang Wanbai 王完白 . 1919. “Fengrenyuan zhi zhongyao yu biyi” 瘋人院之重要與裨益 (On the importance and benefit of lunatic asylums), *Zhonghua yixue zazhi* 3.5, pp. 127–31.
- Wenyon. 1891. “Letter to the Editor”, *The China Medical Missionary Journal* 5, p.1.
- Wu Tang 吳塘 . 1990 [1916]. *Diankuang* 癩狂 (Falling sickness), in: *Wu Jutong yi an* 吳鞠通醫案 (Wu Jutong’s medical cases), *juan* 5. Reprinted in *Diankuangxian* 癩狂癩, pp. 228–30.
- Xie Xinghuan 謝星煥 . 1986 [1861]. “Dexin ji yi an” 得心集醫案 (Collection of medical records as desired), in: *Zhenben yishu jicheng* 珍本藝書集成 (A Collection of precious books on medicine). Edited by Wang Yurun 王玉潤 et al. Shanghai: Kexue jishu chubanshe, vol. 12.
- Yang Jizhou 楊繼洲 . 1994 [1601]. “Zhenjiu dacheng” 針灸大成 (Great compendium of acupuncture and moxibustion), in: *Lidai ming qi’an ji* 歷代名奇案集 (Famous and strange medical case studies through the ages). Edited by Da Meijun 達美君 . Shanghai: Sanlian shudian Shanghai fendian chuban.
- Ye Tianshi 葉天士 . 1984 [1746]. *Linzheng zhinan yi an* 臨証指南醫案 (A guide to clinical practice with medical records). Taibei: Guoli gugong bowuyuan.
- Zhang Bilu 張必祿 . 1990 [1834]. “Yifang biannan dacheng” 醫方辨難大成 (Great compendium of medical remedies and differentiation of difficult issues). Sichuan Bazhou: Hefei kanben. Reprinted in: *Diankuangxian* 癩狂癩, p. 193.
- Zhang Jiebin 張介賓 . 1983 [1624]. *Zhangshi leijing* 張氏類經 (The classified canon of Zhang Jiebin). Taibei: Wenguang tushu youxian gongsi.
- Zhang Xichun 張錫純 . 1995 [1918–34]. *Yixue zhongzhong canxi lu* 醫學衷中參西錄 (The assimilation of Western and Chinese medicine). Hebei: Kexue jishu chubanshe.
- Zhao Hongjun 張洪鈞 . 1989. *Jindai Zhongyi lun zhengyi* 近代中醫論爭議 (History of modern controversies over Chinese vs. Western medicine). Anhui: Kexue jishu chubanshe.
- Zilboorg, Gregory. 1967. *A History of Medical Psychology*. New York: Norton.
- Zhongguo renwu cidian* 中國人物辭典 (Chinese Biographical Dictionary). 1988. Edited by Li Jingwei 李經緯 et al. Shanghai: Cishu chubanshe.
- Zhou Yimou 周一謀 and Xiao Zuotao 蕭佐桃 . 1988. *Mawangdui yishu kaozhu* 馬王堆醫書考注 (Commentaries on the medical texts from Mawangdui). Tianjin: Tianjin kexue jishu chubanshe.