

Plurality in Qing Imperial Medicine: Examining Institutional Formations Beyond the Imperial Medical Bureau

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Abstract

This article illustrates the value of using the lens of institutional history to study imperial medicine. Identifying and incorporating a range of organizations and posts into the narrative of imperial medicine in eighteenth-century China shows the breadth of medical activity during this time. The most familiar institution of imperial medicine is the Imperial Medical Bureau, and this study argues that we can greatly benefit from including the history of other formations such as the Imperial Pharmacy and the Ministry of Imperial Stables, Herds, and Carriages. Such an outlook reveals the overlapping spheres of institutions, practitioners, and medicinals between human and equine medicine, implies that ethnicity may have been a factor in the organization of medicine, and points to a wider range of medical practitioners and patients within the imperial realm. Furthermore, multiplicity did not only exist among institutions and practitioners, but also on the linguistic level, as evidenced by the divergence in the meaning of some Manchu and Chinese terminology. Finally, these pluralities suggest that an understanding of imperial medicine as being limited to the Imperial Medical Bureau greatly underestimates the diversity of institutions, posts, ethnicities, and languages within the eighteenth-century Chinese imperial medical world.

Keywords: imperial medicine, Imperial Medical Bureau, Imperial Pharmacy, equine care

Introduction

The history of Chinese medicine has benefited greatly from narratives that rest on the textual tradition. Chinese medicine is, however, reflected quite differently through the lenses of textual and institutional history. While medicine was a category for organizing information in textual collections and compendia in eighteenth-century China, such a form of classification was absent in institutional treatises. For example, there is no section for imperial medicine, or any medicine for that matter, in the *Qing Collected Statutes (Qing huidian)* which delineates institutional structures within the imperial realm.¹ Information on medical organizations can be found in different sections of the text. One obvious consequence of this situation has been the lack of emphasis on the boundaries and contents of imperial medical institutions and posts, which has resulted in underestimating the extent of plurality within the imperial medical world.

This article shows that imperial medicine in China embodied a range of pluralities. The lens of institutional history reveals multiplicities in organizational structure, posts, ethnicities, and languages. Such an outlook also reflects the breadth of medical activity, and points to the intersecting realms of human-equine medicine, and the role of the Imperial Household Department in the history of Qing imperial medicine.

This study briefly introduces the more familiar imperial medical institution, the Imperial Medical Bureau (*Taiyiyuan*), before focusing on the pluralistic structure reflected by the Imperial Pharmacy (*Yuyaofang*), and the Ministry of

Imperial Stables, Herds, and Carriages (*Shangsiyuan*). The evidence reveals broadening responsibilities of the Imperial Pharmacy from early to high Qing (1644–1800), with people from a variety of ethnic backgrounds in its service, as well as an increasing breadth of medical activity overseen by its officers. The following section on equine care discusses the overlapping realms between the human and equine imperial medical worlds with respect to pharmaceuticals, medical posts, and institutions. The organization of animal medicine at the Ministry of Imperial Stables, Herds, and Carriages was restructured in the seventeenth and eighteenth centuries, and one of the posts, named *coban* (pronounced *choh-bahn*), played an important role in both human and equine medicine. Furthermore, examining the meanings of the Chinese and Manchu terms for these institutions brings to light another dimension of multiplicity in the linguistic and cultural spheres.

Qing Dynasty records include a wealth of material in Manchu, in addition to sources in Chinese. The importance of studying Manchu documents for Qing history is generally acknowledged, and has been emphasized by Beatrice S. Bartlett, Nicola Di Cosmo, Pamela K. Crossley, Evelyn S. Rawski, and Mark C. Elliott.² Moreover, various studies support the understanding that there is much we can learn from Manchu scientific and medical texts. For example, Nicola Di Cosmo (1989) has shown the value of reading Manchu medical sources of the Jesuits. Marta Hanson (2006) and Catherine Jami (2010) have discussed the significance of Manchu materials for science and medicine.³ Beatriz Puente-Ballesteros (2011) has differentiated between printed Chinese memorials and the Chinese translations of memorials that were originally in Manchu, and shown that documents that were originally in Manchu contained significantly more information related to medicine, including Jesuit drugs.

The fact that a particular medical term can have varying linguistic and cultural contexts in two languages is a point that has been raised within the history of Chinese medicine in the twentieth century. In his study of contemporary Chinese medicine, Volker Scheid has drawn attention to how a single concept can have very different representations in Chinese and English. For example, the English term “Traditional Chinese Medicine,” which was coined for foreign-language publications in the 1950s, suggested an unchanging order. However, within China, “Chinese medicine” (*Zhongyi*) was projected as a more scientific field.⁴ The tension between the divergent ways in which Chinese medicine was portrayed in Chinese and English raises the question of whether Manchu and Chinese medical terminology may have had differing linguistic contexts. This article examines pluralities within the medical realm, and emphasizes the value of using Manchu to study Qing medicine by including discussions of Chinese and Manchu terms that exhibit divergence.

Imperial Medical Bureau

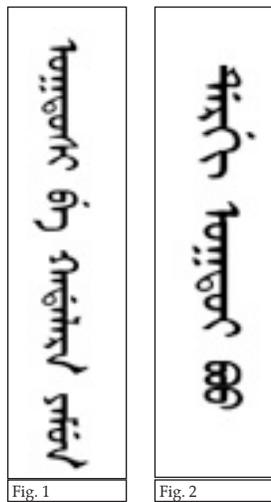
In the early Qing, the Imperial Medical Bureau was defined as an organization of doctors that had the official duty of examining diseases and compounding drugs for the emperor.⁵ However, its functions reflect a much wider range of responsibilities, including treating officials from afar, sending doctors to the military front and examination compounds, officiating at rituals, providing

medical treatment to military and civilians in Beijing, and engaging in matters of medical education and examination. The history of the Imperial Medical Bureau can be found in Chang Che-chia's dissertation on the medical care of the late-Qing Empress Dowager Cixi and the physician-patient relationship, and in Marta Hanson's article on the compilation of the imperially commissioned *Golden Mirror from the Orthodox Lineage of Medicine* (*Yizong jinjian*).⁶

This familiar institution, the Imperial Medical Bureau, constitutes a section of its own in the *Collected Statutes*.⁷ One could, therefore, easily assume that all other organizations and posts of medicine in the imperial world would be described, or at least mentioned, within this part of the text. In fact, the information on medical formations is found in many different sections of the *Collected Statutes*.

Through the early to high Qing, the functions of the Imperial Medical Bureau were reconfigured with respect to the Pharmacy and the Ministry of Imperial Stables, Herds, and Carriages. While the normative organization of the Imperial Medical Bureau during this time was not defined along ethnic lines, various posts with banner⁸ designations in the Imperial Pharmacy and the Ministry of Imperial Stables, Herds, and Carriages indicate that there was social, cultural, ethnic, and linguistic diversity within imperial medicine.

Multiplicity in medicine was also found on the linguistic level. While the multilingual nature of Qing Dynasty administration has been clearly accepted,



the English translations of terminology related to bureaucratic organization often incorporate neither the meanings of the Chinese or Manchu terms, nor the functions of the institution. This particular state of affairs is further complicated by the fact that some terms have divergent meanings in the two languages. For example, the Imperial Medical Bureau is called *Taiyiyuan* in Chinese, meaning an office staffed by imperial doctors. The Manchu title *Oktosi be kadalara yamun* (fig. 1), however, is an office in charge of doctors. While the name of the institution has traditionally been translated into English as the Imperial Academy of Medicine, the term “academy” suggests a place of learning or scholarship, and does not reflect the wide variety of medical activities carried out by the institution. Therefore, here, the

term Imperial Medical Bureau will be used. The Imperial Pharmacy, on the other hand, provides an example where the Chinese *Yuyaofang* and the Manchu *Dergi oktoi boo* (fig. 2) are in resonance, both meaning Imperial Pharmacy.

Imperial Pharmacy: Coexistence and Cooperation with the Medical Bureau

In a simplified story of the imperial medical world, the doctors of the Imperial Medical Bureau would take care of the emperor, while the Pharmacy produced the medicine. Asaf Goldschmidt's study of the changing role of the Song Imperial Pharmacy from an economic institution to one with a focus on public health has brought attention to changes in the dynamics between doctors and

pharmacists. While the Qing Imperial Pharmacy was defined as an institution that produced drugs in the early to high Qing, its functions greatly expanded as its responsibilities vis-à-vis the Medical Bureau were also reconfigured.

The following story illustrating the dynamics between the Imperial Medical Bureau and the Imperial Pharmacy in the early Qing sets the scene for shifts in the roles of these institutions during the eighteenth century. In 1653 (Shunzhi 10), it was proclaimed that the Imperial Pharmacy was administratively to be under the Imperial Medical Bureau.⁹ However, this very act resulted in some tension. In the 9th month of the 10th year, a member of the Ministry of Rites (*Libu*), Guo Yikun, wrote a memorial expressing his concern that the emperor would focus undue attention on medicine. He stated that medicine was limited in its scope, and therefore should not be an area to which the emperor devotes his energy when he had so many important matters to attend to. Understandably, the emperor, who was rather displeased with Guo's remarks, stated that Guo had submitted a memorial with a false pretense, and ordered that he be punished.¹⁰ After this shaky start to the Qing Pharmacy, it closed, opened again, and gradually moved from being an institution largely managed by the Medical Bureau to one that was part of the Imperial Household Department.¹¹

The Imperial Pharmacy and Medical Bureau had a number of overlapping areas of operation. These included Pharmacy officers accompanying Bureau doctors who were going into the palace to provide medical treatment. Moreover, all pharmaceuticals were to be first inspected by Medical Bureau officials before the ones of good quality were sent to the Pharmacy.¹² In 1739, it was memorialized that when drugs such as pills (*wan*), powdered medicine (*san*), ointments (*gao*), and mineral drugs (*dan*) were being prepared, a Medical Bureau doctor must meet together with a Pharmacy official and inspect the making of the medicine.¹³ Therefore, the drug-compounding doctors and the folk doctors recruited for producing drugs at the Pharmacy had to work together with Medical Bureau officials.

Decocting the medicine for the emperor and empress was also an area where the Medical Bureau and Pharmacy had to cooperate. In this case, a Medical Bureau official and a eunuch (*taijian*) from the Pharmacy oversaw the process. Two doses of each prescription were prepared, put on the stove, and later poured into two different containers. The medicine in one was first tasted by the Medical Bureau official and then by the member of the Pharmacy staff, and the second vessel was taken to the emperor.¹⁴

New parameters for the operation of the Pharmacy were outlined in a memorial submitted on July 6, 1740 (Qianlong 5), by the Qianlong Emperor's brother Hongzhou (1712–70), titled Prince He of the First Degree (He Qinwang). Financial accounts of medicinals had been settled annually, from the 21st day of the 7th month of one year, to the 20th day of the 7th month of the following year. On November of 1739 (Qianlong 4, 10th month), it had already been proposed that they should be examined every three months.¹⁵ The prince's memorial also had such a recommendation and put forth other suggestions such as making an inventory of the silver and gold utensils, organizing the drugs stored at the storehouse, and selecting the medicinals. It also stated that the Pharmacy officials should work with those members of the Medical Bureau holding the rank of

medical secretary (*limu*) while producing compound medicines, decocting, calculating the amount that would be lost by the preparation of each medicine, and selecting quality pharmaceuticals.¹⁶ These memorials reflect the kinds of reorganization that was taking place in the Imperial Pharmacy toward the mid-eighteenth century.

Pharmacy: A Wider Representation of People and Broadening Responsibilities

The Imperial Pharmacy, managed by the Imperial Household Department, was part of an institution made of banner bondservants with eunuchs under their command.¹⁷ In 1653 (Shunzhi 10), a senior chief eunuch (*zongguan shouling taijian*) headed the Pharmacy, which included a clerical sub-official (*shubian*) from the Imperial Household Department who wrote in Chinese, four corporals (*lingcui*), thirty medicine-grinding *sula* (*tingshi nianyao sula*), and twenty drug-compounding doctors from the Imperial Medical Bureau (*Taiyiyuan heyao yisheng*). The Imperial Pharmacy also employed many *bitieshi* (scribes), *baitangga* (servant/errand boys), and *sula* (idlers). Other posts at the Qing Pharmacy included banner doctors of the Imperial Pharmacy (*Yuyaofang qi yisheng*),¹⁸ and those coming from outside of the bureaucratic structure such as the enlisted drug-compounding doctors (*zhaomu heyao yisheng*). This list of posts is not to suggest that the institution had a static structure. In addition to changes in the number of people occupying various positions, in the early Qing there was also a larger shift taking place with respect to the high-level eunuchs and chancery overseers (*neiguanling*). The Imperial Pharmacy was clearly staffed by people whose backgrounds were very different from the doctors of the Imperial Medical Bureau. While this resulted in the representation of a more diverse set of people within imperial medicine, however, it also implied that as the Imperial Pharmacy cooperated in many respects with the Bureau, it also contended with it for power within the imperial medical realm.

During the early to high Qing, the Imperial Pharmacy's responsibilities greatly expanded. In addition to providing material for religious activities, Pharmacy officials also distributed medicines for combating the heat, studied the Western technique of distillation, and established commercial ties with outside pharmacies (such as Tongren Tang).¹⁹ Financial control over the Pharmacy was tightened, and part of the fiscal bureaucracy related to pharmaceuticals shifted from the Ministry of Finance (*Hubu*) to the Storage Office (*Guangchusi*).²⁰ Another medical activity that Pharmacy officials participated in was the production of medicines at the Palace Workshop (*Zaobanchu*). This Workshop crafted a wide variety of items such as jade objects, statues for shrines, etc. As it did not employ doctors or those knowledgeable in making medicines, officials from the Imperial Pharmacy were sent to the Workshop to oversee the production of highly ornate medicinals by the name of *dingziyao* (ingot medicines).²¹ Manufacturing *dingziyao* was an important undertaking, as reflected in the human and spatial resources allocated for its production. In addition to people from the Pharmacy, craftsmen with various specializations participated in making them.²² Moreover, in the early nineteenth century, there were two rooms at the Palace Workshop that were used for preparing these specialty medicines.²³ *Dingziyao* could serve

as preventative medicine, be used as lucky charms to ward off pernicious influences, or be taken to relieve particular medical symptoms.²⁴ These medicinals were used by those at court, in gift-giving, and as part of bureaucratic and military affairs. By broadening the range of medical activities that it coordinated, the Imperial Pharmacy increased its sphere of influence within imperial medicine.

Overlapping Realms of Human and Equine Medical Care

Equine medicine constituted a very important aspect of imperial medicine. Paul D. Buell has done pioneering work in the history of Chinese equine medicine, especially with respect to the textual tradition. This study shows what can be seen (such as institutional restructuring, and the rise of the *coban*) by examining the history of equine medicine through the lens of institutions and posts in the Qing. In a world where horses were of great significance to the imperial order, equine medicine treated not only animals, but also people.²⁵ In fact, human and equine medical worlds overlapped in many ways at this time with respect to medicines, practitioners, as well as institutions. The shared medicinals between human and equine realms were not limited to individual drugs, but also included compound forms.²⁶ The human-equine pacifying powder (*renma ping'an san*) treated all kinds of heat-related disorders in humans and horses. In the *Complete Collection of Secret Formulas from the Qing Palace* (*Qinggong mifang daquan*) the human-equine pacifying powder is described as a drug used to treat symptoms such as losing consciousness, cold hands and feet, headache and stomachache, sore throat, vomiting, and toothache.²⁷ Its ingredients, according to this text, were 0.1 *liang* cattle bezoar (*niu Huang*), 0.1 *liang* musk (*shexiang*), 1.2 *liang* realgar (*xionghuang*), 1.2 *liang* nitrate (*huoxiao*), 1.2 *liang* borax (*pengsha*), 4 *liang* cinnabar (*zhusha*), and 3 *liang* borneol (*bingpian*) ground up into a fine powder.²⁸ These are all ingredients that are also found in medical formulas for humans. Individual pharmaceuticals such as black pepper, sulphur, and alum were also used across the human and equine medicinal realms. For example, 160 *jin* 10 *liang* of each of these ingredients were included in the treatment of skin diseases (*lai*) in horses. In 1767 (Qianlong 32), it was memorialized that perilla oil (*suyou*) should be used to treat this kind of equine skin ailment.²⁹ Using the same medicines across human and equine medical realms suggests an understanding that the bodies of people and horses functioned in similar ways. The name of the compound medicine, human-equine pacifying powder, also reflects such an outlook by placing the human and equine patients on equal ground.

Institutional Context of Equine Care

The institutional context for the medical care of the emperor's horses was the Ministry of Imperial Stables, Herds, and Carriages, a non-medical organization that included posts for equine care. Horses certainly occupied a very special space here, and institutionally within the Qing state. Moreover, Qing emperors also had a great interest in managing animals, especially horses, because of their semi-nomadic background. This institution oversaw a range of matters related to the pastures and stables for the emperor's horses (and other animals), such as supervising herds and inspecting stables. The animal and livestock organization

of the Qing palace was very broad in scope, and included the care of horses at stables inside and outside the palace grounds, as well as those at distant pastures.³⁰

Both the Chinese and Manchu names for this institution that managed imperial horses changed over time. In the early Qing it continued under its Ming name, Directorate of Imperial Horses (*Yumajian*).³¹ In 1661 (Shunzhi 18), the name was changed to *Adun yamen*. *Adun* means herd in Manchu and can be used to refer to herds of horses as well as other animals. In October of 1677 (Kangxi 16, 10th month), the name was changed to *Shangsiyuan*, referring to an office for a team of four horses that are tied to the front of an imperial carriage. In very broad terms, *Shangsiyuan* may reflect a Chinese notion of horses as animals that were part of the ceremonial sphere. This term focuses on one particular aspect of the organization of imperial horses, and underestimates the wide range of equine (and non-equine) related matters that the Qing institution attended to such as choosing and raising horses, managing herds, treating animals medically, and allocating feed for horses and camels, etc.³²

In Manchu, the name of the institution was *Dergi adun i jurgan* (fig. 3) meaning 'Ministry of Imperial Herds.' However, this term simply focuses on herds without mentioning the organization's responsibilities with respect to stables and carriages. Moreover, the English term, Palace Stud, reflects neither the significant place that the institution occupied within the administrative hierarchy, nor its divergent meanings in Chinese and Manchu.³³ Therefore, as all these terms fall short of expressing the breadth of its activities, here, the name of the institution is translated as the Ministry of Imperial Stables, Herds, and Carriages.

One of the new actors in equine care in the seventeenth century was a post in the Ministry of Imperial Stables, Herds, and Carriages called *Menggu yisheng* (Mongolian doctor) in Chinese.

The Manchu term for this position, *coban* (fig. 4),³⁴ is defined as a stick or rod that can be used to pry things open, and is a term that has resonances to herding across a larger Asian context.³⁵ The word *coban* embodies a range of meanings, including the act of lifting and prying something open, a long stick, a shepherd, horse keeper, and a Mongolian doctor. More specifically, the treatment methods of the *coban* involved lifting and moving bones that were stuck and getting them back in the right position. A stick or staff, a tool carried by shepherds and horse keepers could be used for such a purpose. Manchu terms for herder such as *aduci*, *kuteci*, and *kutule* also suggest connections between herding, caring for horses in stables, and bannermen.³⁶ The Chinese term, literally translated as 'Mongolian doctor,' is unreflective of their wide range of practices. The Manchu word *coban* is looser and more flexible than the Chinese term, and is therefore more reflective of a position that crossed many boundaries between the military, bureaucratic, equine, and human worlds.

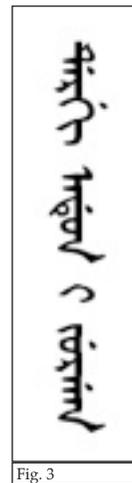


Fig. 3

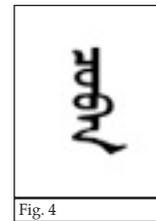


Fig. 4

Looking at the Chinese term for *coban*, one could ask what being Mongolian had to do with this medical post. The Mongols were discriminating in their care for horses, and the Qing did, at some points, turn to the Mongols with respect to matters related to equine care. For example, the Yongzheng Emperor's decree and instructions in 1727 stated that because

soldiers as a class no longer knew how to put their horses and camels into proper condition [...] it was the Mongol way, not Manchu methods, that were presented along with the decree, instructing officers to teach the soldiers how to care for their animals in the various seasons of the year.³⁷

Some present-day secondary sources on the history of Qing medicine regard the Chinese term “Mongolian doctor” to be an adjective-noun pair, however it was a title of a position in the Ministry of Imperial Stables, Herds, and Carriages.³⁸ While “Mongolian doctor” may have had some bureaucratic and ethnic designations, it most likely referred to a person who was skilled in medically caring for people and horses using Mongolian methods of treatment. The *cobans'* techniques were reputed to be different from those of Qibo and Huangdi, referring to the medicine of the Yellow Emperor and one of his most famous interlocutors outlined in the famous canonical classic of Chinese medicine, *The Yellow Emperor's Classic of Internal Medicine (Huangdi neijing)*.³⁹ Sources often attest to the *cobans'* skills in bonesetting, such as the case of the famous *coban* Jueluo Yisang'a, mentioned in the *Draft of the Official Qing History (Qing shigao)*. In addition to bonesetting, there are also examples of *cobans'* use of animal parts in medical care. A famous account concerns the treatment of a serious head injury by using the bladder of a cow to cover the wounded part of the head.⁴⁰ The *coban*, therefore, used materials such as animal parts that would be easily available within a nomadic herding environment. Horses are easily prone to sprains, and humans could also get injured by falling off a horse, getting kicked, or trampled by one. The skills of the *coban* would be highly valued, and practically useful, within a context where horses played a significant role as part of the imperial and military apparatus.

Changing Structure of Medical Care at the Ministry of Imperial Stables, Herds, and Carriages

Animal doctors (*shouyi*) who had represented the status quo in the early Qing, later became a minority within the organization of equine medical care.⁴¹ Not only did their numbers decrease, but they were also at the lower end of a hierarchy that was led by *coban*. While animal doctors were earlier just referred to as *shouyi*, increased representation by *coban* and other non-Han practitioners may have led to their being labeled as “animal doctors who were Han” by the middle of the eighteenth century.

The reorganization of equine medical care can be clearly seen in the Kangxi, Yongzheng, and Qianlong Emperors' editions of the *Collected Statutes*. Changes in the normative structure can be observed by considering the time frames in which the materials for each of the editions were collected. In the early Qing (1636–86), there were twenty-five animal doctors.⁴² Between 1687 and 1727, *coban* entered the picture, with twenty-two animal doctors and twenty *coban*.⁴³ By the middle

of the eighteenth century (1728–58), *coban* were at the top of the hierarchy. The highest positions were two chief *coban* (*yizhang Menggu*), followed by eighteen *coban* (*yishi Menggu*), six doctors of skin diseases (*laiyi*), and sixteen Han-Chinese animal doctors (*shouyi Han shiyouliuren*).⁴⁴

The changes in the organization of equine medicine suggest that the normative framework of horse medicine in the imperial realm was greatly restructured during this time, with a broadening of categories and an increasing representation of doctors who came from various places within the bureaucratic and military structure. The *coban* were from the banners, the doctors of skin disorders (*lai*) from the stables and pastures, and animal doctors were those who had passed through posts at the Ministry of Rites and Five Boroughs.⁴⁵

In 1801 (Jiaqing 6), an institutional connection was forged between the Medical Bureau and Ministry of Imperial Stables, Herds, and Carriages. The bonesetting department (*zhengguke*) at the Imperial Medical Bureau was put under the management of the chief *coban* at the Ministry of Imperial Stables, Herds, and Carriages so that he concurrently held both positions.⁴⁶ Therefore, by the nineteenth century, while the structure of equine care within the Ministry of Imperial Stables, Herds, and Carriages had been greatly reorganized, the Imperial Medical Bureau had also lost some of its functions to the Ministry.

Practice of the Coban

Coban were employed at the Ministry of Imperial Stables, Herds, and Carriages for the medical treatment of horses as well as other animals. As examples of equine care are rare, below are descriptions of treatments that *coban* gave people, illustrating some of their techniques. In his memoirs, the Italian missionary Matteo Ripa (1682–1746) wrote of his thirteen years at the Chinese court (1711–23) and described his encounter with a *coban*. He explained that in order to escape the heat, the Kangxi Emperor went to Rehe from the beginning of the fifth month to the end of the ninth month, and that there were more than 30,000 people who accompanied him. On the way there, and before they had left the city, Ripa's horse slipped and the missionary severely hurt his head as well as many parts of his body. Those accompanying him did not dare to stop and left him in a semi-conscious state, with two others to look after him. When he woke up, he found himself in a room, and everything was blurry. He said that it felt as if he had fallen off the horse two months ago. Ripa continued that the Kangxi Emperor deputed a Manchu bonesetting doctor (*Manzu guke daifu*) who was better than those in Europe to treat him. He said that although some of this doctor's treatment methods seemed rough, and others useless, he recovered in a very short time from his serious injuries.

According to the account, first the *coban* stripped the top half of Ripa's body, and then poured ice-cold water onto his neck. The doctor explained that this would stop the bleeding and help him recover full consciousness. Ripa also noted that his sense of sight became clearer, and that he regained his memory. Then, two people wrapped a bandage tightly around his head and pulled at both ends. The doctor took a piece of wood and beat the middle portion

of the bandage furiously, giving Ripa unbearable pain. Ripa stated that if he remembered correctly, the doctor said that this helped one's brain, or marrow of the cranial cavity, return to the correct position (*zhengnao*). (While the word *nao* technically means brain, it also refers to marrow in the cranial cavity.)⁴⁷ After two such treatments, Ripa could move his head more freely. Two people supported him and helped him walk outdoors. While he was taking a stroll with the aid of others, all of a sudden, the doctor threw ice water at his bare chest, making Ripa take a sudden breath. The doctor said that if the ribs have moved out of position or became dislocated (*tuowei*), this sudden strong breath would make them return to their natural position.

Ripa explained that the painful and violent nature of the therapy did not decrease with the next treatment. The doctor made Ripa sit down and, with the help of two others, used a piece of cloth to cover Ripa's nose and mouth so that he couldn't breathe and almost suffocated. According to Ripa, the Chinese Asclepius (God of medicine and healing as characterized in the Greek tradition) said that this treatment aimed to make the chest move in such a way that if any ribs had twisted in or out when he fell down, they would go back to their original position. Finally, the doctor put a piece of burned cotton on the sore on his head. The *coban* told Ripa that he had to keep on walking with the help of two others, and that he should not sit for long periods. Moreover, Ripa was instructed not to sleep before 10 p.m. and to just eat rice porridge until he was completely well. Ripa fainted a few times when he was taking a walk. The doctor had expected this and told him that he should not be afraid of such occurrences. The *coban* explained that it is important to walk outside with an empty stomach, as this would prevent blood from accumulating, settling, and festering in the chest. Ripa said that even though these treatment methods were very rough and caused a lot of pain, he must truthfully say that within seven days he was completely well and continued on his journey.⁴⁸

In addition to external and internal injuries, *cobans* also treated other kinds of medical problems, such as the Kangxi Emperor's headaches. In this case, an official explained that he had diagnosed the condition as being due to the upward movement of blood and *qi* in the outer *yang* meridians, and had suggested the external application of fennel (*xiaohuixiang*) on the *fengchi* acupuncture points. The *cobans* responded that elderly people's headaches are often related to the outer *yang* meridians contacting "wind-cold" (*fenghan*)⁴⁹ and proceeded to suggest placing other medicinals, such as salt, on the *fengchi* points. The *cobans* concluded by stating that if they could check the pulse themselves, they would be able to ascertain whether the headache was due to the outer *yang* meridians.⁵⁰ The *cobans'* response utilized the language of classical textual medicine, thereby reflecting an example of how they framed their practices according to the familiar categories of Chinese medicine.

An excerpt from an oral history about a late-Qing *coban* suggests the continuation of their practices into later times. A disciple of one of the last *coban* at the Ministry of Imperial Stables, Herds, and Carriages, Wu Dinghuan, said that these medical figures worked in the Forbidden City, went to the princely palaces, and also treated commoners. Wu explained that his teacher, Xia Lao, had risen to the level of assistant chief *coban* (*fu Menggu yishengzhang*) at the Ministry of

Imperial Stables, Herds, and Carriages. After the Qing came to an end, he set up shop outside the palace and continued to see human patients. According to Wu, a summary of all manual techniques for bonesetting, medicines, and instruments could be found in the imperially commissioned *Golden Mirror from the Orthodox Lineage of Medicine* (*Yizong jinjian*).⁵¹ The art of bonesetting, he explained, was all about the hand techniques, which were passed down orally from master to disciple, and rarely documented with the exception of the *Golden Mirror*. Wu said, “the hand moves with the heart, and the method comes from the hand.” Moreover, when treating patients in the palace, one has to have a very light touch and cannot let them feel pain. Manual techniques are divided into two kinds, those based on manipulating the bones, and another set which is similar to *qigong* (physical and mental exercise through controlled breathing techniques).⁵² Wu Dinghuan’s description of the medical activities at the Ministry of Imperial Stables, Herds, and Carriages suggests that *cobans* continued to treat humans into the late Qing, and that these medical practitioners and their institutional context constitute integral parts of imperial medical history.

Conclusion

Within today’s biomedical framework, medicine is organized in a largely unicentric structure with strict professional and disciplinary boundaries. Alternative medicines find their respective places at the periphery. Qing Dynasty administrators, however, do not seem to have found it necessary to define all medical knowledge as part of a single system. Practitioners were, in effect, individuals adept at solving particular medical problems. As long as the power to depute these medical figures rested with the emperor, he may not have seen a need to create a cohesive system in institutional terms.

Qing Dynasty rulers were also concerned with institutional and historiographic continuity. Conquest dynasties have had to proceed confidently and delicately in the process of legitimizing their rule. Therefore, maintaining the institutions of the inherited structure, while constructing a medical system with no apparent center save the emperor, may have been a strategy to strengthen their own position. Such an approach could serve the dual purposes of maintaining continuity with tradition, while also providing the emperor with a range of medical expertise that could be utilized at any time.

Recognizing the multiplicity of actors in the fluid field of imperial medicine calls attention to the different ethnicities and languages in the organization of medicine. Moreover, such a context also shows boundary crossings between cultural, linguistic, bureaucratic, and military realms, as well as the human and veterinary spheres. In the mid-eighteenth century, both the Imperial Pharmacy and the Ministry of Imperial, Stables, Herds, and Carriages were organizations that played key roles in imperial medicine, and which were part of the Imperial Household Department.⁵³ Therefore, this study also leads to questions regarding the dynamics between medical institutions and posts within a distinctively Qing institution such as the Imperial Household Department. Finally, these pluralities suggest that limiting our understanding of imperial medicine to the Imperial Medical Bureau greatly underestimates the diversity of institutions, positions,

ethnicities, and languages within the eighteenth-century Chinese imperial medical world.

Glossary

English	Pinyin	Chinese
Adun yamen	Adun yamen	阿敦衙門
Animal doctor	<i>shouyi</i>	獸醫
Assistant chief <i>coban</i>	<i>fu Menggu yishengzhang</i>	副蒙古醫生長
Banner doctors of the Imperial Pharmacy	<i>Yuyaofang qiyisheng</i>	御藥房旗醫生
Bonesetting department	<i>zhenggukue</i>	正骨科
Borax	<i>pengsha</i>	硼砂
Borneol	<i>bingpian</i>	冰片
Cattle bezoar	<i>niuhuang</i>	牛黃
Chancery overseers	<i>neiguanling</i>	內管領
Chief <i>coban</i>	<i>yizhang Menggu</i>	醫長蒙古
Chinese medicine	<i>Zhongyi</i>	中醫
Cinnabar	<i>zhusha</i>	硃砂
Clerical sub-official	<i>shubian</i>	書辦
<i>Collected Statutes of the Qing</i>	<i>Qing huidian</i>	清會典
<i>Complete Collection of Secret Formulas from the Qing Palace</i>	<i>Qinggong mifang daquan</i>	清宮秘方大全
Corporals	<i>lingcui</i>	領催
Directorate of Imperial Horses	<i>Yumajian</i>	御馬監
(To become) dislocated	<i>tuowei</i>	脫位
Doctor of skin diseases (in horses)	<i>laiyi</i>	癩醫
<i>Draft of the Official Qing History</i>	<i>Qing shigao</i>	清史稿
Drug-compounding doctors from the Imperial Medical Bureau	<i>Taiyiyuan heyao yisheng</i>	太醫院合藥醫生
Enlisted drug-compounding doctors	<i>zhaomu heyao yisheng</i>	招募合藥醫生
Eunuch	<i>taijian</i>	太監
<i>Fengchi</i> (name of acupuncture point)	<i>fengchi</i>	風池
Fennel	<i>xiaohuixiang</i>	小茴香
Foot lesser- <i>yang</i> gallbladder meridian	<i>zushaoyang danjing</i>	足少陽膽經
<i>Golden Mirror from the Orthodox Lineage of Medicine</i>	<i>Yizong jinjian</i>	醫宗金鑑
Guo Yikun	Guo Yikun	郭一鵬
Human-equine pacifying powder	<i>renma ping'an san</i>	人馬平安散
Hongzhou	Hongzhou	弘晝
Imperial Medical Bureau	Taiyiyuan	太醫院
Imperial Pharmacy	Yuyaofang	御藥房
Ingot medicines	<i>dingziyao</i>	錠子藥
Jueluo Yisang'a	Jueluo Yisang'a	覺羅伊桑阿
Kangxi	Kangxi	康熙

Manchu bonesetting doctor	<i>Manzu guke daifu</i>	滿族骨科大夫
Matteo Ripa	Ma Guoxian	馬國賢
Medical secretary	<i>limu</i>	吏目
Medicine-grinding <i>sula</i>	<i>tingshi nianyao sula</i>	聽事碾藥蘇拉
Mineral drugs	<i>dan</i>	丹
Ministry of Finance	Hubu	戶部
Ministry of Imperial Stables, Herds, and Carriages	Shangsiyuan	上駟院
Ministry of Rites	Libu	禮部
Mongolian doctor (<i>coban</i> in Manchu)	<i>Menggu yisheng</i> (also <i>yishi Menggu</i>)	蒙古醫生 (also 醫師蒙古)
Musk	<i>shexiang</i>	麝香
Nitratine	<i>huoxiao</i>	火硝
Ointments	<i>gao</i>	膏
Palace Workshop	Zaobanchu	造辦處
Perilla oil	<i>suyou</i>	蘇油
Pills	<i>wan</i>	丸
Powdered medicine	<i>san</i>	散
Prince He of the first degree	He Qinwang	和親王
<i>Qi</i>	<i>qi</i>	氣
Qianlong	Qianlong	乾隆
<i>Qigong</i>	<i>qigong</i>	氣功
Realgar	<i>xionghuang</i>	雄黃
Rehe	Rehe	熱河
Returning the brain (or marrow in cranial cavity) to its correct position	<i>zhengnao</i>	正腦
Senior chief eunuch	<i>zongguan shouling taijian</i>	總管首領太監
Shunzhi	Shunzhi	順治
Sixteen Han Chinese animal doctors	<i>shouyi Han shiyouliuren</i>	獸醫漢十有六人
Skin diseases (in this case horses)	<i>lai</i>	癩
Storage Office	Guangchusi	廣儲司
Tongren Tang	Tongren Tang	同仁堂
Wind-cold	<i>fenghan</i>	風寒
Wu Dinghuan	Wu Dinghuan	吳定寰
Xia Lao	Xia Lao	夏老
<i>Yang</i>	<i>yang</i>	陽
<i>Yellow Emperor's Classic of Internal Medicine</i>	<i>Huangdi neijing</i>	黃帝內經

Notes

- ¹ I would like to thank Melissa S. Dale, the two anonymous reviewers of this article, and participants in *The Imperial Court in China, Japan, and Korea: Women, Servants, and the Emperor's Household (1600 to early 1900s)* symposium at the University of San Francisco Center for the Pacific Rim (April 18–19, 2013) for their comments and suggestions. I would also like to thank Ding Yizhuang, Dagmar Schaefer, and Paul Buell for sharing with me unpublished material on equine medicine. Finally, I would like to express sincere gratitude to my professors and colleagues for asking questions that helped me further develop these ideas. Any oversights are, of course, solely my responsibility. There is no term or category called “imperial medicine” in Chinese. Imperial medicine, here, broadly refers to medical institutions, posts, and practices within an imperial setting. Practitioners of medicine include people employed as medical figures within an imperial institution, as well as those who were deputed to offer medical assistance. Examples of the wide range of patients are the emperor, members of the imperial family, officials, dignitaries, and missionaries. The terms “imperial medical realm” and “imperial medical world” are interchangeably used to refer to the larger context within which the activities outlined above were taking place. (The word doctor in this study refers to a caregiver or medical practitioner, and patient to those who received medical treatment. These terms should be differentiated from the meanings of doctor and patient that are more strictly defined by the medical profession today.) Modern-day Chinese scholars have used the term *gongting yixue* 宫廷醫學, which can be translated into English as “court medicine,” to collectively refer to medicine in the imperial realm. Court medicine in English suggests a limited number of doctors medically caring for the emperor and his close family. The term imperial medicine, here, shows that medical organizations in the imperial realm primarily concerned with the care of the emperor and imperial family were also involved in a range of activities that moved far beyond the palace(s) and spaces where the emperor was present. Therefore, it is used as a term that is inclusive of a wide variety of institutions, posts, practitioners, and patients. While present-day terminology for medicinals carry various implications, here, the words drug, pharmaceutical, medicinal, and medicine are used interchangeably to refer to something which is ingested or applied to treat a particular external or internal condition. (The word “medicine” is also used within a different context to refer to the field of medicine.) For medicine as a category in collections of texts, see early-eighteenth century (1728) *Gujin tushu jicheng* [Synthesis of Books and Illustrations, Past and Present], and late-eighteenth century (1782) *Siku quanshu* [Complete Compilation of the Four Treasuries]. *Gujin tushu jicheng*, digital resource; *Siku quanshu*, digital resource. In this article, single quotes are used to signify translating the meaning of a term/title into English, and double quotes to refer to a particular term.
- ² See Beatrice S. Bartlett 1979; 1985; and 1990; see also Nicola Di Cosmo 1989; 2006; and 2009; Pamela Kyle Crossley 1990; 1997; and 1999; Pamela Kyle Crossley and Evelyn S. Rawski 1993; Evelyn S. Rawski 1998; Mark C. Elliott 2000; 2001a; and 2001b. For discussions of this approach, see Rawski 1996. For Sinicization, see Ho Ping Ti 1998. Also see Joanna Waley-Cohen 2004 for a more general synopsis of this larger outlook.
- ³ Marta Hanson's bibliography of Manchu medical manuscripts is a valuable source for scholars studying Qing medicine using Manchu sources; Hanson 2003b.
- ⁴ Volker Scheid 2002, pp. 1–26.
- ⁵ *Kangxi huidian* 1689, p. 2051.
- ⁶ Hanson 2003a; Chang Che-chia 1998. For Chinese studies on court medicine in the Qing, see Chen Keji and Li Chunsheng 2009; and Chen Keji 2006. For Chinese sources that enumerate some new posts, see Guan Xueling 2008. Also see Liao Yuqun 2012.
- ⁷ For a more detailed discussion of the social and cultural history of Qing imperial medicine, including imperial medical institutions, their structure, shared medicinals between human and equine medical worlds, *cobans'* practices and patients, etc., see Sare Aricanli (forthcoming) Ph.D. Dissertation, Princeton University.
- ⁸ For the most detailed and extensive historical study on the banner system, see Elliot 2001a.

- ⁹ *Kangxi huidian*, p. 1940.
- ¹⁰ *Shizu shilu* 1672, pp. 615–16.
- ¹¹ *Kangxi huidian*, p. 1940.
- ¹² *Qianlong huidian* 1763, p. 857.
- ¹³ *Qianlong huidian zeli* 1763.
- ¹⁴ Sometimes the Medical Bureau officials would not directly participate in the preparation of the medicine, but would memorialize the formula that was prepared by the Imperial Pharmacy. *Kangxi huidian*, p. 2051.
- ¹⁵ *Yuyaofang* late Qing, p. 1443.
- ¹⁶ *Zhongguo di yi lishi dang'anguan* 1740.
- ¹⁷ *Yuyaofang*, pp. 1442–44.
- ¹⁸ *Da Qing huidian shili* 1899.
- ¹⁹ Tongren Tang was a commercial pharmacy that was established in 1669. The Imperial Pharmacy started having commercial ties with Tongren Tang after 1723 (Yongzheng 1). For more on the history of this institution, see Sherman Cochran 2006, especially ch. 2. Also see *Zhongguo Beijing Tongren Tang jituan gongsi* 1993, pp. 1 and 12.
- ²⁰ *Qianlong huidian*, p. 857; *Qianlong huidian zeli*; *Yuyaofang*, pp. 1444–46.
- ²¹ *Ding* is a term that can be used to refer to an ingot of gold or silver, or to a substance (such as ink or cosmetics) that has been molded into a small shape. See *Zhongguo di yi lishi dang'anguan* 2005, vol. 29, p. 230. Also see Guan, p. 182.
- ²² These craftsmen included people who painted the medicines, put strings through them, printed pamphlets, as well as those who made cases. *Zhongguo di yi lishi dang'anguan* 2005, vol. 29, p. 230. Also see Guan, p. 186.
- ²³ *Zhongguo di yi lishi dang'anguan* September 22, 1819. The dimensions of one of the rooms was one *zhang* two *chi*, and the other was one *zhang* one *chi*. (One *zhang* is equal to ten Chinese feet, and one *chi* is one foot or 0.3581 m.)
- ²⁴ As *dingziyao* could be worn on the body to ward off evil influences, it raises the question of whether they could be considered to be medicinal drugs. (I would like to thank Professor Mark C. Elliott for bringing this point to my attention.) Before the era of biomedicine, germ theory, and institutionalization of a more formal structure to the medical profession, medicine as a field had a wider range of practitioners, practices, and pathogenic factors. Some of these unfavorable influences were less tangible in nature, such as evil or pernicious effects. Others were more tangible, including climatic effects and poisonous substances. Even though the conception of medicine as a field included a range of practices and external factors during the premodern period, it is important to note that *dingziyao* were manufactured using pharmaceutical ingredients. For example, *zijinding* 紫金錠 were made with 2 *jin* (斤) clams (*wenge* 文蛤), 1 *jin* Peking spurge root or euphorbia (*daji* 大戟), 1 *jin* 6 *liang* (兩) bulbs of Chinese tulip (*tulipa*) or cremastra (*shancigu* 山茨菇), 10 *liang* seeds of caper euphorbia (*qianjinzi* 千金子) without oil, 7 *liang* cinnabar (*zhusha* 朱砂), 5 *liang* 5 *qian* (錢) realgar (*xionghuang* 雄黃), and 3 *liang* naval-gland secretions of the musk deer (*shexiang* 麝香). See Guan, pp. 181, 201. One *jin* is equal to sixteen Chinese ounces, one *liang* is a Chinese ounce, and a *qian* is one tenth of a Chinese ounce.
- ²⁵ For more on horses, equestrianism, horsebackriding, etc., especially within the context of tours, see Michael Chang 2007. For animal medicine and more specifically equine medicine, see Dagmar Schaefer 2013; see also Paul D. Buell with Timothy May and Dave Ramey (forthcoming); Paul D. Buell, Timothy May, and David Ramey 2010; and Paul D. Buell with David Ramey 2001.
- ²⁶ Individual drugs and their compound forms are referred to by Asaf Goldschmidt as “simples” and “readymade prescriptions/prepackaged prescriptions,” respectively. See Asaf Goldschmidt 2008.

- ²⁷ Extant records including formulas of imperial prescriptions generally date from the late Qing. While there are references to the drug in the eighteenth century, this text compiled in 1900 (printed in the mid-twentieth century) using sources from the late-nineteenth to early-twentieth centuries, provides a list of its ingredients.
- ²⁸ *Qinggong mifang daquan* 1900, pp. 130–31.
- ²⁹ *Shangsiyuan* 2004, p. 944. For *lai/lei* and its changing meanings, see Angela Ki Che Leung 2009, pp. 17–59.
- ³⁰ For more information on how animals (such as horses and camels) were organized, the number of animals in each herd, practices of rotating horses through stables and pastures, the organization of horses as well as other animals at stables and pastures in and near the palace, in local settings, and across the empire, etc. see Li Qun 1998.
- ³¹ Yumajian, earlier Yumasi, was a eunuch agency in charge of imperial horses in the Ming.
- ³² *Shangsiyuan*, pp. 872–975.
- ³³ See H. S. Brunnert and V. V. Hagelstrom 1912, no. 88; see also Charles O. Hucker 1985, no. 5064.
- ³⁴ *Coban* are also referred to as *yishi Menggu* 醫師蒙古. Moreover, there was also another term for this post, *chuoban* 綽班, which is a Chinese character transliteration of the Manchu term *coban*.
- ³⁵ There is also a verb, *cobalambi*, meaning to pry open or lift. According to Gerhard Doerfer, the word *coban* comes from Persian, and originally meant herder. See Doerfer 1963–75, vol. 3, no. 1130. Francis Joseph Steingass provides an explanation of *chub/chob* (vowel could be both o or u as it was written with the letter *vaw* ʒ) as a log, wood, tree, staff, rod, stick. *Coban* means shepherd or horsekeeper. See Steingass, p. 401.
- ³⁶ The words for herder in Manchu also suggest the value of further exploring connections between bannermen and caring for horses in herds and at stables. The Manchu word for herder is *aduci*, coming from *adun* (herd). The word *kuteci* means both horse herder and stable boy/groom. Furthermore, the word *kutule* means both a banner slave and a horse herder/groom. (*Kutelembi* in Manchu means to herd animals.) These examples suggest that in Manchu there may have been a larger conceptual overlap between the positions of those who herded horses in the field and those who were responsible for their care in the stables.
- ³⁷ Ruth Meserve 1987, p. 141. In addition to the word for herd (*adun* in Manchu and *adughun* in Mongolian), there are other similarities between Manchu and Mongol vocabulary related to horses in the eighteenth century. For example, according to the *Yuzhi wuti Qingwen jian*, horse (*ma* 馬) is *mori* in Mongolian and *morin* in Manchu, breeding horses (*majiao* 馬交) is *ajirgalamui* in Mongolian and *ajirgalambi* in Manchu, gelding (*shan* 驢) is *akta* in both languages, red horse (*hong ma* 紅馬) is *jerde* in both languages, and a backward kick (*liejue* 劣蹶) is *doksin* in both languages. In illustrating these examples, I have used the transcription in the following Manchu-Mongolian-Chinese dictionary of phonetic comparisons, rather than the Cleaves transcription. See Jiang Qiao 2009, p. 141.
- ³⁸ See, for example, Teng Shaozhen 1995.
- ³⁹ Guan, p. 69. Qibo was one of the interlocutors of Huangdi in the classical Chinese treatise *Huangdi neijing*.
- ⁴⁰ See Wang Zhenguang 2006, p. 403. While Wang uses the word *panguang* 膀胱 for bladder, the *Qing shigao* uses the word *pao* 脬 for bladder. See *Qing shigao*, *liezhuan* 289, *yishuyi*, *duan* 24277 (*Hanji wenxian ziliaoku* database). Cow, in this context, is a gender-neutral way of referring to the animal. For a discussion of using parts of animals (such as cows) in medical treatment among thirteenth-century Mongols, see Francis Woodman Cleaves 1954.
- ⁴¹ The present-day translation of *shouyi* is veterinarian, however, in this article “animal doctor” is used to refer to this position as it is more descriptive, and does not suggest an association with the modern-day profession.
- ⁴² *Kangxi huidian*, p. 1957.

- ⁴³ *Yongzheng huidian* 1731, p. 3803.
- ⁴⁴ *Qianlong huidian*, p. 973. Han, here, is used to designate those who were ethnically Chinese.
- ⁴⁵ *Ibid.*, p. 873.
- ⁴⁶ Ren Xigeng 1863, p. 385. According to the oral history of Wu Dinghuan, as well as Lan Ruo's article on Wu Dinghuan's teacher Xia Lao, this change took place in Daoguang's 2nd year. However, the *Qing Taiyiyuan zhi* states that as the year acupuncture separated from the Imperial Medical Bureau. See Lan 1998.
- ⁴⁷ Yuan Yixiang et al. 1996, p. 807.
- ⁴⁸ Matteo Ripa 1723, pp. 57–60. Also see Guan, p. 70.
- ⁴⁹ Wind-cold here refers to a particular pathogen that results in symptoms such as a headache, slight fever, aversion to cold, pain all over the body, runny nose, as well as a thin white coating on the tongue, and a tense pulse. See Yuan Yixiang et al. 1996, pp. 207–8.
- ⁵⁰ *Zhongguo di yi lishi dang'anguan* 1996, p. 1686, no. 4203. The modern notation for this acupuncture point is GB20 (on the foot lesser-*yang* gallbladder meridian *zushaoyang danjing*), and it is now used for treating dizziness, headache, tired red eyes, and stiff neck. Also see Guan, p. 71.
- ⁵¹ This treatise was compiled in 1742. See Hanson 2003a for the history of its compilation.
- ⁵² Wu Dinghuan 2003.
- ⁵³ This institution has traditionally been defined as a bureaucratic and administrative organization dealing with the emperor's personal needs, as well as accounts, storage offices, pastures, etc. See Preston M. Torbert 1977; and Zhang Deze 2001.

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