Biography of the Medical Book in Late Imperial China. A View from the Southern Margins of the Qing Empire

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Abstract. This article seeks to understand why so many medical writings produced in late imperial China have perished and what has prevented certain of them from disappearing. To do so, it focuses on the life of medical writings produced in the southern fringes of the Qing empire. The aim, starting from an analytical framework limited in time and space, is to open up a more general discussion on the history of the medical book in late imperial China. To retrace this history, this article starts from the very act of writing a medical text and then examines the course of this writing's life, through its printing, and reading. The first part, examining a wide sample of medical texts produced in the region, highlights the social diversity of their authors as well as the plurality of objectives that these texts intend to achieve. The second part reconstructs the different steps that a manuscript must go through to be printed. This process, which requires the intervention of influential figures to correct and praise the text, and to finance its printing, is long and explains why most of the manuscripts did not survive, but it has another consequence. As the original text passes through the hands of many people, it collects comments or additions. The third part, which focuses on printed and handwritten annotations in the margins, underlines how printing a medical manuscript is a dynamic process which offers the possibility to integrate allographic elements and contributes to the very making of the text. Analysis of the handwritten annotations left by some readers reveals, in turn, the ability of readers to intervene in the life of medical books, after they have been printed and, in so doing, to update and enrich medical knowledge and practices.

Key words: medicine, medical writings, medical books, marginal annotations, peritext, paratext, late imperial China, Yunnan, Guangxi, Guangdong

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During the Ming (1368-1644) and Qing (1644-1911) dynasties, the number of medical writings increased dramatically in every corner of China. On the other hand, the development of commercial publishing from the late Ming dynasty favored the printing of more and more of these medical writings, which, consequently, circulated more widely and had less risk of vanishing than before.[2] While the rise of commercial printing in late imperial China definitely led to a better preservation of the medical texts written in the last four centuries compared to older texts, medical books that have survived in libraries are a tiny part of what was produced.[3] These figures will suffice to illustrate this point: among some 277 medical writings produced in the provinces of Yunnan, Guangxi and Guangdong, during the Qing dynasty, only 36 are extant in libraries. What happened then to a medical writing once it was produced? Why did so many writings perish? And, on the contrary, what has prevented certain texts from disappearing? This article deals with these issues and, examining the different stages in the life of a medical writing, it attempts to shed light on the history of the medical book in late imperial China.

As the Qing empire was vast and an increasing number of people felt entitled to take the brush and write, I addressed these issues by limiting the scope of my investigations, in time and place. I explored the life of medical writings produced in the southernmost part of the Qing Empire, including the present provinces of Yunnan, Guangxi, and Guangdong. While limiting one's investigation to a specific place or society does reduce the field of vision, it allows examining this place or society in (part of) its thickness or complexity, or at least, it allows seeing things that would escape the view of a historian engaged in a wider scale investigation.[4] Reducing the scale of the analysis makes it possible, in this particular case, to bring together almost all the actors known in a given place and time to have written medical texts and to explore the life of their writings. Under the Qing dynasty, authors of medical texts came from diverse backgrounds, and targeted different

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[2] Bibliographies in Chinese gazetteers testify to an empire wide phenomenon. Hanson 2011, pp. 44-45, based on Guo 1987, notes that 5,149 book titles were recorded in all parts of the Qing empire, compared to 1276 under the Ming, and 685 for the whole pre-Qin-Han to Ming period. On the boom of commercial publishing from the sixteenth century onward, see Zhang 1989, Widmer 1996, Chia 2002, Brokaw and Chow 2005, MacDermott 2006; Brokaw 2007 and Chow 2004. Chia 2002, pp. 186, 230-234 shows that the printing of medical texts was particularly impressive in the general expansion of the printed world.

[3] The catalogue listing the medical books held in Chinese libraries attests it: 92% of the books preserved in libraries were written from 1600 onwards (personal count of the 1003 pages of Xue 1991). I have not recounted the proportions of extant books written before and after 1600 in the 2007 reedition of this catalogue but they should not vary a lot with only 1334 additional items.

[4] For a discussion of the historian's choice of scale, see Ricœur 2000, p. 280.

audiences and purposes. Limiting the investigation in time and place makes it thus possible to study the material and social life of medical writings by taking into account the social heterogeneity of their authors. The place in question, the southernmost part of the empire, has never been considered as a significant cultural center in China, and even Guangdong province was perceived in the early nineteenth century as culturally remote by scholars living in more prestigious areas of the empire.[5] However, if the southernmost part of the Qing empire was actually far from Jiangnan and from the capital, the three provinces were not peripheral to the same extent. Guangdong was far more urbanized and more closely connected to the rest of the empire than the provinces of Guangxi and of Yunnan.[6] Reducing the scale of the analysis to this area thus also makes it possible to examine the material and social life of medical writings taking into consideration the heterogeneity of the places where their authors lived and wrote.

This article brings to light medical authors almost unknown to the historian more familiar with the names of Jiangnan's famous physicians, and it analyses what happened to their writings. Even if restoring the voice of little-known actors is interesting in itself, the aim, starting from this limited analytical framework, is to open up a more general discussion on the history of the medical book in late imperial China. To retrace this history, this article starts from the very act of writing a medical text and then examines the course of this writing's life, through its printing and reading. To put it another way, it attempts a biography of the medical book in late imperial China. As literary critics have shown, the biographical genre is inherently impure, necessarily mixing elements of fiction with proven facts.[7] This biographical endeavor is surely no exception. However, the indirect accounts and books that have come down to us provide many clues to establish a part of their material and social life.

I. The writing of medical texts in the southern borders of the Qing empire

Local gazetteers and the identification of medical writers and medical texts

The evidence about medical writings in this essay is drawn largely from local gazetteers. Very likely local gazetteers compilers never recorded in an exhaustive way the medical titles produced in each corner of each administrative unit of China.[8] While not reflecting the exact situation of the local book production, local gazetteers provide the most encompassing departure point for identifying and analyzing medical writings produced in one particular locality. Although the quality of information in

[5] Miles 2006, p. 1 gives evidence that in the beginning of the nineteenth century the province of Guangdong was still the object of constant taunts from scholars from more central and prestigious areas of the empire. On the perception that southern borders are culturally peripheral, see Rowe 2001; Hanson 1997; Bretelle-Establet 2019.
[6] Skinner 1977; Marks 1991; Bin 2008.
[7] For a critical history of the biographical genre and on the elements that make it "impure", see notably Dosse 2005, pp. 57-132.
[8] For a critical history of gazetteers, see Will 1992 and Dennis 2015.

gazetteers varies widely, thoroughly researched gazetteers can provide much useful details about writing. Moreover, when it was possible to compare the gazetteer's description of a book with its actual content, notably the number of chapters, the table of content, or the identity of preface writers, the gazetteer's bibliographic descriptions often proved accurate. For instance, the *Chaozhou Gazetteer*'s (*Chaozhou fangzhi* 潮州方志 1949) bibliographic notice on the *Origins of Medicine* (*Yixue xunyuan* 醫學尋源, 1909) by Huang Huishi 黃暉史 provides not only the number of chapters and the description of their contents, but also points out that at the end of the fifth chapter, the author recorded some clinical cases. This text is extant, and indeed its hundreds of pages are divided into five chapters whose contents correspond to the bibliographical description; these are followed by the collection of the author's clinical cases.[9]

It is difficult to ascertain how gazetteers compilers obtained information to describe texts, and sometimes so precisely. One of the prefaces of *About the Pulse (Mairu* 脈如) written in 1753 by Guo Zhi 郭治, a medical expert who lived at the end of the eighteenth century in Nanhai 南海, Guangdong province, reveals that scholars in charge of gathering information about local figures and books had carried out an interview. Guo Zhi's distant nephew writes in his preface dated 1827 that in 1822, when the provincial gazetteer was printed, a scholar paid him a visit to hear about some anecdotes about his uncle. This scholar then recorded what he had heard, and all the information thus gathered was printed in the gazetteer.[10] Other clues indicate that some gazetteer compilers had actually seen the writings they described. The scholar in charge of describing writings from the Jiaying 嘉應 district, in Guangdong, lists five texts by Huang Yan 黃岩, active in the nineteenth century, including medical texts and collections of literary texts, but he specifies which ones he had seen and which were extant in his time.[11] While gazetteers compilers may not have been able to identify all the writings produced in a specific region, and may not have been equally scrupulous, their descriptions of local texts were not born of their imagination. Some even wrote bibliographic notices on the basis of direct observation of the documents, allowing them to indicate, as is often the case, whether a text was "printed" (*zixing*

[9] Reproduced in Guo 1987, p. 1973. For the original text, see Huang 1909, j. 5, pp. 51-76. The same gazetteer describes the *Complete work on eye science* (*Yanke quanji* 眼科全集, 1935) by Huang Qiaoyue 黃喬嶽 as presenting first the different theories about eye disease, and then discussing seventy-two diseases with illustrations for each of them. The extant book, printed in 1935, strictly follows this organization. See Guo 1987, p. 1984 and Huang 1935. This is not the only gazetteer to give accurate information. The gazetteer's bibliographic notice of Pan Mingxiong 潘明熊 (ca.1807-1886)'s two books, the *Abstract of medicine from the Pingqin Library* (*Pingqin shuwu yilue* 評琴書屋醫略, 1865) and the *Abstract of Ye'an's [Ye Gui's] medical cases from the Pingqin Library* (*Pingqin shuwu Ye'an kuoyao* 評琴書屋葉案括要, 1873), gives correct information about the organization of these two extant books and about the author's social network. For Pan Mingxiong's first and second book, see Guo 1987, p. 1967 and pp. 1989-1990. For Pan's books, see Pan 1865 and Pan 1873. Likewise, the gazetteers' bibliographic notices of Liu Yuan's *Compilation of medicine* (*Yixue zuanyao* 醫學纂要, 1739) and of Huang Yuanji's book *Tested formulas from the Jingyun Studio (Jingyunzhai ji yanfang* 靜耘齋集驗方, 1763), giving respectively as preface writers, Governor General Wang Shu 王恕 and the official Fan Xian 範咸, are also correct. See Guo 1987, p. 1969 and p. 2024. For the original texts, see Liu Yuan [1739] 1766, pp. 1-6, and Huang Yuanji [1763] 1799, pp. 1-4.

[10] Guo Zhi 1753 *xu* 序, p. 3.

[11] *Jiaying zhouzh*i, 1897, j. 29, p. 557. This notice suggests that volumes of documentation gathering (採訪冊 *caifang ce*) existed and could be used for describing local texts. On the type of resources used by gazetteers compilers, see Dennis 2015, p. 113 and pp. 145-152, who also observes the practice of interviews and underlines that the content of the gazetteers was scrupulously checked.

梓行, *kanxing* 刊行), a "draft" (*gao* 稿), "not printed" (*weizi* 未梓), or "waiting to be printed" (*daizi* 待梓), in their time.

The *Catalogue of medical books produced in each province of China*, compiled by Guo Aichun, has gathered the medical bibliographical data found in a huge sample of gazetteers. [12] While this *Catalogue* cannot claim to be exhaustive because of the variable nature of the gazetteers, but even more so because many of these sources have perished over time, it provides a large and significant sample of the medical literature produced in each province of China.[13] Its bibliography for the provinces of Yunnan, Guangdong, and Guangxi, supplemented by my own research, constitute a sample of texts and authors, on the basis of which it is possible to figure out what it meant to write a medical text in this area.

Table 1. Medical authors and texts identified before, during, and after the Ming dynasty in Guo Aichun's sample supplemented by my own research (in brackets)

	Before the Ming		During the Ming		During the Qing	
	Authors	*Texts*	*Authors*	*Texts*	*Authors*	*Texts*
Yunnan	0	0	8	12	36 +(1) = 37	50+ (1) = 51
Guangxi	0	0	0	0	42 +(1) = 43	61+ (5) = 66
Guangdong	6	9	16	23	105+ (2) = 107	158 + (2) = 160
Total	6	9	34	35	183+ (4) = 187	269 + (8) = 277

Sources for these two tables: Guo 1987, pp. 1922-1929, 2015-2017, 2229-2231; my additions (in brackets) come from *Guiping xianzhi* 桂平縣志 1920, j. 45, p. 2015; *Yangshan xianzhi* 陽山縣志 1938, j. 11, p. 505; *Dali Xianzhi* 大理縣志稿 1916, j. 17, p. 679; He 何 1991, vol. 2, p. 639.

Counts of authors and medical texts in this sample of gazetteers suggest a dramatic increase in the number of medical writings and of medical authors during the Qing dynasty with, respectively, a sevenfold and fivefold increase in books and authors in the area from the Ming to the Qing dynasties (table 1). Although this evolution may partly reflect a real increase in the number of authors and texts, it should not be taken at face value: the very sources at the origin of Guo's *Catalogue* are much more numerous for the Qing period than for the Ming and earlier periods. [14] Biographies of these medical writers found in gazetteers, and prefaces, authorial or not, opening the surviving books or copied in

[12] Guo 1987.

[13] Dennis 2015 pp. 137-138, shows that 97% of the Song gazetteers and 70% of the Ming gazetteers are lost today. The proportion of lost Ming gazetteers is even greater for Yunnan (89%) and Guangxi (85%). The loss of gazetteers may explain why some medical writings produced by Guangdong authors, scanned and reprinted in the 廣州大典 *Guangzhou dadian* in 2015 are not recorded in Guo's book.

[14] As underline in footnote 2, this evolution is observed throughout the empire. On the reasons for such an increase in Jiangnan, see notably Chao 2009, Grant 2003, Scheid 2007. The much larger number of authors and texts for Guangdong province, even though it may reflect a real situation easily explainable by a larger population in that province must also be put down to a larger number of gazetteers available to Guo for that province.

gazetteers offer a way of giving flesh to these embodied figures and to have some hints at who these authors were during the Qing dynasty.

Medical writers' social identities

As might be expected, given the non-professionalization of medicine at the time, the community of medical writers in this region, as reflected in this sample, was very heterogeneous, except in terms of gender. Indeed, with the exception of one female, Sun Xitai 孫西台 (although recorded in gazetteers under the name of her husband Ding Naiqian 丁乃潛) active in the second part of the nineteenth century, all these writers were male. This community notably included authors with and without imperial degrees and whose involvement in medicine varied considerably. Biographies in gazetteers do not provide the same content on everybody. Moreover, while categories did exist to designate various kinds of healers, coined and used by some of them, biographies compilers ignored them, and rather than using substantives preferred locutions such as "he/she was good/excellent at medicine *tong yishu* 通醫術, *shan yixue* 善醫學" or "he/she practiced medicine *gongyi* 工醫, *yeyi* 業醫".[15] Only the description of the activities and the family background of these medical authors allows distinguishing different kinds of medical actors. Among the information that is certainly the most systematically reported in biographies, after the name and place of origin of a person, is their success or failure in imperial examinations. Considering the importance of imperial examinations in Chinese society, and the function of gazetteers, it is safe to assume that when a local figure had succeeded in the imperial examinations and had a degree, even the lowest, the biography would mention it. On the basis of this assumption, it is possible to draw a second dividing line between the medical writers in this sample, the first being gender: with the exception of one female, Sun Xitai 孫西台 (although recorded in gazetteers under the name of her husband Ding Naiqian 丁乃潛) active in the second part of the nineteenth century, all these writers were male.

Table 2. Degree-holders among the sample of medical authors identified in Yunnan, Guangxi and Guangdong, during the Qing dynasty

	Imperial (or medical) degree holders	Holding no degree	Total
Yunnan	14	23	37
Guangxi	16	27	43
Guangdong	45	62	107
Total	75 (40%)	112 (60%)	187

[15] Bretelle-Establet 2009. Information about these authors and texts has been entered into the ICCM Database http://iccm.huma-num.fr/ developed by Catherine Jami. For a review and history of some of these designations, see notably Chao 2000, Unschuld & Zheng 2012, vol. 1, pp. 74-82.

As table 2 shows, a substantial minority of the medical writers in this sample were degree-holders: 75 of 187 or 40% including five presented scholars (*jinshi* 進士) and sixteen provincial graduates (*juren* 舉人). Some of these writers, while engaged in government service, may have had considerable theoretical and practical knowledge of medicine. He Mengyao 何夢瑤 (1693-1764) is one example of those imperial examination graduate officials also active in medicine. He was a native of Nanhai, Guangdong province; he was a polymath who had met the great scholars of his time, like Hui Shiqi 惠士奇 (1671-1741), an eminent scholar versed not only in classical culture but also in astronomy and mathematics, and one of the founders of the Suzhou school of Han learning.[16] He Mengyao subsequently not only mastered classical scholarship but also mathematics and medicine. He Mengyao passed the imperial examinations, he was a presented scholar, and held several posts as a magistrate in the provinces of Guangxi and Guangdong. Despite the prestige associated with officialdom, He Mengyao eventually abandoned his official functions to devote himself to medicine. During his career that thus combined officialdom, teaching, and medicine, he wrote twenty or so books in very different fields, as was often the case for this type of medical authors. He compiled local gazetteers and wrote books in poetry, mathematics, and medicine.[17] But this group does include officials who had little or no experience of medical practice. Li Xishun 李希舜 (fl. Qianlong reign) is an example of this type of medical authors. Active in the first part of the eighteenth century, provincial graduate in 1723, he is mainly lauded in his biography for his contribution to academic life and military affairs in Yunnan. In spite of the lack of any kind of experience of patients or diseases, he wrote *Excellent and Tested Recipes* (*Jingyan liangfang* 經驗良方).[18] Alongside these two examples of authors of medical texts, successful at the highest imperial examinations and engaged in prestigious bureaucratic careers, this group mostly includes people who had only passed the district examinations. Holding a degree that no longer allowed them to embark upon a bureaucratic career, they found in medical practice an honorable livelihood that also gave them access to the local elite. This was the case of Pan Mingxiong 潘明熊(ca. 1807-1886), native of Panyu 番禺 in Guangdong, a district graduate (*zhusheng* 諸生), who in addition to practicing medicine, from which he was able to draw two books, devoted part of his life to playing music and writing poetry, in the company of other local literati.[19]

However, the major part of the medical writers in this sample (112 out of 187, or 60%) had no degree at all. While biographies of this kind of medical authors are usually less documented than those of the first group, they often show them as involved in medicine as a full-time occupation like the members of the Liu 劉 family in Yunnan. Liu Benyuan 劉本元 and his descendent Liu Dejun 劉德

[16] On Hui Shiqi's activity in Guangzhou, and his influence on He Mengyao, see Miles 2006, pp. 26, 77.
[17] See He Mengyao's biography in Bretelle-Establet 2017 and in He [1751] 1994. As I have shown in Bretelle-Establet 2002, pp. 93-105, this type of scholars involved in the writing of medical books often produced books on other subjects than medicine.
[18] Guo 1987, p. 2241.
[19] Guo 1987, pp. 1967-1968. In the appendix of Pan' second book, poems by local scholars and officials attest that this physician is well inserted in the local elites.

俊 were full-time physicians fighting against local epidemic diseases in Tengyue 騰越, in the western part of Yunnan, in the eighteenth and nineteenth centuries. They were so famous locally that they were requested to follow the Chinese army, the former to treat soldiers and their officers during the mid–late eighteenth-century military campaigns against Burma, and, for the latter, during the Sino-French War in the 1880s. Neither Liu Benyuan nor Liu Dejun held degrees; they were both involved in full-time medical practice and each of them wrote a book of clinical case records.[20]

Analysis of these disparate and often sketchy biographies shows that at the end of the empire, here as in the more central regions, medical texts were produced by people of diverse social origins. It is likely that these medical authors, belonging to different social milieus and involved in the practice of medicine to different extents, wrote various kinds of texts to answer diverse needs. The titles of their writings give hints of this diversity.

The main trends in medical literature in the Southern margins under the Qing

In the *Catalogue*, the medical titles identified in the gazetteers are classified under several headings. This classification is based on the main words of the titles, and on the sparse information found in some of the prefaces or tables of contents included in the gazetteers' bibliographies or biographies, and not on the contents of these books, most of which were already lost when the *Catalogue* was compiled. [21]This is an *a posteriori* classification, based on the idea that a title can shed light on the content of a text. Although it is debatable, it is useful to give an idea of the major trends in what is written at the time.[22]

Quantitative analysis of this overall production allows two observations (Table 3). Firstly, many of the medical texts written in the three provinces during the Qing dynasty (116 out of 277, or 42%), gathered by Guo under the heading "discourse about recipes" (*fang lun* 方論), consist of general treatises, namely, texts which according to their title, did not address a specific medical question but conveyed general medical knowledge, and recipe books. This category of writings was already important during the Ming. While it continues to develop significantly under the Qing, other genres of text emerge or take on greater importance. In fact, and as a second observation, the number of medical writings related to "cold, warm and epidemic diseases" as well as clinical case records books and pediatric texts increased the most in this aera during the Qing dynasty. This evolution can be observed

[20] Guo 1987, p. 2248.

[21] Guo 1987, p. 2225. Guo does not explain the choice of classification headings which are otherwise different from those used by Xue 1989, pp. 6-8, in the catalogue that records medical writings in Chinese libraries.

[22] As literary critics have shown, while a title can provide part of what the theoreticians of literature have called "a horizon of expectations", the content of a book can be far removed from what its title announces, see Duchet 1973, Genette 1987, pp. 59-106, Roy 2008. Chow 2004, pp. 167-168, and Chia 2002 p. 12, illustrate the gap that can exist between the perspectives announced by the title to carry new information and the content of the book. The *New Recipes for curing poison,* because of its title, is listed under the heading "recipes" in Guo 1987, p. 2034, while this book is mostly made of clinical case records and could have been listed under the "clinical cases" heading.

throughout the empire,.[23] The voices of the medical authors of this area that have come down to us allow us to grasp the motivations behind writing medical texts and favoring certain types of medical writing.

Table 3. Ming and Qing Medical writings' titles classified according to the categories established by Guo (1987)

Texts on	Guangdong		Guangxi		Yunnan		Total	
	Ming	Qing	Ming	Qing	Ming	Qing	Ming	Qing
Classics *yijing* 醫經	-	1	-	2	-	2	-	5
Diagnostic, pulse *Zhenfa* 診法	-	4	-	3	-	3	-	10
Cold, warm, epidemic *shanghan fu wenbing fu wenyi* 傷寒附瘟病附瘟疫	-	**20**	-	**5 +(1)**	**1**	**7**	**1**	**33**
Materia medica *bencao* 本草	2	4	-	4+(1)	1	2	3	11
Acupuncture *zhenjiu* 針灸	2	5	-	-	1	1	3	6
Discourse about recipe *fanglun* 方論	**11**	**59+(1)**	-	**32+(3)**	**7**	**20 +(1)**	**18**	**116**
External medicine *waike* 外科	-	3	-	2	-	-	-	5
Women medicine *fuke* 婦科	-	9	-	2	-	-	-	11
Children medicine *erke* 兒科	-	**16+(1)**	-	1	1	3	1	**21**
Eye medicine *yanke* 眼科	-	4	-	-	-	2	-	6
Throat medicine *houke* 喉科	-	**5**	-	-	-	-	-	5
Medical history *yishi* 醫史, *yihua* 醫話	1	3	-	4	-	-	1	7
Clinical case records *yi'an* 醫案	-	**12**	-	**6**	1	4	**1**	**22**
Health preservation *yangsheng* 養生	5	3	-	-	-	6	5	9
Miscellaneous *zalu* 雜錄	2	10	-	-	-	-	2	10
Total number of books	23	160	-	66	12	51	35	277

Source: Guo 1987, pp. 1922-1929, 2015-2017, 2229-2231, my additions are in brackets.

[23] The number of texts written in the "Doctrines about recipe", "Cold, warm, epidemics", "clinical cases" and "pediatrics" categories account respectively for 38%, 13%, 9% and 8% of the Qing medical literature recorded by Guo 1987. The number of texts pertaining to the last three categories increased the most under the Qing.

The writing of general treatises, by far the largest category of texts, targets two important objectives and audiences. Liu Yuan 劉淵, He Mengyao or Huang Yan 黃岩, writing from Guangdong in the eighteenth and nineteenth centuries, explicitly wrote some of their medical books (respectively the *Compilation of medicine Yixue zuanyao* 醫學纂要, 1739, the *Stepping-Stone for medicine Yibian* 醫碥, 1751, and the *Essentials of medicine Yixue jingyao* 醫學精要, 1800) to provide an increasing number of would-be physicians a reliable textbook to enter the medical career. On the other hand, the writing of general treatises serves another purpose: that of providing the elite with the basic theoretical and practical knowledge to self-medicate, without having to resort to doctors often suspected of charlatanism and poor education, or to help understand and appreciate a doctor's approach. The *Abstract of Medecine from the Pingqin library* (*Pingqin shuwu yilüe* 評琴書屋醫略, 1868) by Pan Mingxiong, *A Medical Vade-mecum* (*Yifang buqiuren* 醫方不求人, 1877) by Chen Yi 陳義, *What a person ignorant of medicine should know* (*Bu zhi yi biyao* 不知醫必要, 1880) by Liang Lianfu 梁廉夫, or *Vulgar knowledge in medicine* (*Yixue cuzhi* 醫學粗知, 1887) by Gong Pengshou 龔彭寿 target this audience and purpose. The absence of a medical curriculum framed by national rules and textbooks and the non-professionalization of medicine therefore leaves the way open for the production of a very large number of texts intended to provide a general medical framework for professional or amateur medical practice. The same is true for recipe books, which, written mainly for practical application by clinicians and laypersons alike, address a wide range of people, professionals or not. Huang Yuanji 黃元基, living in northern Guangxi at the end of the eighteenth century, a provincial graduate mostly lauded in his biography for his contribution to the administrative affairs in different parts of Guangxi, recalls that his *Tested formulas from Jingyun Studio* (*Jingyun zhai jiyan fang* 靜耘齋集驗方, 1763), based on his extensive readings, was particularly helpful in the hinterland lacking doctors.[24] Huang Puzhi 黃樸之, who presents himself as a clinician for more than forty years, wrote *Tested and Efficient Recipes* (*Xiaoyan liangfang* 效驗良方 1933), based on the knowledge of his forebears' recipes and his own experience to help both beginners in medicine and families to easily find essential practical information. The compilation of easy-to-follow recipe books gave its author the opportunity to fill the gap in the number of doctors, and to make public some lucrative secret recipes. This type of writing, which thus enabled its author to do philanthropic work and gain credit for the netherworld, increased considerably in the last centuries of the empire.[25]

Beyond these general and practical medical texts, which target both professionals and amateurs, an increasing number of people during the Qing dynasty wrote more specific medical texts, in relation to "cold", "warm "and "epidemic diseases" that Guo Aichun gathered together into a

[24] Huang 1799, 2nd preface, p. 2.

[25] On the collection, distribution, printing of recipes as a way to show off one's philanthropy and merit, see Ying Zhang 2019, Schonebaum 2016. Unschuld & Zheng 2012, vol. 1, pp. 18-73, also show that recipe books constitute the largest category of the medical manuscripts in the Berlin collections.

single category. In fact, this category includes different kinds of texts, as evidenced by the few of them that have survived. From the mid-eighteenth century, a certain number of authors focused their attention on the *Treatise on Cold Damage* (*Shanghan lun* 傷寒論, 2nd century CE) by Zhang Ji 張機 likely following the publication in 1742 of the *Imperially Commissioned Golden Mirror on the Orthodox Medical Lineages* (*Yuzuan yizong jinjian* 御纂醫宗金鑑) that contributed to making this treatise accessible to the entire empire.[26] The new interest in this Han treatise was also fostered by the emergence of the Han learning movement in Guangzhou, in the eighteenth century, with, notably, the arrival of Hui Shiqi as educational commissioner and many other officials from Jiangnan.[27] This is certainly no coincidence that the first text entirely devoted to the *Cold Damage Treatise* written in Guangdong, the *Close Words on the Shanghanlun* (*Shanghanlun jinyan* 傷寒論近言, 1757) was by the already mentioned He Mengyao, deeply influenced by Hui Shiqi. He Mengyao's objective, like that of many Jiangnan literate doctors before him, was to provide, thanks to a new critical edition of the treatise, a correct understanding of Zhang Ji's ideas and practices. In the nineteenth century, while evidential research was brought to its apex in Guangzhou, with Ruan Yuan 阮元 (1764-1849) as Governor General of Guangdong and Guangxi from 1817 to 1826 and the establishment of the Xuehaitang 學海堂 academy, an increasing number of authors like Chen Cong 陳琮 (ca. 1832), Chen Huantang 陳煥堂 (ca. 1849), Mai Naiqiu 麦乃求 (ca. 1876) kept on writing new texts to make this Han text better known, to correct misinterpretations of it and to re-establish its therapeutic practices. Besides a growing number of texts thus produced in the framework of the Han learning movement and evidential research, other authors address more specifically "warm disease" or epidemics. Although almost all of their texts or even the presentation of these texts are lost forever, it is likely that these authors partook in the intellectual movement, initiated in Jiangnan, which opposed the ancient theories conveyed by the *Shanghan lun*; they argued that "warm diseases", especially in the South, were important and must be understood and treated differently.[28] Wang Xueyuan 王學淵 in his preface to his *Guide for Summer-Heat disease* (*Shuzheng zhinan* 暑症指南, 1843) stated that he wrote this book to fill the lack of writings on such diseases and claimed the medical ideas of Ye Gui (1667-1746), recognized in Wang's time as an expert on warm diseases. Finally, this category includes an increasing number of texts dealing with epidemics, likely reflecting the occurrence since the late eighteenth century of epidemics of various kinds - plague, cholera, smallpox - in the southern provinces. The *Excellent Recipes against Sudden*

[26] The *Shanghan lun* was rediscovered under the Song and was the subject of a medical specialty at the Imperial Academy of Medicine during the Ming period, Gong 1983, p. 113. On the *Yuzuan yizong jinjian*, see Hanson 2003. Analysis of the medical books that have survived from the area under scrutiny shows that this encyclopedia was available to authors in Guangdong and Guangxi quite soon after its publication, see Bretelle-Establet 2017. Unschuld & Zheng 2012, p. 4 show that this encyclopedia is the source most often copied in the late Qing manuscripts.

[27] Miles 2006, pp. 23-54.

[28] On the evolution from skepticism toward the *Cold damage treatise* since the Southern Song to the emergence of the independent disease category "warm disease" and current of medical learning, see Hanson 2011, pp. 37-150.

disorders (*Huoluan liangfang* 霍亂良方) was precisely written by Lin Xianfu 林賢輔, in 1888, after witnessing severe cases of this disease as he explains it in his preface.[29]

Another field of medicine attracted a greater number of authors, particularly in Guangdong: pediatrics. While half of these texts in Guangdong concerned pediatrics in general, the other half concerned smallpox (6) and measles (1), with one book on both smallpox and measles. Two out of the three pediatric texts produced in Yunnan also deal with smallpox. Smallpox, progressively conceived as a pediatric disease between the 10th and 14th centuries, was not a new disease in late imperial China. But the spread of variolation in the seventeenth century with the first texts devoted to it published in the early eighteenth century may have prompted physicians, here as elsewhere in the empire, to reconsider the subject and to write new books about it. The *Compilation on smallpox* (*Douzhen jiyao* 痘疹輯要, 1775), again by He Mengyao, while giving a detailed description and explanation of the disease with classical treatments, includes a chapter on variolation mostly copied from the *Imperially Commissioned Golden Mirror on the Orthodox Medical Lineages*.[30] The importation of Jennerian vaccination into Guangzhou in the early nineteenth century provided another opportunity to write about smallpox, as evidenced by the *Brief Presentation of Smallpox inoculation (Yindoulüe* 引痘略, 1817) by Qiu Xi 邱熄. The increasing number of pediatric texts in the Qing is thus partly explained by the multiplication of texts dealing with smallpox and its new preventive strategies.

Finally, an analysis of the medical literature produced in our region reveals the desire among a greater number of authors to write following a new epistemological framework: that of the case. As scholars have argued, this genre of text, whose content and format were redefined in the sixteenth century, makes it possible at the same time to preserve one's clinical experiences, to respond to the growing demand to quickly acquire some know-how without being too burdened with theoretical considerations, to ensure one's own promotion by selecting a few happy and unexpected experiences, or to promote one's theoretical choices. The success of such a genre in turn reflected a greater value placed on personal experience and a greater confidence in an epistemological framework that seems best able to illustrate, through individualized patients, how to apply or adapt medical concepts and theories.[31] In 1868, Pan Mingxiong who had already written and published a general medical treatise, explained that it is upon his readers' request that he wrote a book of records of clinical cases: "Those who liked my book regretted its brevity and the fact that it did not contain many clinical cases" (愛余書者每惜此書之略而附案無多). He therefore collected the clinical cases of Ye Gui and his own in

[29] Guo 1987, p. 1939. On epidemics in late imperial China, see Dunstan 1975, Benedict 1996, Bretelle-Establet 2002, 2014. *Huoluan* today translates "cholera". However, this ancient term seems to have designated all kinds of gastroenteritis, characterized, in particular, by acute diarrhea and vomiting, before it came to designate cholera itself as well from the beginning of the 19th century on.

[30] On the history of smallpox in China and on the preventive strategies against the disease conveyed in medical texts, see notably Fan 1953, Chang 2007, Leung 2008, Qiu 2006.

[31] On the history of this genre of medical text, and on the various motivations that explain its development during the Qing, see notably Zhen 1984, p. 103, Furth 2007, Cullen 2001, Grant 2003.

another book, writing them out in verse to enable beginners to do their clinical work with their clinical experience in mind.[32]

The set of medical titles identified in this sample of local gazetteers for our three provinces during the Qing dynasty reveals a variety of concerns that are broadly shared across the empire. The biographical data on these authors and the voices of the medical writers that have come down to us show the extent to which the medical literature then includes writings composed by authors with different social profiles, aimed at different audiences, and with different objectives. Cross-analysis of the scarce biographical data on authors and the types of texts they produced suggests that certain types of writing are more often produced in some settings than in others. The proportion of degree-holders, and notably of provincial and metropolitan graduates, is higher among the writers of general treatises and books of recipes (48 out of 101), than among the writers of texts made up of clinical case records (9 out of 24, or 38%) or specialized in one type of ailment (eyes or wounds and fractures) or group of patients (women or children) (13 out of 42 or 31%). Although caution should be exercised, clinical case books or texts limited to a specific field of medicine seem more often to be written by actors from lower social backgrounds in the context of professional medical practice. The multiplication, under the Qing, of these genres of texts suggests, in turn, a democratization of medical writing. It is certainly no coincidence that the only female author recorded in this sample of gazetteers wrote a book of clinical case records, the *Medical Cases from the Day Star Pavilion Zhouxing Lou Yi'an* 晝星樓醫案 in 1902.[33]

This collection of writings produced by people from different social backgrounds, involved in the practice of medicine to varying degrees, makes it possible to examine medicine in all its dimensions—intellectual, clinical, ethical, economic, and in all its complexity—social, geographical, and chronological. But, as recalled at the beginning of this article, not all these writings are available to a modern researcher. The rest of my paper focuses precisely on what happened to all those medical manuscripts.

II. From writing to printing: the material life of medical texts

Factors influencing the preservation of medical texts

Most of these writings have perished. Only 36 out of the 277 titles (13%) are still extant in libraries. [34] Out of the 187 medical book authors identified in the three provinces, only 27 (14%) have their

[32] Pan [1873], 1935, xu, p. 3.

[33] Guo 1987, pp. 1991-1992. This text is extant, see Appendix 1.

[34] The investigation I made so far shows that libraries, Chinese or not, have roughly preserved the same books. Mainland China's libraries provided me the greatest number of these writings. The Fu Ssu-nien library and the National Library in Taiwan provided me much less and only one writing is preserved there and not in mainland China. The Morrison Collection of Chinese Books, constituted in Guangzhou and Macao, in the first decades of the nineteenth century, has three books of the corpus, which, again, are also preserved in Chinese libraries. It is

medical texts preserved today in libraries. The surviving medical literature in libraries is thus a very small part of what was produced (Table 4 and Appendix 1). To what extent this observation is specific to the medical writings produced in this area is unclear, and the issue would definitely deserve more research.[35] However, a precise analysis of what is lost and what has been preserved in libraries clearly shows that the loss of texts, which accounts for 87%, was not only a matter of chance. It is no surprise that medical writings particularly suffered from destruction when they were produced in the most distant periphery, be it geographical or social. Only one of the fifty-one medical writings identified in Guo Aichun's sample for the province of Yunnan during the Qing dynasty has succeeded in surviving in libraries (even though I was unable to find it where it was supposed to be preserved), against four (out of 66) and thirty-one (out of 160) from Guangxi and Guangdong respectively. On the other hand, the loss of texts is significantly greater or lesser depending on whether the authors had an imperial degree. While the major part of the medical texts (156 out of 277) identified in the three provinces were written by people who had no imperial degree, more than half of the texts that have been preserved (21 out of 36) come from degree-holders. These types of authors, as I have shown above, have often written general treatises and recipe books; unsurprisingly, this category of books is therefore particularly well represented in the surviving texts. (19 out of 36). One might also ask whether the subject matter of these medical texts was a significant factor in the books' preservation. In fact, while, on average, only 13% of manuscripts survived, some categories of text show better preservation rates. As table 4 shows, texts belonging to the categories "doctrines of recipes", "children's medicine", "eye medicine", "clinical cases" (with preservation rates of 16%, 24%, 50% and 14%, respectively) have resisted destruction better than the average and much better than those relating to "materia medica", "acupuncture", "external medicine" or "preservation of health", all of which are now lost. But the differences are not statistically significant.

Table 4. Preservation of texts depending on the subject matter

Texts on	Total of books written	Number of lost texts	Number of texts preserved	Titles of the books preserved in libraries (See Appendix 1 for a more detailed description of these books)
Classics	5	5	0	
Diagnostic & pulse	10	9	1	*Mairu* 脉如 (1753)
Cold, Warm, epidemic disease	33	29	4	*Shanghanlun jinyan* 伤寒論近言 (1757) // *Shanghan lun* 伤寒論 (1827) // *Zhongjing guizhen* 中景歸真 (1849) // *Shanghan fayan* 伤寒法眼 (1876)
Materia medica	11	11	0	
Acupuncture	6	6	0	
Doctrines about	**116**	**97**	**19 (16%)**	*Cai'ai bianyi* 采艾編翼 (1711) // *Yixue zuanyao* 醫學纂要

not unlikely however that the number of extant books in Chinese libraries will increase with a more consistent book cataloguing as Lu 2008 has shown.

[35] The significant loss of manuscripts and prints for ancient and late imperial times is a well-known fact. Chia 2011, pp. 167-168, suggests that no more than 15 percent of the printed books during the Song are extant. Dennis 2011, p. 105-106 and Dennis 2015, pp. 137-138 has documented the huge loss of gazetteers in history.

recipes				(1739) // *Yixue zuanyao tangfang huofa* 醫學纂要湯方活法 (1739) //*Yibian* 醫碥 (1751) //醫方全書 (1751) // *Jingyan liangfang* 經驗良方 (1753) // *Jingyun zhai ji yan fang* 静耘斋集驗方 (1763) // *Yixue jingyao* 醫學精要 (1800) // *Zhigu xinfang* 治蠱新方 (1823) // *Shuzheng zhinan* 暑證指南 (1838)[36]//*Yifang yijie xinbian* 醫方易解新編 (1851) // *Pingqin shuwu yilue* 評琴書屋醫略 (1865) // *Lezhitang ren zi xuxhi* 樂只堂人子須知 (1872) // *Yifang buqiuren* 醫方不求人 (1877) // *Bu zhi yi biyao* 不知醫必要 (1880) // *Yigang congshu* 醫綱總樞 (1892) // *Yixue chuyan* 醫學芻言 (1908) //*Yixue xunyuan* 醫學尋源 (1909) // *Xiaoyan liangfang* 效驗良方 (1933)
External medicine	5	5	0	
Women medicine	11	10	1	*Sanke jiyao* 三科輯要 (1757)
Children medicine	**21**	**16**	**5 (24 %)**	*Douzhen jiyao* 痘疹輯要 (1775)// *Yindou lue* 引痘略 (1817) // *Erke miyao* 兒科秘要 (1893) // *Zhi dou gejue* 治痘歌訣 (1908)//麻疹全書 *Mazhen quanshu* (1925)
Eye medicine	**6**	**3**	**3 (50 %)**	*Yanke yuebian* 眼科约编 (1834) // *Yanke zuanyao* 眼科纂要 (1879) // *Yanke quanji* 眼科全集 (1935)
Throat medicine	5	5	0	
Medical history	7	7	0	
Clinical cases	**22**	**19**	**3 (14%)**	金台醫話 *Jintai yihua* (1783 //*Pingqin shuwu Ye an kuoyao* 評琴書屋葉案括要 (1873) //*Zhouxing lou yi'an* 晝星樓醫案 (1902)
Health preservation	9	9	0	
Miscellaneous	10	10	0	
Total	277	241	36 (13%)	

The geographical origin and the social background of the authors were more determining factors in the preservation of the manuscripts than the subject matter. Thus, if, as has been shown, clinical case books and books devoted to an audience or discipline were generally the work of authors involved in the professional practice of medicine and rarely holding an imperial degree, the books in these categories that have survived are primarily from authors with degrees and not necessarily involved in an exclusive practice of medicine.

Two of the three books pertaining to the "clinical case" category that have been preserved are degree-holders. Yu Tingju, a provincial graduate, never practiced medicine and, under the title *Medical anecdotes from Jintai (Jintai yihua* 金台醫話, 1783), actually compiled a list of essential medical books and gave general advice on the practice of medicine without the slightest reference to a flesh and blood patient. Pan Mingxiong, as already mentioned, was a district graduate, and practiced medicine to a certain extent, but his book of clinical cases records is in fact a compilation of Ye Gui's clinical cases and his own, written in verse. The last of these books, a real collection of clinical case records, was written by the female Sun Xitai, married to Ding Naiqian 丁乃潛 (1863-1928), a degree-holder, a poet, and an important figure of the political movement of modernization in Guangdong.

[36] While the *Guide for Summer-Heat disease* could be classified under the "cold, warm, and epidemic disease" category, Guo Aichun classifies it under the "doctrines about recipes" category.

Similarly, two of the three extant books on eye diseases were written by people with degrees or official positions (see left-hand column in Appendix 1).

The loss of texts deprives us not only of a large part of the medical knowledge and practices but also of direct testimonies on their authors' intentions. However, indirect testimonies and sometimes authorial prefaces recorded in gazetteers, together with the books that are extant, give clues to better understand why not all the texts have survived in equal proportions.

Writing not for print

It is clear that not all these medical writings were intended to be printed and publicized. Many of them were deliberately "transmitted to the family" (*chuan yu jia* 傳於家), others were "stored within the family" (*cang yu jia* 藏於家), as the gazetteers report.[37] There are several reasons why medical writings may have been kept in manuscripts within the family. Some of these texts were the repository of family knowledge and experience of health, illness and treatment, with practical applications, including perhaps immoral tricks to deceive patients, as Paul Unschuld and Zheng Jinsheng have shown from the manuscripts held in the Berlin collections.[38] Owners of these manuscripts, often depicted as rooted in medical families, might have been unwilling to publicize them because they guaranteed them a livelihood. The biographies of Gan Yongde **甘庸德** and Wu Rongzhao 吳荣照 remind us that not all of their medical knowledge and experience were intended to be made public. Gan Yongde was a medical expert from Pingnan **平南**, Guangxi, of the Qianlong reign (1736-1795); his ability to compose original and efficient treatments made him famous among the great families of his city. He had written several books about treatments that have been handed down, but "the techniques and the secret recipes of many good physicians that he had corrected were only transmitted to his beloved sons and grandsons". Likewise, Wu Rongzhao's biography reports that in addition to his official career in the late nineteenth century, Wu had learned and practiced medicine and had written a medical book "that he cherished and stored as important secret points transmitted by the family ".[39]

It is also possible that owners of medical manuscripts valued these manuscripts not so much for their medical content but for the intrinsic value of the manuscript coming from a prestigious hand. Huang Zijian 黄子健 living in Nanhai at the end of the eighteenth or beginning of the nineteenth century, Li Buchi 李步墀, from Longmen 龍門, Guangdong, active in the eighteenth century, or Kong Jirong 孔繼溶 from Panyu 番禺, Guangdong and active in the nineteenth century, among many others, were graduates, officials, affiliated to the local elite, and not rooted in a traditionally medical family.

[37] It is difficult to ascertain that the use of either term "transmit *chuan* 傳" or "store *cang* 藏" indicates a more or less active posterity of the book with *cang* (store, collect) perhaps denoting more a book collecting activity. See McDermott 2011, p. 63, note 1.

[38] Unschuld & Zheng 2012, p. 160.

[39] See the biographies of Chen Biqin 陳必勤, Huang Dianzhong 黃殿中, Tan Zuoyan 譚作延 in Guo 1987, pp. 1931, 1991, 2019. For Gan Yongde and Wu Rongzhao's biographies, see Guo 1987, pp. 2021-2022, and 1970-1971.

Their descendants do not appear to have pursued a career in medical practice either. While certainly able to cover the costs of printing and to gather the evidence of legitimacy discussed below, they do not seem to have chosen to make their medical writings public through printing. [40]

A final reason, though debated among book historians, may be that the manuscript remained a viable and valued means of disseminating texts; students or scholars could easily copy them by hand.[41] To keep a manuscript unprinted may therefore have been a choice. But even if an author had wanted to make his/her text public, many obstacles would have prevented him/her from doing so. The transformation of a private manuscript into a printed book was a long and complex process, particularly difficult in this region, which was not known for being a pioneering publishing area.

Printing against geographical remoteness

What the publishing conditions were in Guangxi, Yunnan and Guangdong during the Qing dynasty is not entirely clear. These provinces were not famous for being pioneering publishing areas. Until the late Ming, the Jiangnan cities of Nanjing, Suzhou, and Hangzhou alongside Jianyang 建陽 district in northern Fujian played this role. After the dynastic change in 1644, Suzhou and Beijing became prominent centers for book printing and trade, while many provincial capitals emerged as centers of commercial printing.[42] To what extent the provinces of the far south experienced this change remains unclear.

According to Steven Miles's study of Guangdong intellectual life, Guangzhou was not known as a major publishing center before the early years of the Daoguang era (1820-1851).[43] However, the Morrison Collection of Chinese books gives clues to the beginnings of printing and publishing in Guangzhou at least as early as the last decades of the eighteenth century. Analysis of this collection of books, purchased in the Guangzhou market alone, between 1807 and 1823, shows that the majority of them were published locally by some twenty-nine publishing houses located in Guangzhou or Foshan 佛山.[44] The development of commercial printing in Guangzhou is thus more likely to have begun in the last years of the eighteenth century. By the end of the nineteenth century, many printing houses from Jiangnan had migrated there.[45] The expanding book market in Guangzhou and nearby during the nineteenth century surely facilitated the printing of local books. Between the mid-eighteenth to the

[40] On Huang Zijian, Li Buchi, Kong Jirong, or Liang Jiuzhang 梁九章, active in the nineteenth century in Shunde, clearly belonging to the local elite and not rooted in medical families, authors of medical texts "all stored within the family" (藏於家), see Guo 1987, pp. 1934-35, p. 1963, pp. 1938-39, p. 1964.

[41] Book historians disagree on the question of the greater or lesser value placed on print or manuscript. Chow 2004, p. 15, states that in the late Ming period, to make something public *gong* 公 was to print it. Dennis 2015 shows that gazetteers compilers, even in the Song dynasty, considered print superior to manuscript. However, Son 2018, p. 4, notes that in the seventeenth century, print was not considered a superior medium to manuscript copies, notably because of the unreliable quality of many printed books.

[42] Brokaw 1996; 2005; 2007, p. 9; Yee 1983; Chow 2004; Chia 2002; McDermott 2006.

[43] Miles 2006, pp. 127-128.

[44] West 1998.

[45] Brokaw 2007, p. 11.

end of the nineteenth centuries, the Guangdong authors He Mengyao, Huang Yan, Chen Huantang 陳煥堂, Chen Zhenge 陳珍閣 or Cheng Kangnan 程康南 had their manuscripts printed by Guangdong publishing houses (see appendix 1, right-hand column).

The issue of commercial printing in the provinces of Guangxi and Yunnan remains to be explored. Francis Yee notes that there was no commercial printing house in either province in 1850. Brokaw, however, has shown that certain Sibao booksellers, who themselves claimed to work as pioneers in Guangxi, had done business in this province since the beginning of the eighteenth century. By the mid-eighteenth century, they had established a branch bookstore in Nanning 南寧. According to Brokaw, the book business reached western Guangxi as far as Bose 百色 in the nineteenth century following the route of the Gong 龔 River.[46] During the Ming and Qing, printing books seems to have been particularly difficult in Yunnan. The historian Ma Yao states that most of the writings there remained manuscripts, while Rowe gives evidence that the question of books accessibility was particularly acute in Yunnan at the beginning of the eighteenth century. In spite of the activities of Sibao 四堡 (Fujian province) booksellers (who in the late nineteenth century ventured into the markets of Yunnan and Guizhou for only three years, and did not settle a permanent branch there) and other long-distance book dealers, the book market was certainly more limited in Guangxi and Yunnan than in Guangdong. [47]

The lesser development of the book market in the hinterland contributes to explain why nearly all the medical texts produced there in the eighteenth and nineteenth centuries are lost today, with the exception of those whose authors managed to attract the attention of one of the printing houses in Guangdong like Liang Lianfu 梁廉夫 (1810-1894), whose work *What a person ignorant of medicine should know* (*Bu zhi yi biyao* 不知醫必要) was printed in Guangdong only one year after he prefaced it. While there is no evidence in this extant book to document how the manuscript, produced somewhere in Guangxi between Chengxiang 城廂 (today Wuming 武鳴 county), Lingchuan 靈川, Bosi 百色 and Nanning 南寧, where he held official functions, was finally printed in Guangdong, we can assume that human mobility together with social networks facilitated the circulation of manuscripts from hinterland to large urban centers where they could be more easily printed.[48] This is what the story of the publication of a manuscript about the "White Throat" disease (*baihou* 白喉) found by an official in Guangxi reveals. Liang Yuanfu 梁元輔, a native of Guangdong, while holding a position in Wuzhou 梧州, Guangxi, in the late nineteenth century, found there a manuscript about this disease. He sent it to his nephew Liang Xilei 梁錫類, in Guangdong, who had competence to evaluate

[46] Yee 1983, p. 106; Brokaw 2007, pp. 195, 200-203, 222-225.
[47] On the book market in Yunnan, see Ma 1983, p. 198 and Rowe 1994, p. 440, and Brokaw 2007, pp. 195, 200-203, 222-225. Chow 2004, p. 79 noted that during the seventeenth century long-distance book dealers might have also fueled the book market in Yunnan, notably in examination model essays.
[48] On human mobility and notably on the reasons that prompted doctors from the south and the hinterland to go to more central regions such as Jiangnan, Beijing, or even Guangzhou, see Bretelle-Establet 2017 pp. 41-49. As I show there, human mobility from hinterland to heartland and vice-versa favored the circulation of books and sometimes local reprinting.

and correct it. The latter read and corrected the manuscript, and brought it to a printer.[49] Not all the authors of medical texts located in hinterland could benefit from this type of support. Gong Pengshou's 龔彭寿 (1862-1926) prefaces illustrate the difficulty of having a text printed when one lived far from urban centers, printing houses, and block cutters. Gong Pengshou was from the village Tonglingcun 桐嶺村 located in the heart of Guangxi, part of the present Wuxuan 武宣 county. He wrote two texts, including a *Vulgar knowledge in medicine* (*Yixue cuzhi* 醫學粗知), completed before 1887, date of the author's first preface. In an addendum to this preface, dated 1922, he recounts the material vicissitudes of his text from 1887 to 1922: some time after 1887, once the manuscript was ready for print, a descendant of his who was going to take examinations took it with him on boat. On the boat, the manuscript was stolen. Fortunately, the draft was still at home, and Gong's students copied it again. In the following decades, Gong recalls, insects destroyed eighty to ninety percent of the manuscript. Then, a relative once again copied and rearranged the remaining of the text and the author signed it again (April 8, 1922). In 1934, date of the gazetteer's compilation, the book was still in manuscript.[50] It is no longer extant.

Geographical isolation certainly did not facilitate the printing of manuscripts. But the printing of a manuscript required other conditions which most authors did not have. The historian Suyoung Son, through an analysis of literary publishing in seventeenth-century Jiangnan, has shown the importance for an author of relying on a coterie able to provide support and collaboration. While the publication of medical texts produced in peripheral regions may seem different from the enterprise of publishing literary texts in what was then considered a cultural center, I argue that medical manuscripts could not be printed without the collaboration of such a coterie. To explore the whole process from the production to the printing of a manuscript, Suyoung Son could rely on letters from the writers and publishers Zhang Chao 張潮 (1650-1707) and Wang Zhuo 王晫 (1636-1707).[51] Unfortunately, there is no similar evidence concerning the process from the writing to the printing of the medical texts under scrutiny here. It is even difficult to identify with certainty who printed these texts.[52] However, the books that have survived contain clues that capture the process by which a manuscript was printed and publicized, when the author or his/her descendants wanted it.

The transformation of a private manuscript into a printed book

Despite the admission that they are neither very intelligent nor omniscient, a common trope in authors' prefaces, some authors feel that they have good reasons to have their texts printed. Surprisingly, given the unhealthy reputation of the region, none of the authors whose books have survived intend

[49] Guo 1987, p. 1985.
[50] Guo 1987, pp. 2033-2034.
[51] Son 2018.
[52] Some of the manuscripts were probably published privately but others were produced commercially. However it is difficult to identify it even when a publisher's name is mentioned on the book cover. In fact, while publishing houses located in Sibao (Fujian), in Beijing, in Shanghai or in Hunan did print some of these texts, some were also printed or reprinted locally in Guangdong (see the right-hand column in Appendix 1).

to print their texts to cope with local diseases.[53] Although their objectives vary, these authors address a pan-Chinese readership. As recalled earlier, Pan Mingxiong, Liang Lianfu, or Chen Yi wanted to provide vade-mecums for self-medication. Liu Yuan, Yu Tingju, He Mengyao or Huang Yan intended to provide reliable medical textbooks. As for Huang Yuanji or Huang Puzhi, their objective was to deliver easy to follow recipes, while Chen Huantang or Mai Naiqiu, aimed to make a text of the past accessible, with corrections of its misinterpretations and misuses. Lin Xianfu, Wang Xueyuan, Lin Kun 林坤 (ca. 1925) or Cheng Kangnan aimed at providing a single handbook gathering scattered knowledge and experiences about one particular type of ailments. For Qiu Xi or Chen Zhenge, writing in the nineteenth century, the goal was to disclose as widely as possible new medical practice and knowledge introduced from the West. Huang Chihua 黃熾華, writing in the first decade of the twentieth century, intended to provide a curriculum to separate the wheat from the chaff and elevate Chinese medicine to the status of a national medicine capable of competing with Western medicine. However, the intention to publish one's text, evidenced by the existence of an author's preface, was not sufficient to achieve this goal. The Berlin collections of manuscripts illustrate that point clearly. Some of these manuscripts do have an author's preface and yet were never printed.[54] In order to get one's medical text printed, one has to gather a certain number of elements accrediting the book. In China as in Europe, before there were standardized procedures for evaluating books and guaranteeing their quality for both the buyer and the publisher, the credibility and legitimacy of a text was often measured by the external support it received, which was expressed through paratextual elements that the author or his descendants had to assemble. [55]

The transformation of a private manuscript into a public book firstly required the gathering of prefaces (*xu* 序**)** or dedications (*tizeng* 題贈) or postscripts (*ba* 跋) by prestigious scholars, preferably in their calligraphy: nearly all the texts that have survived do have such pieces of paratext. Qiu Xi's 邱熹 *Brief Presentation of Smallpox Inoculation (Yindoulue* 引痘略, prefaced by the author in 1817) and Huang Puzhi's *Tested and Efficient good Recipes* (*Xiaoyan liangfang* 效驗良方, prefaced by the author in 1933), with, respectively, no less than nine prefaces or dedications in the 1864 edition, and six dedications and eight allographic prefaces in the likely first edition, illustrate the great value that was given to these short texts, particularly when they came from prestigious hands.

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[53] Perhaps the statement of an author's intention of writing for specific local uses in a preface disqualified the printing of a text, considered insufficiently profitable by the publishers, and, as a result, contributed to the fact that these texts are no longer extant— except for those preserved by manuscripts collectors. Such manuscripts do exist in the Berlin collections, see Unschuld & Zheng 2012, p. 41. It may also be that local physicians had a perception of local health problems which differed from that conveyed for a very long time by outside physicians and scholars, Bretelle-Establet 2019.

[54] Unschuld & Zheng 2012, vol. 1, p. 57.

[55] Genette 1987 (1997 for its translation in English) coined the term "paratext" (*paratexte*) to designate those apparently accessory elements found in the text itself (title, prefaces, notes, table of content, etc.) that he calls "peritext", and those elements found outside the text (interviews, book reviews) that he calls "epitext". Although these elements appear secondary or marginal to the main text, the paratext is what "enables a text to become a book and to be offered as such to its readers, and more generally, to the public", Genette 1997, p. 1. Chow 2004, pp. XII, 12-14, 172-179, De Weerdt 2011, pp. 243-244, Son 2018, and Wei 2019, demonstrated the transcultural nature and heuristic power of this key concept.

Unlike preface writers solicited by authors of poetry, classics commentaries or works related to the examination field, who were recognized as authoritative in their field, those solicited to write a preface to a medical book until the 1930s were almost never medical experts. As I have argued elsewhere, preface writers were chosen among local or high officials, or recognized men of letters. Being a medical authority until the 1930s was far less accrediting than being an official-scholar whose symbolic capital was encapsulated in a long signature and elegant calligraphy.[56] Collecting one or more prefaces was one important step toward the printing of a manuscript. Authors knew it as well as those who accepted to write such prefaces. This is clearly expressed in one of the prefaces to Guo Zhi's *About the pulse*. Guo Zhi was a friend of He Mengyao who wrote several medical books, among which *About the pulse* (*Mairu* 脈如), which while prefaced by its author in 1753, does not seem to have been printed before 1827. Zhuang Youxin 莊有信, an imperial compiler (*bianxiu* 編修) of the Imperial Academy (*hanlinyuan* 翰林院 , and Xi Yi 洗沂, an eighteenth-century poet of Foshan, both stated why they wrote a preface to the book. For Xi Yi, it was to help the project of Guo Zhi and his descendants to print the book that would immortalize Guo's knowledge and benevolent practice. For Zhuang Youxing, it was to urge that the book should be printed. [57]

The manuscripts by Guo Zhi, like all the texts that have survived, benefited from the support of members of the local and non-local elites *via* accrediting prefaces to succeed in the printing challenge. But the transformation of a private manuscript into a public book also required the gathering of money and donors. While there is no clear evidence regarding the cost of carving blocks and printing a text, in these times and places, the printing cost is often mentioned in prefaces as a difficult challenge.[58] The costs for the printing of a book appear often too high for a single person who must therefore open a subscription or look for donors among his relations. The scholar-official Huang Yuanji, in northern Guangxi, had to open a subscription in order to meet the engraving costs for his manuscript. One of the prefaces to He Mengyao's *Stepping-Stone for Medicine* recounts that He, who had succeeded in the highest imperial examinations and had held several positions in officialdom, could not print his book until some local relatives helped him. Likewise, the manuscript *Secrets about pediatrics (Erke miyao* 兒科秘要) completed in 1893 by Cheng Kangnan was printed twenty-six years later thanks to the financial support of a few charitable men, as explained in the postscript. A postscript written by Lin Qizhen 林其蓁, a male cousin of Liu Yuan 劉淵 (style name Shengquan), the

[56] On prefaces in literary texts, see Chow 2004, pp. 113-115. On prefaces in medical books, see Bretelle-Establet 2011. Huang Puzhi's book, *Tested and Efficient good Recipes* edited in 1933 and 1935, according to Xue 1991, p. 292, who mistakenly attributes the book to a certain Lin Puzhi, is revealing of a change in the 1930s. In addition to dedications or prefaces written by officials, notably the secretary of the local government *zhengfu mishu* 政府秘書 and the director of the service of hygiene *weisheng ke zhang* 衛生科長, the book also includes six other prefaces signed by "doctors of Chinese medicine" *zhongyi shi* 中醫士 or "national medicine" *guoy i* 國醫. This change probably indicates the increasing autonomy of the medical field, which then includes a medicine in the process of redefining itself in relation to Western medicine.

[57] Guo [1753] 1827, Zhuang Zhouxin's preface, p.3, Xi Yi's preface, p.2.

[58] Chow 2004, pp. 38-56, argues that in the late sixteenth century, production costs dropped. However, Son 2018, pp. 62, 89-90, shows that publishing expenses were still a challenge for seventeenth century Jiangnan publishers; Dennis 2015, pp. 213-247, evaluates the cost of gazetteers printing between 10 to 370 taels of silver, while a prefect's annual salary was around 27,49 taels.

author of the thick *Compilation of medicine* (*Yixue zuanyao* 醫學纂要, 1739), illustrates the fact that the printing process was so costly that it needed sometimes to be carried out in several steps:

> Mr. Xu Yueyan had what was most useful engraved and had two chapters printed. He put aside the remaining four chapters, being unable to pay the [printing] cost. They have been on stand-by until now. By chance, two great people, a civil governor and a salt official, associated with Mr Wei, a magistrate of Nanhai, saw them and since they could save lives, they offered a stipend together and added a preface to allow Shengquan' s collection to be printed in six volumes.
>
> 徐樾菴先生梓其最便人者，二卷印刷，袖歸所餘四卷，工費無力, 遲之至今，適藩憲鼛憲兩大人暨南海邑侯魏夫子見而嘉與諸可壽世，因共出俸金，併冠以序命聖泉彙刊之合為六本.[59]

By their financial support, local elite members were giving a strong endorsement, financial but also symbolic. In recognition of their help in disseminating knowledge as essential to people as medicine, the names of donors, with their titles and their place of origin, could be inscribed on the first pages of the printed book, just like the names of donors who had contributed to restore ancient official or religious buildings were engraved on commemorative steles at the entrance.[60] The money given, and perhaps even more the inscription of the donors' names, increased the prestige of these books.

Finally, the transformation of a private medical manuscript into a public book, as with literary texts, required the collaboration of proofreaders, punctuators or correctors.[61] Most of the medical books that have survived actually bear in the first pages or even on the starting page of each chapter of the book the names and the titles of punctuators (*pidian* 批點), correctors (*ding* 訂/*canding* 參訂), collators (*jiaozheng* 校正), proofreaders (*canyue* 參閱). While the work consisting in proofreading or punctuating a manuscript is almost never explained by the actors themselves, some clues can be found in printed texts. Before examining these clues, let us return for a moment to the various stages that the manuscripts seem to have gone through in order to be printed, as they partly explain why so many of them are no longer extant.

As literature and book historians have shown, a text usually needs external elements that position it, justify its existence, and provide its identity as a book. Given the huge number of medical writings in competition, receiving these external and accrediting elements, particularly if they came from the most respected milieus, must have been an important mark of recognition that guaranteed

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[59] See in this order Huang 1799 2nd preface, p. 2; He [1751]1994, p. 50; Cheng [1893], 1919, p. 52. Liu 1739 [1857] p. 6 (punctuation is mine). As Chow 2004, p. 64, has shown, it was in fact common to carve a part of the blocks and print it, and use money from the sales of this first part to pay for the carving or the printing of the rest.

[60] Huang Yan, 1867, preface, p. 2, lists seven "printing friends" (同刊諸友) from Yinjiang (Zhejiang) and Gumei (Guangdong); Huang Tong, prefaces, p. 16, lists eight people from Guangdong who contributed to the book reprint (重刊). Lists of donors also appear in gazetteers as Dennis has shown 2015, p. 228.

[61] Perhaps being an already renowned scholar makes this stage of the book optional or less ostentatious. Only the books by authors who were metropolitan or provincial graduates, like He Mengyao's *Stepping-Stone for medicine*, Huang Yuanji's *Tested formulas from the Jingyun Studio* or Yu Tingju's *Medical anecdotes from Jintai* do not bear such information. Chow 2004, pp. 119-120, suggests that while including the names of proofreaders enhanced the credibility of a text, having one's name in a book as a proofreader was also a means of advertising in a highly competitive literate society.

quality and facilitated the transformation of a private manuscript into a printed book. The signatures of preface writers, the names of donors, and of proofreaders on the first pages of any printed text, were external elements which were of crucial importance in the material life of a writing. Not all medical writers succeeded in assembling such a collection. While we know that some medical writers like Xie Wenhui 謝文徽, a native of Nanhai who practiced medicine in Guangxi (fl. Qianlong reign), Wu Rui 吴瑞 (fl. Tongzhi reign, 1861-1875), Li Zhongpu 李鍾溥 (fl. Qianlong reign), and Li Benxiu 李本修 (fl. Jiaqing reign, 1796-1820) all from Yunnan, succeeded in collecting prefaces or dedications from local military and civil officials that they could have used if their books had been printed, they probably failed to secure the support of donors or correctors.[62] Their writings have been lost.

Undoubtedly, here like elsewhere, it was easier to find the support, financial and symbolic, of local elites when one belonged to this elite, or had at least succeeded in the imperial examinations, especially as the writing of a preface might not have been free of charge, raising the printing costs a little more.[63] Living in the inner circle of bureaucrats also provides easier access to block cutters who may be called upon to print official documents from time to time or even be employed by local or provincial governments. This explains why more books written by degree-holders were finally printed and better preserved until today in several copies than medical texts written by full-time physicians, without degree and without a coterie. As a consequence of elitism and of family strategies, most of the medical writings produced in the area remained manuscripts which were more vulnerable than texts printed in many copies to fire, flood, theft and wars, especially in the far south of China, which was at the center of fierce rebellions in the nineteenth century and suffered massive destruction. Gazetteers' bibliographies and biographies attest to the consequences of wars and rebellions in Guangxi and Yunnan on books in general and on the medical texts by Qu Zunde 屈遵德, Zhou Qingyang 周慶楊 or Yao Shi'an 姚時安.[64] Liang Lianfu 梁廉夫 (1810-1894), from Guangxi, recalls in his preface that his original manuscript had been partly destroyed because of troubles while Jiang Shencun 蔣慎存's preface to Chen Huangtang's 陳煥堂 book, *Back to the true Zhongjing (Zhongjing guizhen* 仲景歸真, 1849), recalls that for several decades, Chen's manuscript weathered floods, fires, and wars in Dongguan東莞 (Guangdong) until he corrected and printed it.[65]

The process that a manuscript had to undergo in order to be transformed into a public book had two consequences. Firstly, while a lot of medical texts were written in the area most of them remained manuscripts and were lost after their production.[66] Secondly, the transformation of a

[62] In this order, Guo 1987, pp. 2025, 2234, 2244, 2235.
[63] Chow 2004, pp. 109-115.
[64] *Guixian zhi* 1934, pp. 750-751, lists the books destroyed during the Taiping rebellion. See Guo 1987, pp. 2027, 2030 and 2245.
[65] See Liang [1880] 1936, p. 2. And Chen 1849, Jiang Shencun's preface, p. 1.
[66] These manuscripts were all the more likely to disappear because they were not appreciated by book collectors, see Unschuld & Zheng 2012, vol. 1, pp. 6-9. While Paul Unschuld and Zheng Jinsheng are right when they say that the value of the manuscripts, by comparison with print, lies precisely in the light they shed on the history of medicine as it was conceived and practiced in more popular circles, an analysis of the printed texts of this particular geographical setting that have survived shows very great disparities in both writing strategies and

private manuscript into a public book signified the circulation of the original text between different actors: the author, the copyist, the proofreaders, the preface writers, the donors, and the printer. In the next section, and by relying on the books that have survived, I explore how these actors intervened in the life of the medical texts they helped to make public.

III. The circulation of texts during and after printing: the social life of medical writings

> In the winter of 1826, he (Huang Yan) showed me his completed manuscript, I took it, I read it, and I understood what was its purpose.
> 丙戌冬出其全稿示余，余授而讀之，見其用意也.
>
> In [Wen] Sitang's residence in Xianmen, I saw on the desk the *Essentials in Medicine* in four chapters, well copied as if still awaiting printing.
> 思堂仙門廬邸，見案頭醫學精要四卷，騰繕端好，似欲付梓未果者. [67]

The preface by Li Guangzhao 李光昭, a famous poet from Jiaying 嘉應, in Guangdong, and the postscript by Wen Baochun 溫葆淳 (1800-1883), a former Hanlin 翰林 academician, give us a glimpse of Huang Yan's manuscript circulating in different hands, waiting to be read, approved, lauded, but also annotated, punctuated and corrected. There is no source to rely on to evaluate and understand the exact roles played in the printing of this text by the different persons who we know had the manuscript in their hands ─ three preface writers, seven donors, and four correctors. Nevertheless, the margins in this and other texts in our corpus provide important clues regarding the dynamics at work in the printing of medical manuscripts.

The Layout of the Text and its Layers of Peritexts

As the third page of Wang Xueyuan' *Guide for Summer-Heat Disease (Shuzheng zhinan* 暑症指南, 1843) shows (Figure 1), printed texts can bear annotations in the top margins of the pages (called "book eyebrow" (*shumei* 書眉) or "heavenly head" (*tiantou* 天頭)). [68] These annotations, both in terms of the space they occupy on the page and in terms of their content, are auxiliary texts to the main text and therefore fit well into what Genette calls the peritext.[69]

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cultures. On the various writing strategies and on the different cultures referred to in these printed texts, which in some cases mix mainstream culture with oral cultures from local masters or female ancestors, see Bretelle-Establet 2014a; 2015; 2017; 2018; 2019. The extent to which the treatments prescribed and remedies used vary from text to text and are site-specific is a question that remains open.

[67] Huang [1800] 1915, Xu, pp. 1-2 (punctuation is mine). Li Guangzhao's poems were notably published in a collection of poems and essays edited by Ruan Yuan. Miles 2006, pp. 65, 92, 107, 136.

[68] Wang 1843, p. 3. Chia 2002, p. 43 for the name of the various textual spaces of a page of imprint.

[69] Wei 2019, p. 24, characterizes marginal annotations (*pijiao* 批校) in literary texts as "interpretive texts", in the same way as commentaries or annotations (*zhushu* 注疏 and *pingdian* 評點), because "all three are texts that provide interpretation, explanation, appreciation, and evaluation of a pre-existing 'main text'". Wei stresses that these kinds of interpretive texts that appeared at various times differ in their function, with "*zhushu* 注疏"(Han

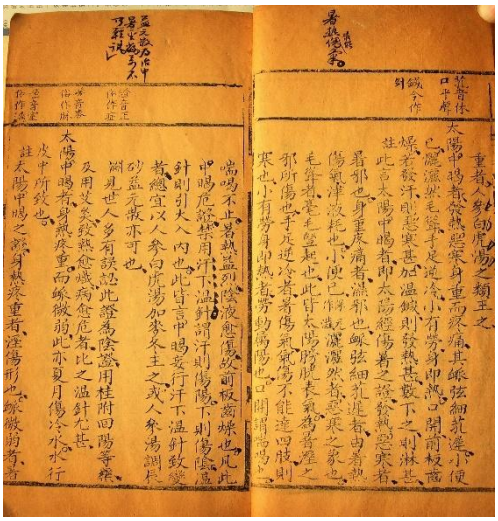

Figure 1. Wang Xueyuan *Guide for Summer-Heat Disease* (*Shuzheng zhinan* 暑症指南 1843), p.3. Handwritten annotations above a register scheduled for printed annotations in the top margin. In the text arranged in the centre of the page, a first anonymous comment appears (right page, line 4), followed by the author's (Yuan 淵) comment (left page, line 6). The printed annotations are essentially of a linguistic nature. The handwritten annotation, on the right page, picks up some words of the main text to underline its key point; on the left page, it advises not to neglect a treatment mentioned in the text.

A first look at Figure 1 reveals an arrangement of pieces of peritext with handwritten annotations added above printed annotations added above the main text. In fact, a closer reading of this page reveals an even more complicated stratification of pieces of peritext. Inside the body text printed on the center of the page (or "block face" *banmian* 版面), there is an anonymous commentary (*zhu* 註) related to the previous sentence (a quotation from the *Shanghan lun)*, which is followed by an authorial commentary, introduced by the author's personal name (Yuan 淵), slightly right, and laid out according to the previous commentary layout. The full page thus reveals a peritextual layer cake where the different layers of peritext are arranged in clearly demarcated textual spaces. The analysis of marginal annotations in surviving books, with particular attention to their content and their relationship with the text displayed in the centre of the page, itself sometimes combining a main text and some elements of peritext, helps to understand the life of medical texts, from their printing to their reading by the public.

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dynasty) mainly meaning-oriented, and "*pingdian* 評點" (Song dynasty), mainly oriented towards literary style. "*Pijiao* 批校" that Wei translates as "marginalia", developed at the end of the Ming and became very common in the mid-seventeenth century. Wei also shows that these interpretive texts differ in their layout. While in late imperial literary texts *zhushu* 注疏 and *pingdian* 評點 are mostly inserted in the main text, usually in double-lined (*shuanghang* 雙行) small characters, *pijiao* 批校 are written in top or bottom margins or in the interlinear spaces otherwise used for punctuation marks or other symbols, Wei 2019, pp. 16-66. Since some of the marginal annotations found in these medical books served as additional titles or complemented the main text with new information, I prefer using Genette's more general term of "peritext" rather than "interpretive texts" to designate the annotations that appear in the margins, printed or handwritten. I also prefer using the term "marginal annotations" rather than "marginalia" which usually refer to handwritten marginal annotations alone.

Purpose and authorship of printed marginal annotations

The printed marginal annotations that appear in the first known printed edition of some of our books have several functions.[70] One of them is to indicate the pronunciation of a character, its definition, or its modern equivalent and thus bear on linguistic issues. For example, in Wang Xueyuan's *Guide for Summer-heat Disease*, several words used in the body text are the object of such annotations (Figure 1): "芤 is pronounced *kou* 口, to stop, first tone", or "鍼 *qian* is today 針 *zhen*", or "證 is pronounced *zheng* 正 and it is commonly rendered by *zheng* 症".[71]

Figure 2. Chen Huantang, *Back to the True Zhongjing* (仲景歸真, 1849), j.4, p13. Characters picked up from the main text as brief headings. Note the small characters placed in the interlinear spaces among punctuation marks (right page, between lines 4 and 6, and left page, between lines 7 and 8).

Figure 3. Huang Yan, *Essentials of Medicine* (醫學精要, 1800, 1918), j. 3, p.4. After a first marginal annotation that explains to the reader why the main text does not contain pulse information for pain diagnosis, we find a series of characters taken from the main text that act as brief headings to help the reader navigate the text.

[70] It is impossible to ascertain how many successive editions a given medical text underwent and what was its first edition. Xue's *Catalogue* only identifies the editions of a given text that are extant in libraries, but other editions might have existed. It is likewise impossible to ascertain whether the first edition recorded in this *Catalogue* is actually the earliest. Only the lapse of time between the authorial preface's date and the edition's date enables us tell whether we might be dealing with an early edition or a late one.

[71] Wang 1843, p. 3. This type of linguistic annotations, which may indicate that the reading of these books was out loud, appears also in Chen 1849, j. 1, p. 9: " 暍 is pronounced '*ye* 謁', or '*he* 喝'; it means sunstroke or summer-heat damage" or in Huang [1800), 1918, j. 1, p. 13: "拿 is pronounced '*na* 哪'; '*fenna* 分拿' means 'to hold in a chaotic way'".

Printed annotations also include very brief titles, usually composed of characters picked up from the body text. In Chen Huantang's *Back to the True Zhongjing*, above the body text discussing Zhang Ji's idea that a cold or wind injury would induce in the first day a disease in the Taiyang channel, we read in the margin the printed annotations "Taiyang syndromes", "Treatments". In the following pages, and as the body text describes and explains the daily progression of the disease through the different channels, in the upper margin there are corresponding annotations indicating "Yangming channel", "Shaoyang syndromes", "Treatments", and so on. These annotations, in the shape of brief titles, likely serve to help the reader navigating in the body text (Figures 2 and 3).[72] Some marginal annotations are even more explicit on their objective to guide the reader as if the structure of the body text was not clear enough. In Chen Huantang's *Back to the true Zhongjing,* printed annotations, in the form of sentences, tell the reader what the body text is about: "Below, it is about warm and summer-heat diseases which all belong to cold damage", or, "Earlier, it was about taking first the Cinammom Decoction, here it is about taking first the Counterflow Decoction and about the distinction between root cause and symptoms" (Figure 4).[73]

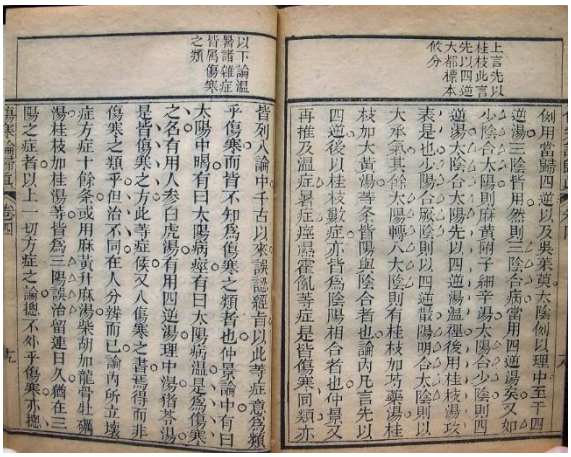

Figure 4. Chen Huangtang, *Back to the True Zhongjing* (仲景歸真, 1849), j.4, p.18-19. Annotations indicating what the main text below is about.

[72] Chen 1849, j. 4, pp. 13-17. This type of annotations also appears in Huang [1800], 1918, j. 3, p. 4 or in Liu [1739] 1766, preamble, p. 5.

[73] Chen 1849, j. 4, pp. 17, 18. This kind of annotation, telling the reader what the main text is about, also appears in Huang 1800, 1918, j. 5, p. 2 where, on two pages full of printed annotations, one reads: "This item is about how to cure cases of both Yin and Yang depletion", "This item is about how to cure Fire depletion", or "This item focuses on cases of bloody urine caused by another disease", or in Wang 1843, p. 50: "Below is an ear disease also caused by summer-heat".

Figure 5. He Mengyao 何夢瑤 and monk Huchan 僧互禪, *What sons need to know from Lezhi Palace* (樂只堂人子須知, 1872), j.4, p.7. Annotation in the shape of an abstract of the main text as a way to help the reader memorizing its key points. The text on block face includes a main text and some comments.

Printed annotations can be short abstracts or summaries of the main text, as tools to help the reader memorize its key points. For example, in the first known edition of *What sons need to know from Lezhi Palace* (*Lezhitang renzi xuzhi* 樂只堂人子須知, 1872) by He Mengyao 何夢瑤 and monk Huchan 僧互禪, above the description of several substances used in treatments, short annotations are printed in the margin to summarize their main indications (Figure 5).[74]

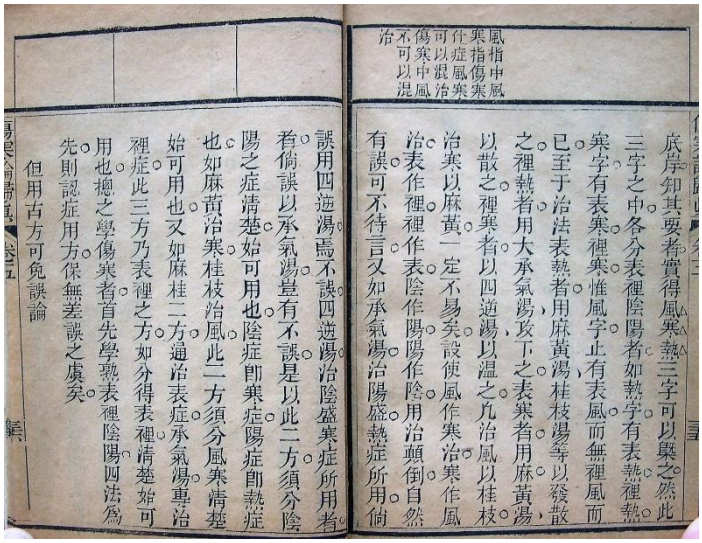

Figure 6. Chen Huangtang, *Back to the True Zhongjing* (仲景歸真, 1849), j.5, p.35. Annotation that provides additional explanations on the concepts used in the main text

Another function of printed marginal annotations is to add information to the main text. In Lin Jielie's 林介烈 *Complete book on measles* (*Mazhen quanshu* 麻疹全書, fl. Qianlong reign), above the body text alluding to two medical substances, a printed annotation explains what they are: "'Cachou'

[74] He & Hu 1772, j. 4, p. 7. The title, as explained by the preface of He's second son, naturally refers to the fact that medicine, enabling children to take care of their parents, is fundamental for anyone who wants to be virtuous *ren*. This type of annotations, consisting of an abstract of the body text, often made of its words, also appears in Wang 1843, p. 15, above clinical cases records introduced only by the patient's name.

is in fact the fine powder of an ancient tea" or "'Hehui' is in fact the ash of various clothes that are burnt". [75] In other texts, marginal annotations explain the concepts referred to in the main text. In the body text of *Back to the True Zhongjing*, Chen Huangtang explains that it is not easy to know what kind of principles and therapeutic substances should be used in case of either "Cold damage (*shanghan* 傷寒)" or "Wind stroke (*zhongfeng* 中風)". He points out that people often confuse cold with wind, yin with yang, inside with outside, and therefore make many mistakes. Above the body text, an annotation explains the meaning of the text's fundamental words and the stakes of not confusing them: "'Wind' is for 'Wind stroke'. 'Cold' is for 'Cold damage'. In case of common chill (cold wind), one can cure confusedly, but one cannot cure confusedly for either 'cold damage' or 'wind stroke'"(Figure 6). [76] Beside explaining technical terms or concepts, annotations can also add practical information. In Huang Huishi's book, above three recipes described to reduce appetite, marginal printed annotations point out that these recipes can be used in other circumstances, such as in cases of famine.[77] In fact, marginal annotations adding practical information abound in certain texts notably in Huang Yan's *Essentials of Medicine*, where a very large proportion of the printed marginal annotations are recipes that complement those provided in the main text (Figure 7).[78]

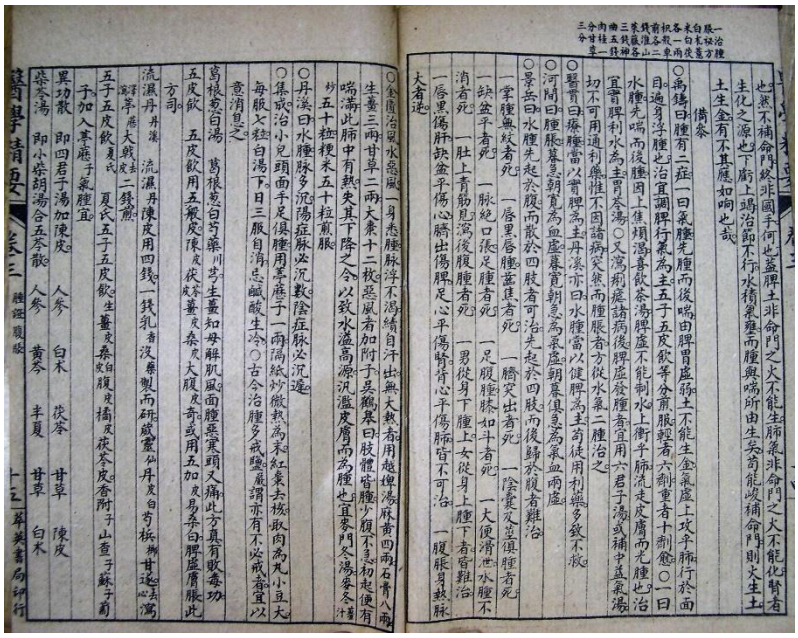

Figure 7. Huang Yan, *Essentials of Medicine* (醫學精要, 1800, 1918), j.3, p.14. Above the body text dealing with edema, a printed annotation in the margin adds a secret recipe.

Finally, printed annotations can underline the importance of a point made by the author in the body of the text as if someone was standing in front of the reader to emphasize the importance of the

[75] Lin 18th, 1935, j. 2, p. 19 and j. 3, p. 17.
[76] Chen 1849, j. 5, p. 35. Annotation explaining a concept used in the body text can be also found in Huang 1800, 1915, j. 5, p. 1.
[77] Huang 1909, j. 5, pp. 46, 48.
[78] See for instance Huang [1800) 1918, j. 2, pp. 1-2; j.2, pp.4, 10, 20-21; j. 3, p. 14; j. 4, pp. 10-11, 16-17, j. 7, p. 2, j. 8, p. 2.

author's words. On a single page of Chen Huantang's *Back to the true Zhongjing*, we find four such annotations: "This suffices to show that this book must be read very carefully"; "This is the only correct view;" "Those who habitually use Qi coordinating (decoction) know that." and "Keep in mind that this is what is appropriate" (Figure 8). In Huang Yan's *Essentials of Medicine*, the reader is urged, in the margins, to look at another part of the book ("For the other syndromes of the tongue, look at epidemic diseases' clinical cases; one must read them in parallel", Figure 9) or is told why the body text does not evoke pulse in the description of a disease and why the annotator finds it important to underline it : « Only the symptoms are mentioned, not the pulse, because in pain the pulse often takes on a false appearance. I have often made mistakes. That is why I am bringing it to light." [79] (Figure 3).

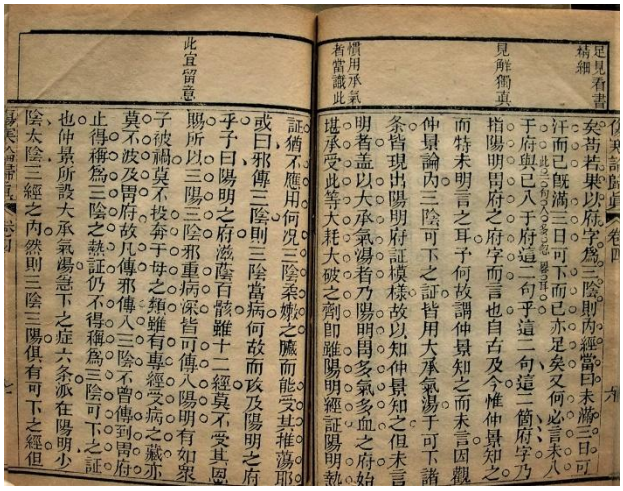

Figure 8. Chen Huantang, *Back to the True Zhongjing* (仲景歸真, 1849), j.4, p. 7. Annotations that enhance the author's points of view. Note the small characters arranged in the interlinear spaces among punctuation marks, between lines 2 and 3 (right page).

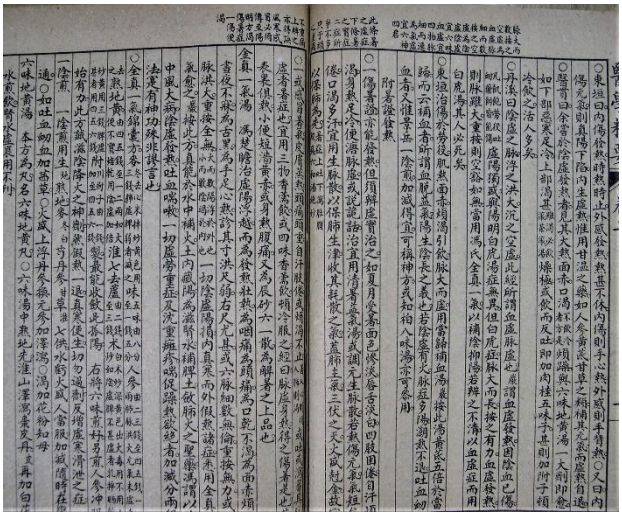

Figure 9. Huang Yan, *Essentials of Medicine* (醫學精要, 1800, 1918), j.2, p. 2. Below a long printed marginal annotation, one can find on the left page, line 7, a comment introduced by the author's first name (Yan 巖) slightly right

[79] Chen 1849, j. 4, p. 7. Huang 1800, 1918 j. 4, 16 and j. 3, 4.

The printed marginal annotations thus fulfil various functions. They aim to help the reader to pronounce properly or to understand some characters that might not have been usual, to provide tools for a quick localization in the text or for facilitating the memorization of a part of it, to add information, or to emphasize the importance of one point developed in the body text. However, and unlike one of the main functions of marginal annotations that we find in ancient and modern writing traditions in Europe, marginal annotations, in this corpus of texts, never serve to indicate references.[80] This is an important hint, I argue, that these marginal annotations are definitely not by the author, who, as we now shall see, wrote and arranged his/her text by combining a main text and pieces of peritext (comments, cross-references, references, titles), in a single place, namely, in the body text.

Unlike the printed marginal annotations that Suyoung Son found in Zhang Chao's literary texts, those in our medical books are never signed; it is thus impossible to ascertain, at first glance, whether they were written by the author or by someone else.[81] To ascertain the origin of such annotations would require comparing the authorial manuscript with its first printed edition. Unfortunately, only three handwritten copies of these texts are extant, and it is not clear whether these are authorial manuscripts or copies by other hands.[82] However, a thorough examination of the printed books, with particular attention to peritextual elements within and around the body text enables one to determine what was by the author's hand and what probably was not. In fact, when an author wanted to put a title, add explanations or direct his/her readers to other parts of his/her text or to other authors, she/he did so directly in the main text, by using textual devices such as indentation and line feed for titles, double-lined small characters for authorial commentaries and cross-references. To refer to other authors or books, authors either introduce the citation in the running text, either at the beginning of a paragraph, or, in the case of *materia medica* references, at the end of a sentence or just after the name of the recipe. In any case, as I have argued elsewhere, the chief sources referred to are always mentioned in the main text printed in the central part of the page.[83] In other words, authors used to display their whole text in the body text, and there is no reason to think that they might have laid out comments, titles, or cross-references, in the upper margins. Above all, a close examination of the printed texts shows that a page can have printed annotations in the shape of a comment, a title, or a cross-reference in the upper margin while the body text, arranged on the block face, already contains comments, titles, or cross-references.[84]

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[80] Grafton 1997.

[81] Son 2018, p. 49, shows that comments printed in the upper margins are signed and often appear under the shape of a quotation: "x says :". Wei 2019 shows the same.

[82] The handwritten version of Huang Yuanji's text that I saw is incomplete and lacks the first pages, making difficult to identify who wrote it. The handwritten version of Cheng Kangnan's text that I was allowed to consult is a manual copy made many years after the first known printed edition by a student on the basis of a draft kept by a certain Heng Qide 恆其德. The handwritten version of Yu Tingju's text that I was unable to see is a copy attributed to another person.

[83] Bretelle-Establet 2018.

[84] Figures 1 and 9 reveal, on a same page, annotations printed in the top margin and authorial comments in the main text introduced by the surname of the author slightly right in the line. Figure 10 shows a page where the author Huang Yan, in the body text, directs his readers to look at other parts of his book while, in the top margin,

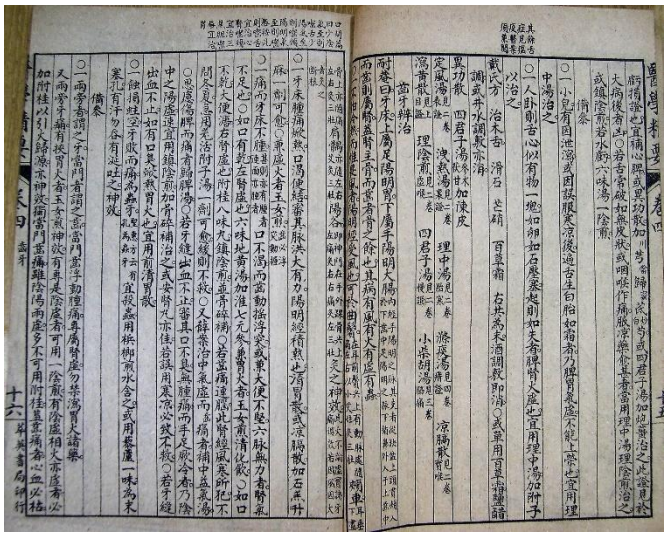

Figure 10. Huang Yan, *Essentials of Medicine* (醫學精要, 1800, 1918) j.4, p.15. Some cross-references are indicated in the main text (lines 12 and 13 "look at j.2 etc."), and, in the top margin, an annotation advises the reader to refer to another part of the book "For the other syndromes of tongue, look at hot epidemic diseases' clinical cases; one must read them in parallel".

It is thus very unlikely that the printed annotations we find in the upper margins were by the author's hand. That some annotations that merely emphasize the author's viewpoints ("This is the only correct view") appear in the margins of some of these books further supports this assumption. In fact, one can safely assume that the printed marginal annotations in what is known as the first printed edition of a text are the traces of intervention by all the actors involved in the transformation of a manuscript into a printed text — proofreaders, preface writers, donors, and printers.[85] Two short comments, added at the end of chapter 4 of Chen Huantang's *Back to the true Zhongjing,* in its earliest known edition (dated 1849), further confirm this. This chapter, entitled "The truth extracted from cold damage" (*Shanghan yin zheng* 傷寒引正), is replete with printed marginal annotations, and at the end of two paragraphs of the body text, a colophon, that distinguishes itself from the main text by a smaller number of characters per line, is signed by someone else than the author. These two colophons that praise the clear and faithful presentation of Zhang Ji's ideas are signed by a certain Wang Shaoyu 王少漁 from Bahangfang 八行坊, one of the proofreaders and punctuators (*pidian* 批點) mentioned in the first pages of the book (Figure 11).[86]

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a printed annotation refers the reader to look at another part of the book. In this order, Wang 1838, p. 3; Chen 1849, j. 7, p. 23; Huang [1800] 1918, j. 4, p. 15.

[85] Huang Yan's *Yanke zuanyao* 眼科纂要 1867, Chen Huangtang's *Zhongjing guizhen* 仲景歸真 1849, Wang Xueyuan's *Shuzheng zhinan* 暑症指南 1843, He Mengyao's *Lezhitang renzi xuzhi* 樂只堂人子須知 1872 are the first known editions and they bear printed annotations. With the exception of Wang Xueyuan's book, all bear the names of punctuators (批點), correctors (參), proofreaders (較) on their first pages. Wang Xueyuan's *Guide for Summer-Heat diseases* in what is known as the first and unique printed edition has printed annotations but there is no mention of any proofreader and nobody wrote a preface. It thus seems that these annotations were from the printer or from an anonymous corrector.

[86] Chen 1849, j. 4, p. 20 and j. 4, p. 32.

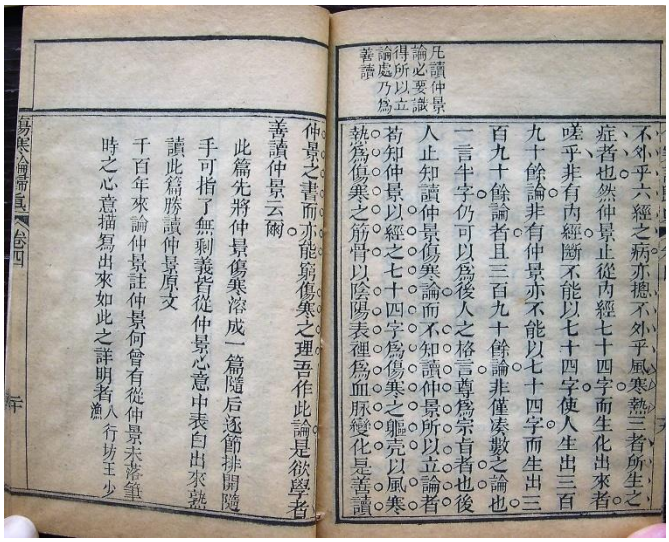

Figure 11. Chen Huantang, *Back to the True Zhongjing* (仲景歸真, 1849), j.4, p. 19, a colophon at the end of chapter 4, signed by one of the correctors mentioned in the first page of the book, Wang Shaoyu from Bahangfang (present Dongguan).

Relying on private sources and notably letters, Suyoung Son succeeded in reconstructing how, in the case of literary texts, proofreaders, preface writers or donors intervened in the making of a text through its printing. She shows that proof-prints of a text were made from engraved blocks and sent to preface writers, donors, and correctors for proofreading, and for requesting prefaces and comments. They annotated their proof-print and sent it back to the publisher. The engraved woodblock was corrected and the allographic comments were added in the body text if there were empty lines or in the upper margins, preceded by their author's name.[87] I assume that it is what happened with our medical texts as well. While, in this corpus, allographic annotations are almost systematically printed in the upper margins, in at least two books they were added in very small size characters in the main text's interlinear spaces, where we usually find punctuation marks. In chapter 4 of Chen Huantang's *Back to the true Zhongjing*, in addition to the annotations printed in the upper margin, there are interlinear annotations, in place of or among punctuation marks (Figures 2 and 12). The content and functions of these are very close to those of the marginal annotations.[88] It is not clear whether these interlinear annotations were by Wang Shaoyu, who identified himself as the chapter's commentator in the two colophons just mentioned, or by another proofreader that the printer may have wanted to distinguish. In fact, scholars working on annotations in Chinese literary texts have notably shown that to differentiate the annotations contributed by several readers, different devices could be used such as the use of different color inks or different calligraphies. The use of different textual spaces (top margins and interlinear spaces) in this book and in Huang Yan's *Essentials of Medicine* to record annotations might well have served to differentiate the contributions of two annotators.

[87] Son 2018, p. 37.

[88] Annotations printed in the interlinear spaces among the punctuation marks appear in Chen 1849, j. 4, pp. 6, 7, 25-26, to explain the main text or to emphasize the importance of a sentence in it. Such interlinear annotations also appear in Huang [1800], 1867, j. 1.

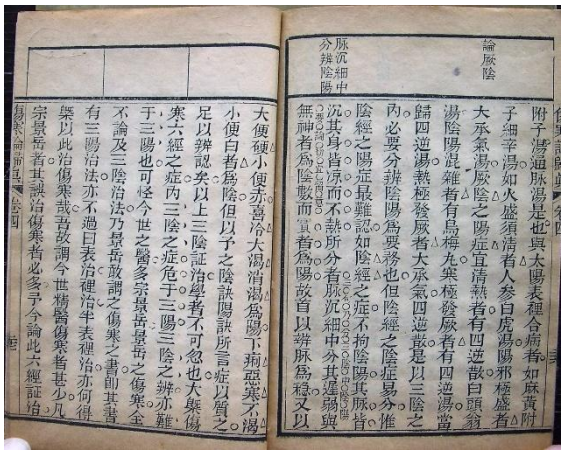

Figure 12. Chen Huantang, *Back to the True Zhongjing* (仲景歸真, 1849), j.4, p.27, the small characters in the interlinear space between the three last lines put emphasis on the importance of the sentence of the body text and ends with this advice: "One must remember it".

The examination of this corpus of medical prints confirms what Suyoung Son stressed in her analysis of the publishing process of literary texts. In contrast to modern industrial book production, the printing of a text was a dynamic process, which did not consist of a simple change of textual medium but contributed to the very making of the text. In the process of printing medical texts, people solicited to help make a text public, could add explanations or practical information, short abstracts, new titles, or put emphasize on particular points in the margins. Unsurprisingly, given their essentially practical purpose and their status as the poor relation of literature, the medical books considered here do not reveal in their margins the enthusiastic exchanges, or the "conversation atmosphere" found in literary texts, and those who annotated them almost always did so anonymously. [89] And yet, these allographic additions, clearly recorded in specific textual places, together with the authorial text form a coherent whole that later editions preserved, respecting the textual arrangement.[90]

While the printing of a medical text, implying the circulation of the manuscript to preface writers, donors, and proofreaders, contributed significantly to the creation of the printed text, the printing did not fix the text once and for all. Its social life implied new inputs.

The printed texts in circulation

[89] Son 2018, pp.40-46, shows that the author's coterie members not only comment on the author's text, they also comment on the new comments that are added by preface writers, donors, proofreaders, or others as the text is circulated in their hands to the point that a same edition of a text can differ a lot from one impression to the next.
[90] The comparison of Huang Yan's *Essentials of Medicine* in the 1867 and 1918 editions, of Liu Yuan's *Compilation of Medicine* in the 1767 and 1857 editions, of He Mengyao's and monk Huchan's *What son need to know from palace Lezhi* in the 1872 and 1885 editions, shows that the printed marginal annotations were entirely preserved. Unsurprisingly, the comparison of what seems to be two different copies of Chen Huantang's *Back to the true Zhongjing* (the distribution of characters in the lines is similar but the pages numbering appears at different places and there is gap between the succession of the pages) shows that marginal annotations were also preserved.

It is difficult to know the fate of our medical texts once they were printed, and fully answer the questions of their circulation and their readership. Xue Qinglu's *Catalogue of Medical Texts Preserved in Chinese Libraries* shows a great disparity in the number of new editions of these books (see Appendix 1). Again, this catalogue is indicative of what has been preserved in libraries and not of what was written or published. However, it is reasonable to draw from libraries holdings the conclusion that the extent of the circulation of these books varied a lot, and that some were more popular than others. Information about who bought these books and for what purpose is even scarcer. Book collectors might have been one category of clients. The biography of Wu Monong 吳墨農, a medical expert in Foshan, recalls that Long Yuanxi 龍元僖 (1810-1884), a member of a powerful Shunde lineage and known for trying to drive the French and British out of Canton in 1858, had a private library particularly rich in medical books that he opened to a few readers like Wu.[91] Nineteenth-century Guangdong book collectors were eager to acquire books printed outside the province, but the growing interest of scholars in local culture may well have prompted some of them to buy local medical books as well.[92] The missionary Robert Morrison (1782-1834) was another such book collector even if the function of his library was different from that of Long Yuanxi. Among the 133 medical books he bought in Guangzhou in the first two decades of the nineteenth century, three were written by Guangdong or Guangxi authors.[93] A list of off-prints (*yingsong* 迎送) included in one edition of Pan Mingxiong's *Abstract of Medicine from the Pingqin Library* which contained two chapters of poetry reveals that 295 copies of this book were printed to be presented or sold to some thirty people. All of them were civil and military officials from different districts of Guangzhou who each received five to ten copies of the book.[94] Once bought or given, some of these books, like in Europe,[95] were likely to finish their life unread on a library's shelf, but others were read. The handwritten marginal annotations that we find in some of them bear witness to it. These annotations allow us to continue our foray into the life of our books.

Purpose and intended readership of handwritten annotations

One can safely assume that marginal handwritten annotations come from readers. It is very unlikely indeed that an author manually annotated his/her own printed text, especially because it usually took a lot of time for an author to have his/her manuscript printed, and most of the authors did not see their work in print. Handwritten annotations, as readers' responses, together with readers' punctuation marks are thus the rare traces, beyond the seals, that tell us something about the

[91] *Foshan zhongyi xiangzhi* 1923, j. 14, renwu 8, Yishu, p. 14; On Long Yuanxi, see Miles 2006, p. 181.
[92] Miles 2006, pp. 127-128, 162.
[93] These books are He Mengyao's *Essentials of the Three Disciplines*, Liu Yuan's 劉淵 *Compilation of Medicine*, and Huang Yuanji's 黃元基 *Tested formulas from the Jingyun Studio* (*Jingyunzhai ji yanfang* 靜耘齋集驗方), first published in 1757, 1739 and 1763 respectively. West 1998, pp. 86, 94, 104.
[94] Pan 1865 [1868], reproduced in *Guangzhou dadian,* 2005, vol. 365.
[95] Blair 2011, p. 352.

reception and use of a book.[96] If we think of our own way of working with texts, we are not so surprised to find handwritten annotations or emphasizing marks in these books. This being said, a thorough investigation of these annotations shows that projecting our own contemporary way of reading a text onto any reading and working context may lead to misunderstandings. The last section of this paper explores the content and functions of these handwritten annotations.

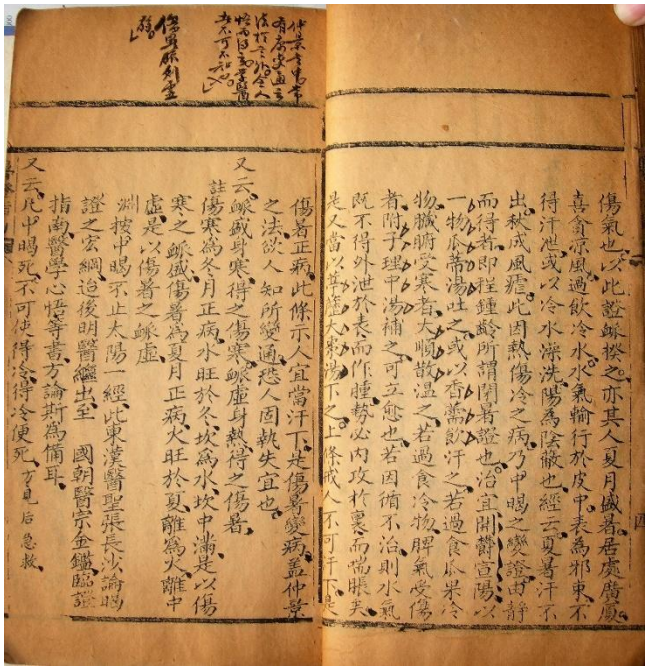

Figure 13. Wang Xueyuan, *Guide for Summer-Heat Diseases* (暑症指南, 1843), p.5. The handwritten annotations are above the register scheduled for printed annotations. Arrows indicate exactly what the handwritten annotations refer to. The first annotation ends with "Those who study medicine cannot ignore it".

[96] Citations of these books by others may also provide indications of their reception among their peers. On this issue, see Bretelle-Establet 2017 and 2018.

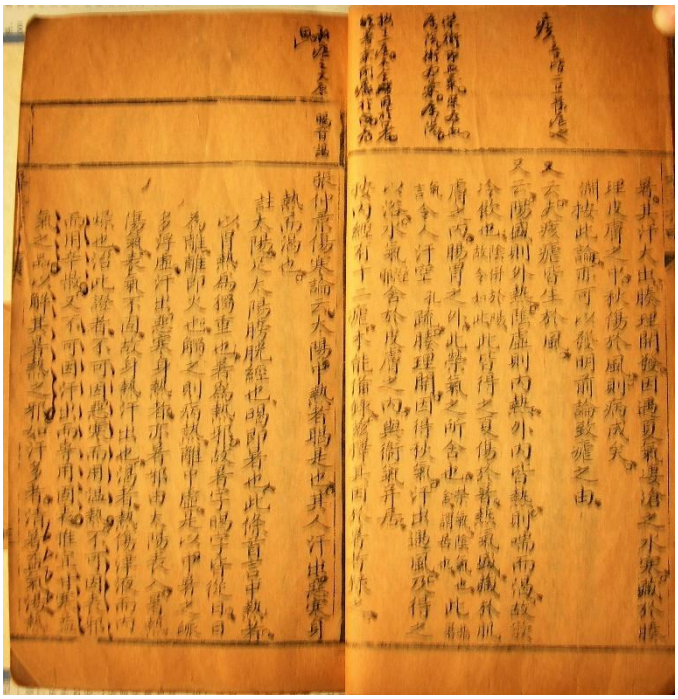

Figure 14. Wang Xueyuan, *Guide for Summer-Heat Diseases* (暑症指南, 1843), p.2.Handwritten annotation for defining the character "jie 痎" which is bigger than the other characters. The second annotation explains the concepts used in the body text.

Figures 1 and 13, representing two pages of Wang Xueyuan's *Guide for Summer-Heat diseases,* suggest that manually annotating a book followed certain rules, with handwritten annotations clearly separated from the main text and from the printed marginal annotations. In our corpus of texts, handwritten annotations always appear in the top margins.[97] Figure 13 even shows that when a particular register had been intended for printed annotations but was empty, it was not filled with a handwritten annotation; the latter was added instead above the empty box. Moreover, a glimpse at these annotations reveals attempts by the annotator to give a certain structure to his/her annotations. There are punctuation marks and arrows to indicate exactly what the handwritten annotation refers to. In some cases, the annotator has arranged the characters of his/her annotation following an elaborate layout. In several handwritten annotations to Wang Xueyuan's book, the size of the characters varies, as if the annotator was giving greater importance to some of them (Figure 14). In two copies of two editions of He Mengyao's *What Sons need to Know from Lezhi Palace*, the text of some marginal annotations follows a specific layout (Figures 15 and 16). All of these formal elements suggest that

[97] However, on the facsimile of the *Xulao lizhuo* 虛勞立卓 (written by Deng Qiuhe, from Bao'an, Guangdong printed in 1850, but not recorded in Guo Aichun's analysis of gazetteers), we can see that while handwritten annotations to this book were almost always in the top margins, one annotation appears in an empty space in the main text, j. 5, p. 62. *Guangzhou dadian*, 2005, vol. 365.

these handwritten annotations were not jotted at random.[98] The analysis of their content corroborates this impression.

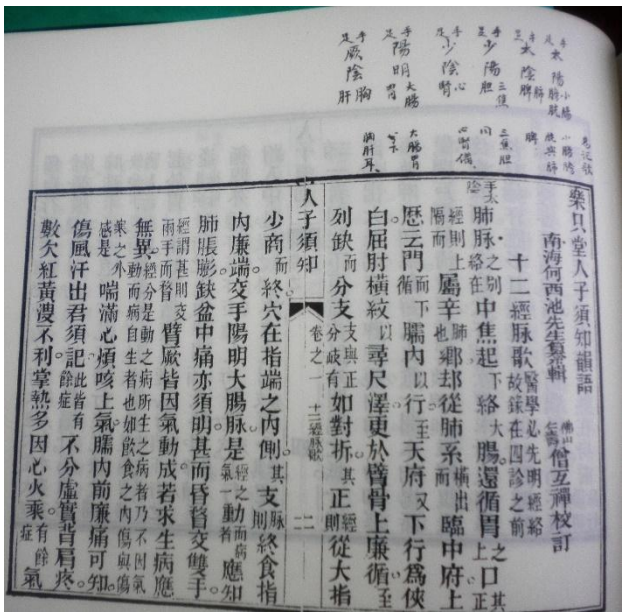

Figure 15. He Mengyao 何夢瑤 and monk Huchan 僧互禅, *What sons need to know from Lezhi Palace* (樂只堂人子須知, 1872), j.1, p.2. Handwritten annotations added to memorize the correspondence between channels and depots/palaces with a special arrangement of the characters.

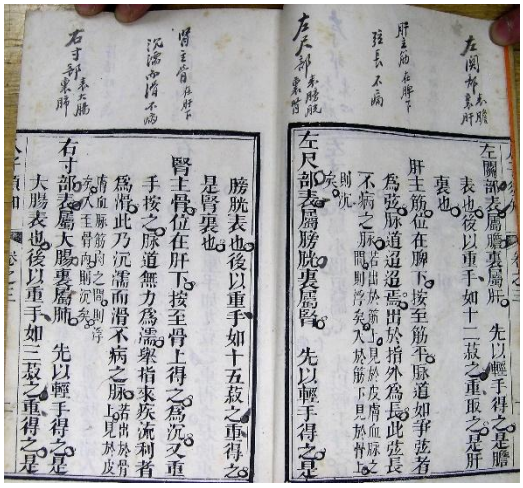

Figure 16. He Mengyao 何夢瑤 and monk Huchan 僧互禅, *What sons need to know from what soons Palace(*樂只堂人子須知, 1885), j.3, p.2. Handwritten annotations that summarize the main text with a special arrangement of the characters.

Handwritten annotations in this corpus, like the printed ones, perform a variety of functions. Some provide linguistic information. In Wang Xueyuan's *Guide for Summer-Heat Diseases*, in many places, annotations indicate the pronunciation and meaning of a character. Thus the annotation for the character *jie* 疰 reads: "' 疰' is pronounced '*jie* 皆'; it develops once every two days; it is the equivalent

[98] The exhibition 'Traditional Chinese Medical Texts on Life, Health and Longevity in the Collection of the National Palace Museum' (Taipei, April 2019) displayed ancient medical texts in the upper margins of which manual annotations had been carefully laid out, especially with punctuation marks in red.

of 'nue' 痎音皆二日一者瘧也". Let us note in passing the very formal style chosen by the annotator for this definition, in terms of layout (with 痎 written bigger than the other characters) and of syntax, with notably the use of the particle *ye* 也 after a character to signify the equivalence of meaning between that character and the character to be defined, which dates back to the first dictionaries.

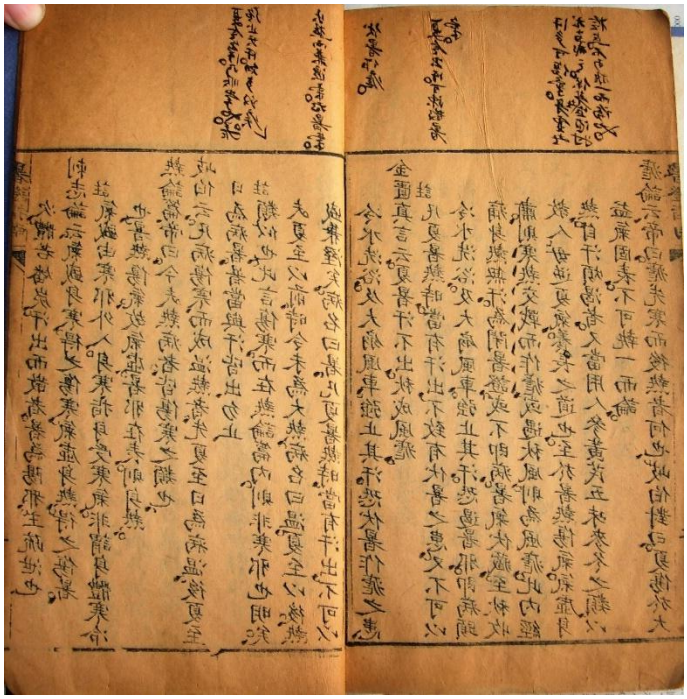

Figure 17. Wang Xueyuan, *Guide for Summer-Heat Diseases* (暑症指南, 1843), p.2. Handwritten annotations summarizing the main text. The second annotation interprets the ancient and universal definition of "summer-heat disease" "caused by the combination of heat and humidity specific of the late summer" to make it fit the southern borders of the empire from where the reader likely writes. The annotation thus reads: "the fire heat combined with the frontiers' fog this is the Summer-heat Qi"

Other manuscript annotations summarize the main points of the body text, like in the handwritten annotations in Wang Xueyuan's *Guide for Summer-Heat Diseases* (Figure 17). The body text consists in several quotations drawn from different chapters of the ancient medical classic *Inner Canon of the Yellow Emperor* (*Huangdi Neijing* 黃帝內經) to explain the concept and the physiology of "summer-heat (disease) *shu* 暑", each followed by a commentary (*zhu* 註). The main text, broadly speaking, emphasizes that one should not stop sweating during the summer by making use of a fan or by refreshing one's body in a fresh water bath, because this would provoke an incubated summer-heat, which, would transform later into the *nue* disease. In the margin, five handwritten annotations summarize the body text; the last one ends by copying a sentence from the main text: "One cannot look at just one thing (不可執一而論).[99]

[99] Wang 1843, p. 2. This type of annotation also appears in He Mengyao's *What Sons Need to Know from Lezhi Palace*. In one copy, above the "twelve channels song", there are handwritten annotations with, at the top, the name of the channel, and below it, the depot or palace linked to it (Figure 15). In another edition, in a chapter on the pulses, a set of handwritten annotations systematically summarizes and rewrites the main text in an abbreviated form. In one passage, the main text reads: "Left pass place. Superficial, it resorts to gall bladder, deep, it resorts to

Some handwritten annotations consist in brief titles, usually made up of characters taken from the body text. An example is the handwritten annotations found in the *Verses to Cure Smallpox* by Guan Luduan (Figure 18) where, in the margin above the main text listing the different names of smallpox (*dou* 痘) according to the configuration of the skin lesions, a reader has manually recopied the names of the different forms of the disease.[100]

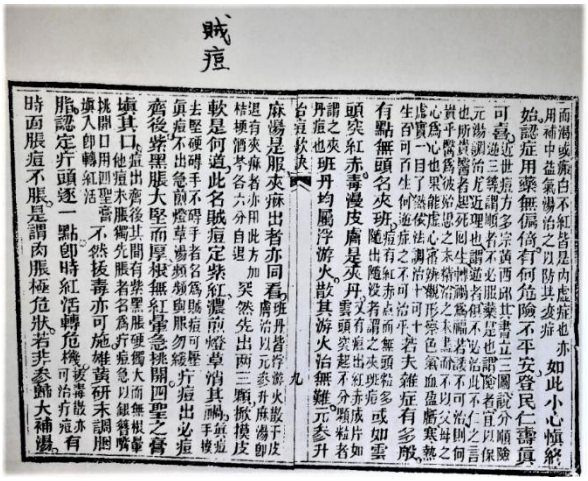

Figure 18. Guan Luduan, *To treat smallpox in verses (*治痘歌訣 1908), 2015 p.813-814. Handwritten annotation that uses two characters from the main text (a name for a form of smallpox) to form a heading and help the reader navigate through the main text.

Some annotations meet the other function to provide additional information, conceptual as well as practical, to the body text. In Wang Xueyuan's *Guide for Summer-Heat Disease*, above a quotation of the *Inner Canon of the Yellow Emperor* mentioning the concepts of *rongqi* 榮氣 (camp Qi) and *Weiqi* 衛氣 (guard Qi), a short-handwritten annotation explains the meaning of these two concepts: "*Rong* (Camp) and *Wei* (*Guard*) mean Blood and Qi. Rong is for Blood, original Yin. Wei is for Qi, original Yang." (榮衛即血氣。榮在血。原陰。衛在氣。原陽) (Figure 14). In some copies of the 1872 and 1885 editions of He Mengyao and Monk Husan's *What Sons Need to Know from Lezhi Palace*, some handwritten annotations supplement the printed text with additional recipes (Figures 19 and 20). [101]

liver. We firstly press lightly and what we obtain is [the pulse of] the gall bladder, in surface. Then we press more deeply like having twelve beans, and what we obtain is [the pulse of] the liver, in depth". Above this, the handwritten annotation summarizes: "Left pass place, surface: gall bladder, depth: liver" (Figure 16). He 1872, j. 1, p. 2. and He 1885, j. 3, pp. 1-3.

[100] Guan 1908, pp. 813-814. Wang 1843, j. 1, p. 16, has this kind of annotation facilitating the navigation through the text.

[101] Wang 1843, p. 2. He Mengyao, 1872, j. 1, p. 32 and 1885, j. 1, pp. 59-63.

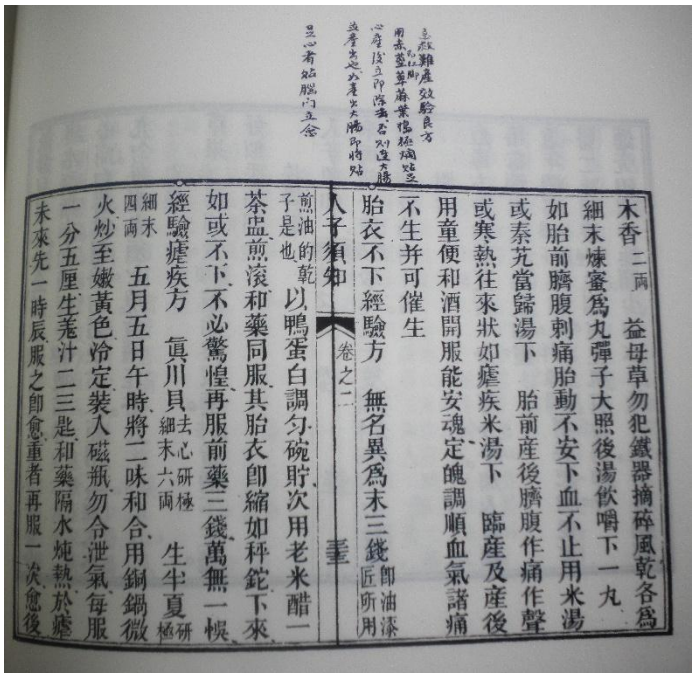

Figure 19. He Mengyao 何夢瑤 and monk Huchan 僧互禪, *What sons need to know from Lezhi Palace (*樂只堂人子須知, 1872, 2015, j.2, p.32). A handwritten annotation that adds a recipe to the main text with a title: "Excellent and tested recipe for saving difficult deliveries in emergency".

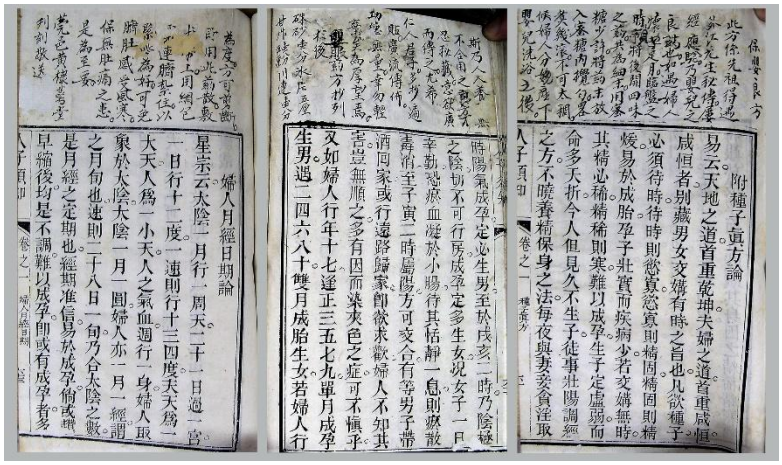

Figure 20. He Mengyao 何夢瑤 and monk Huchan 僧互禪, *What sons need to know from Lezhi Palace* (樂只堂人子須知, 1872, (1885), j.1, p.59-63. Excerpts from the nine-page annotation introduced by a title and ending with a polite formulation and signature.

The content of handwritten annotations as briefly presented so far might suggest that they are traces left by a reader for his/her own use, to pronounce and understand the characters correctly, to reorganize the body of the text more clearly with short titles, to rewrite it in order to memorize it more easily, or to add information from outside in order to better understand the text or to remember his/her own clinical experience. But some handwritten annotations fulfil other functions and clearly address other people than the annotator alone. The two following manuscript annotations in Wang Xueyuan's *Guide for Summer-Heat Disease* emphasizing the author's ideas or recommendations developed in the body text, indeed bring some trouble:

Those who study medicine cannot ignore it.

學醫者不可不知 (Figure 13)

The Powder to increase the original Qi is very good to cure summer-heat disease. We must consider it with great care.

益元散為治中暑聖藥。全不可輕視" (Figure 1).[102]

The very long handwritten annotation to the second edition of He Mengyao's *What Sons Need to Know from Lezhi Palace* clearly confirms that handwritten annotations could be written for other readers than for oneself. This handwritten annotation, running on nine pages, has punctuation, follows a certain layout with line feed, bears a title, and ends with a signature (Figure 20). In this nicely handwritten annotation entitled "Tested formulas for babies' protection", the annotator explains that he/she secretly received very good formulas for newborn children. He/she explains when one should use them, which kinds of plants one needed, how one would manipulate a baby to give him/her pills and how to get the baby rid of mucus. The annotator stresses the universal suitability of his/her formulas and explains his/her intention:

This is an excellent recipe that always fits and I don't want to keep it secret. My intention is to spread it widely. I really hope that benevolent gentlemen will copy and stick it everywhere, so that they spread it widely and render a great service to mankind. My greatest hope is that by good fortune they will not be lightly discarded.

無不合用之良方不忍秘藏。意欲廣而傳之。尤希仁人君子。多抄遍貼。廣流傳佈。功德無量。幸勿輕棄矣為厚望焉.

These annotations in which the annotator displays his/her generosity towards readers by sharing his/her excellent secret recipes with them, ends with a closing formula and a signature: 莞邑黃棣萼堂刊刻敬送 likely "Printing blocks respectfully presented by the Huang Hall of Brotherly Friendship of [Dong]guan Town".[103]

Thus, a reader's annotations were not always written for him/herself and for a private usage of the text. In this particular example, and while the exact meaning of this signature is still unclear, the annotator expected his/her handwritten annotations be spread as widely as possible and maybe by being printed in a new edition of the book. The fact that many printed annotations in the upper margins of Huang Yan's *Essentials of Medicine* precisely consist of additional recipes suggests that, in the reedition process of a medical book, it was common to print in the upper margins some additional recipes, and also those manually copied in the margins by some readers, like the one offered by the Huang Hall of Brotherly Friendship. As

[102] Wang 1843, pp. 5, 4.

[103] He & Huchan [1872] 1885, j.1, p.59-63. This signature, which may well be incomplete, is difficult to understand. It sounds that the annotator is a representative of "Huang Hall of Brotherly Friendship of [Dong]guan Town" which contributed the printing of this book. However, no paratext printed in this copy mentions this establishment. One hypothesis could be that the Huang Hall of Brotherly Friendship contributed to the reprinting of this book and that someone from this establishment added a secret recipe to one of the copies of this second printing, signed it to signify its origin and recall, in passing, the contribution of this establishment in the sharing of knoweldge.

book historians have shown, the practice of transcribing marginal annotations from one copy of a book to another, in literary texts or local gazetteers, or even printing handwritten marginal annotations in new editions, became common under the Qing. In fact, given the proximity of content and function between the printed and handwritten annotations highlighted above in this corpus of medical texts, I make the more general assumption that handwritten annotations were not just jotted down for oneself. Rather, they were valuable materials that the annotator knew or at least hoped could be transformed into printed annotations in the upper margins for a new edition of the book, as this practice had become common in literary texts from late Ming onward. [104] This is certainly why the handwritten annotations in this corpus which are written in a rather elaborate layout are always intimately linked to the body text and are not just randomly thrown notes of a thought in progress. They reveal in fact the readers' capacity to intervene into the lives of medical books, even after they were printed. [105]

Manuscript marginal annotations found in our medical texts give another illustration not only that reading is a creative process, but also that reading practices, while individual, are not independent of collective and inherited reading practices.[106] Readers of medical books shared the reading practices of readers of literary texts; as Chinese book historians have shown, these practices, from late Ming onward, included the production of marginal handwritten annotations that might not only increase the value of a book, but also one day be made public when a book was republished. The comparison of marginal annotations, handwritten and printed, in our corpus of medical books with those found in literary texts brings to light common reading practices. However, in medical books, marginal annotations never comment upon the beauty of the main text or upon the various interpretations of it even when they accompany a text whose objective is to reveal the true meaning of the texts of the past and therefore includes philological questions. Handwritten or printed annotations found in these often practical books, intend to facilitate deciphering, understanding, and memorization of the main text, and to help the reader navigating through the book. But annotations also aim to contribute knowledge other than that contained in the main text, as evidenced by the large number of printed and handwritten marginal annotations intended to add practical information such as new recipes, personally composed or personally tested. While the printing of a medical manuscript provided the opportunity for those who helped to publicize it to incorporate allographic pieces of text,

[104] Wei 2019, Chia 2002, p. 11. Dennis 2011, p. 117 show that handwritten annotations in literary texts were so valued that they could be copied manually from one copy to another by students, scholars, and booksellers. They also give evidence that a publisher could also transform them into printed annotations in the upper margins with the original text when a book was republished.

[105] Indeed, a comparison between several editions of a book shows that if the marginal annotations printed in one edition are systematically copied in the following editions, new printed annotations may appear in the upper margins of these new editions. See for instance the 1767 and 1857 editions of Liu Yan's *Compilation of medicine* or the 1864, 1889, and 1915 editions of Qiu Xi's *Brief Presentation of Smallpox Inoculation* (in this last book, annotations are included in the body text and not in the upper margins).

[106] Chartier 1992.

the reprinting of books possibly integrating readers' handwritten annotations made it possible to continuously update and enrich medical knowledge and practices. [107]

Conclusion

This article has sought to trace and understand the material and social life of the medical writings produced in the southern fringes of the Qing empire. Evidence shows that the printing of a text, even in the early twentieth century far south, was a long and costly process which required the symbolic and financial support of local elite members though preface writing, fundraising, or manuscript examination and correction. This, coupled with the remoteness of the printing centers, contributes to explain why most of the medical writings remained manuscripts, highly vulnerable to destruction, but also why elite writings enjoyed a better fate. Geographical and social remoteness, here as probably everywhere in the world, played a crucial role in the unequal preservation of writings along history.

A close examination of the surviving books with particular attention to their different parts, i.e., a main text and its peritextual elements distributed in different textual spaces, makes it possible to restore, in part, the life of these texts. It allows us, among other things, to corroborate what Suyoung Son has shown in the field of late imperial Chinese literature. The printing of medical texts was a dynamic process, at the end of which, the original and authorial texts included material added by others, mostly, in the upper margins. I have found no evidence to document how these additions were made. Were several corrections made to the blocks to include these pieces of allographic text once the printer had received them? Did the printer produce small blocks to add the allographic comments received? Or was the book circulated in manuscript form, which the preface writers, the donors and the editors corrected, annotated, and returned to the printer who incorporated all these additions once? Whatever the process, the manuscript, once printed, was not the product of a single author's voice, but often the embodiment of a polyphony by the author, the preface writers, the donors, the proofreaders, and the printer, whose voices were usually transcribed in the upper margins, and more rarely, in interlinear spaces among punctuation marks.

Printing a text did not fix it once and for all. As Dennis has stated for gazetteers, medical books too "were living and cumulative documents".[108] In the process of later editions, publishers could intervene again in books. In addition to the practice of supplementing books with new texts written by other authors, usually displayed at the beginning or end of books, they might print some of the readers' handwritten annotations if they considered them relevant.[109] While the printing process

[107] Leong's analysis of copies and successive editions of Thomas Brugis' *Vade mecum* (1651), a surgical manual, shows how, in pre-modern England too, the text, for an author, an editor and a reader, is not static, but open to additions and updates.

[108] Dennis 2015, pp. 121-122

[109] The request by Zhao Jinsheng 趙金聲, active in Yunnan around 1876, to the magistrate Liu Kuanzhang 劉寬章 to incorporate Zhao father's experiences with *zhang* 瘴 disease in Wu Youxing 吳有性's *Treatise about epidemics*

challenges the notion of author and that of an original edition, the circulation of books also challenges the notion of readers as mere passive recipient. On the contrary, they contributed to the continuous evolution and reshaping of texts and the knowledge they conveyed. The use of the different spaces on a page to arrange the added allographic elements nevertheless allows a chronological reading of the shaping of a book and thus makes it possible to reconstruct, in part, its life story.

I would like to end by expressing a hope for the future. As I recalled in the beginning of this article, the biographical genre is inherently impure, relying as it does on evidence and hypotheses and I have to admit that this attempt to write a biography of medical book in the southern borders of the empire, although elaborated on the basis of strong evidence, encounters many unknowns, due to the absence of personal and publisher's archives. Nevertheless, the books themselves contain many clues and one can hope one day that the digitalization of books, not only the important, the old, the rare, but also the ordinary, will help the historian to access the manuscript, all the extant copies or editions of a same text. Digitalization seems an urgent requirement, not only to protect from oblivion those books that have survived in very few editions, such as those produced in the geographical margins of the Qing that I have studied here, but also to provide the historian with the means to carry out, and for other parts of China, a material and social history of the medical book that includes what some have called a 'genetic criticism' of the texts.[110]

(*Wenyilun* 瘟疫論) testifies to the idea that a medical text was considered open to regular updates. *Longling Xianzhi* 龍陵縣志, 1917, 14, *Yiwenzhi zhaoyu* 藝文志詔諭.

[110] De Biasi 2000. In the case of pre-modern Chinese medical texts, this criticism will have to study not only the different stages between the manuscripts and the first printed version of a book but also the different forms that a book takes from the moment it is circulated, annotated, reprinted and even republished.

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Appendix 1. Medical texts written during the Qing dynasty in the southernmost part of China preserved in Chinese libraries, according to Xue Qinglu's catalogue (1991) and the Taiwanese libraries online catalogues and presented chronologically. (d.u., p.u., l.u.= **d**ate, **p**ublisher, **l**ocalization **u**nknown)

Author, approximate dates, place of origin, titles, and functions	Book title/date of composition	Editions The editions used are in bold
Ye Guangzuo 葉廣祚 (active in 1711) Native of Xinxing 新興, Guangdong *Gong* 貢, candidate recommended by local government.	*Cai'ai bianyi* 采艾編翼 1711 *Assistant book of selected moxas*	**1805 重印本六藝堂** reproduced in 1985 by the 中醫古籍出版社
Liu Yuan 劉淵 (active in 1739) Native of Changning 長寧, Guangdong. Military bachelor *wusheng* 武生.	*Yixue zuanyao* 醫學纂要 *Compilation of medicine* 1739	1739 翰宝楼刻本(Sibao, Fujian) **1766 正祖文雅藏本 鐫** **1857 岭南惠陽福文堂刻本** (Guangdong) **1873 佛山金玉楼藏板 (Foshan, Guangdong)** 清刻本(d.u.., p.u., l.u.)
Liu Yuan 劉淵, *cf.* above.	*Yixue zuanyao tangfang huofa*[111] 醫學纂要湯方活法 *Compilation of medicine, with flexible formulas* 1739	1739 太和堂刻本 (Hangzhou, Zhejiang)
He Mengyao 何夢瑤 (1693-1764) Native of Nanhai 南海, Guangdong. *Jinshi* 進士 presented scholar in 1730, official (Guangxi, Liaoning, Guangdong), mathematician, poet, and physician.	*Yibian* 醫碥 *Stepping-stone for medicine* 1751	1751 刻本(p.u., l.u..) **清同文堂** (d.u..) (Beijing) 1757 樂只堂醫書彙 (Nanhai, Guangdong) 光緒刻本 (p.u., l.u.) 1918 兩廣書局鉛印 (Guangzhou, Guangdong) 1922 上海千頃堂書局石印 (Shanghai) **1994 人民衛生出版社(Beijing)**
He Mengyao 何夢瑤(*cf.* above) and monk Huchan 互禅僧 Guangdong.	*Lezhitang ren zi xuxhi* 樂只堂人子須知 *What sons need to know from the Lezhi Hall* 1872 Posthumous	**1872 百爽軒刻本 (l.u..)** **1885 佛山華文局刻本** (Foshan, Guangdong)
He Mengyao 何夢瑤, (*cf.* above).	*Sanke jiyao*[112] 三科輯要 *Compilation on three disciplines* 1895	1894 刻本(p.u., l.u.) **1895 廣州拾芥園刻本** (Guangzhou, Guangdong)
He Mengyao 何夢瑤 (*cf.* above) and Liu Xiangfu 劉相輔, native of Qiyang 祁钖, Hunan.	*Douzhen jiyao* 痘疹輯要 *Compilation on smallpox* 1775	**1775 桂東黃体端刻本**(Guidong, Hunan)

[111] This book is in the Morrison Collection of Chinese Books.
[112] An earlier edition of this book (1757) is in the Morrison Collection of Chinese Books.

He Mengyao 何夢瑤, (*cf.* above).	*Yifang quanshu* 醫方全書 *Complete book of formulas* 1751 (?)	**1918 廣州兩廣圖書局** (Guangzhou, Guangdong)
He Mengyao 何夢瑤, (*cf.* above).	*Shanghanlun jinyan* 傷寒論近言 *Recent/close words on the Cold Damage Treatise* 1757	**1759 樂只堂刻本(reproduced in 2015 in *Guangzhou dadian*)** 1795 樂只堂醫書彙
Li Xishun 李希舜 (ca. 1723) Native of Yiliang 宜良, Yunnan. *Juren* 舉人 provincial graduate in 1723. Official in Xundian 尋甸, Zhaotong 昭通(Yunnan), then magistrate at Xinghua 興華 (Jiangnan).	*Jingyan liangfang* 經驗良方 *Good and tested formulas* 1753	1753 敬修齋 (Hunan ?) Not found yet
Guo Zhi 郭治 (ca. 1736-1796) Native of Nanhai 南海, Guangdong. *Fu gongsheng* 附貢生 district graduate who has purchased the right to take the provincial examination. Only known as a doctor.	*Mairu* 脉如 *About pulse* 1753	**1827 刻本(p.u., l.u..)** 1981 古籍出版社(Shanghai)
Guo Zhi 郭治 (ca. 1736-1796), (*cf.* above).	*Shanghan lun* 伤寒論 *Cold damage treatise* 1827	**1827 刻本(p.u., l.u..)**
Huang Yuanji 黃元基 (ca. 1700-1778) Native from Henan. *Juren* 舉人 provincial graduate in 1733. He comes as an official in Guangdong and Guangxi.	*Jingyun zhai ji yan fang* 靜耘斋集驗方 *Tested formulas from the Jingyun Studio* 1763	**1799 *刻本*** *(p.u., l.u..)* 清 *刻本(d.u.., p.u., l.u..)* ***抄本(incomplete manuscript)***
Yu Tingju 俞廷舉 (active in 1780) Native of Quanzhou 全州, Guangxi. *Juren* 舉人 provincial graduate in 1768, magistrate at Yingshan 营山, Sichuan.	*Jintai yihua* 金台醫話 *Medical Anecdotes from Jintai* 1783	1784 叶楚樵抄本(manuscript, l.u..) **1797 刻本*(p.u., l.u..)*** 清嘉慶抄本(manuscript 1796-1821) **1991 中國歷代名醫醫話大觀上冊 山西科學技術出版**
Huang Yan 黃巖(active in 1800) Native of Jiaying 嘉應, Guangdong. Only known as a doctor.	*Yixue jingyao* 醫學精要 *Essentials of medicine* 1800	1800 刻 *本(p.u., l.u..)* *清道光刻本(p.u., l.u.. 1821-1851)* ***1867 聚經堂刻本(Guangzhou)***[113] *清刻本(d.u.., p.u., l.u..)* ***1918, 1923, 1934 上海萃英書局石印 (Shanghai)*** *1937* 鴻文書局 (Shanghai)
Huang Yan 黃巖, (*cf.* above).	*Yanke zuanyao* 眼科纂要 *Compilation on eye diseases* 1879	**1879 九經堂*刻本 (l.u..)*** *清刻本(d.u.., p.u., l.u..)* *1914 鉛印本(l.u..)* *1921, 1925 上海千頃堂書局 (Shanghai)*
Qiu Xi 邱熹 (active in 1817) Native of Nanhai 南海, Guangdong.	*Yindou lue* 引痘略	62 reeditions: 1817 刻本*(p.u., l.u..)*

[113] *According to the list of publishing houses of Guangdong given in Morrison Collection of Chinese Books. This edition, which had probably reached Vietnam, has been digitalized and is accessible at:*
https://digital.library.temple.edu/digital/collection/p16002coll24/id/4543) (Vietnam Nom Manuscripts digitalized Project).

	1817 *Summary of smallpox inoculation*	… **1864 經綸堂 (Hangzhou, Zhejiang)** … **1889 滇南嶲署開雕** **1915 重慶中西書局鉛印** **...**
Lu Shunde 路順德 (active in 1823), native of Rongxian 融县, Guangxi. 舉人 *Juren* provincial graduate. Miao Fuzhao 缪福照 (proofreader), from Jiangsu.	*Zhigu xinfang* 治蠱新方 *New recipes for curing poisons* 1823	1823 廣西刻本 (Guangxi) 1824 京都漱潤斎刻本(Beijing) 1846 刻本*(p.u., l.u..)* 道光刻本 *(p.u., l.u..* 1821-1851*)* 清刻本*(d.u.., p.u., l.u..)* **1935 叢書集成成初 商务印書館鉛印本 (Shanghai)**
Yan Erwu 颜尔梧，風甫 (active in 1834) Native of Lianping 連平, Guangdong. Known as a doctor and as having paid to have an official work.	*Yanke yuebian* 眼科約编 *Eye science brief volume* 1834 (author pr.)	1880 刻本 抄本 1929 興寧書店鉛印本 1933 廣州東城同記鉛印本 **1914 新鐫**[114]
Wang Xueyuan 王學淵 (active in 1838) Native of Maoming 茂名, Guangdong. Only known as a doctor.	*Shuzheng zhinan* 暑證指南 *Guide for summer-heat diseases* 1838 (author pr.)	**1843 刻本*(p.u., l.u..)***
Chen Huantang 陳煥堂 (active in 1849) Native of Dongguan 東莞, Guangdong. Only known as a doctor.	*Zhongjing guizhen* 仲景歸真 *Back to the true Zhongjing* 1849	**1849 五云楼刻本**(Guangzhou)[115] **1849 光華堂刻本(l.u.)** 1907 四美堂 (Suzhou?)
Huang Tong 黄統 (1811-1856) Native of Shunde 順德, Guangdong. *Jinshi* 進士 presented scholar Assistant corrector at the Wuyingdian and the National Bureau for the history 國史館武英殿协修, provincial education commissionner in Guizhou *xuezheng* 學政.	*Yifang yijie xinbian* 醫方易解新編 *New volume of easy medicinal recipes* 1851	15 editions 1851 北京會問齋刻本 1854 順德道署刻本 Guangdong 1856 三讓堂刻本 1856 順德羅葉祥刻本 1857 湘潭謙和堂刻本 1864 香山集善堂刻本 1865 瀘州陳泗海堂刻本 1866 京都篆雲齋刻本 1873 浙江溫處道署刻本 **1883 刻本** **...**
Pan Mingxiong 潘明熊 (ca. 1807-1886) Native of Panyu 番禺, Guangdong. *Zhusheng* 諸生 district graduate. Only known as a doctor writing poetry and playing music.	*Pingqin shuwu yilue* 評琴書屋醫略 *Abstract of medicine from the Pingqin Library* 1865	1865 刻本*(p.u., l.u..)* **1868 廣州刻本 (Guangzhou)** 1924 三三醫書杭州三三醫社鉛印本(Hangzhou, Zhejiang)
Pan Mingxiong 潘明熊, (*cf.* above).	*Pingqin shuwu Ye an kuoyao* 評琴書屋葉案括要 *Abstract of Ye'an's [Ye Gui's] medical cases from the Pingqin*	**1873 刻本*(p.u.,l.u..)*** 清刻本*(p.u., l.u..)* 1925 廣州大成新記書局印本 (Guangzhou, Guangdong) 1935 廣州林記書庄石印本 (Guangzhou, Guangdong)

[114] The title of the cover of this edition has been changed to *Yanke buqiu ren* 眼科不求人 but two prefaces dated 1834 and 1835 refer to the original title *Yanke yuebian*. The publisher may thus have changed the title on the book cover, likely for commercial reasons.

[115] *According to the list of publishing houses of Guangdong given in Morrison Collection of Chinese Books*.

	Library 1873	
Mai Naiqiu 麦乃求 (ca. 1819-1876) Native of Xiangshan 香山, Guangdong. *Zhusheng* 諸生 district graduate.	*Shanghan fayan* 伤寒法眼 *True knowledge of cold damage* 1876	**1876 刻本(p.u., l.u..)** 1936 廣州登雲閣刻本 (Guangzhou, Guangdong)
Chen Yi 陳義 (active in 1877) Native of Shunde 順德, Guangdong or Gengshan 耕山, Guangxi. Known as coming from a medical family.	*Yifang buqiuren* 醫方不求人 *A medical vade-mecum* 1877 (author pr.)	**1911 香港: 香港嶺南書局** (Hongkong)
Liang Lianfu 梁廉夫 (1810-1894) Native of Chengxiang 城鄉, Guangxi. *Fugong* 副貢, second-rank tribute student, official in Guangxi and doctor.	*Bu zhi yi biyao* 不知醫必要 1880 *What a person ignorant in medicine should know*	清 1880 刻本(p.u., l.u..) 1881 粵東刻本(l.u..) 1881 刻本(p.u., l.u..) 1890 益元堂刻本(l.u..) 1900 武陵章氏刻本(l.u..) 1915 江山奇氣樓鉛印 (Jiangshan, Zhejiang) 1915 杭州興業書局鉛印 (Hangzhou, Zhejiang) **1936 醫書集成珍本(Shanghai)**
Chen Zhenge 陳珍閣 (active in 1892) Native of Xinhui, 新會 Guangdong. Grandson of Chen Bichen (Wang Qingren's lineage and interested by Western anatomy). In 1886, he stays in a British hospital in Singapore.	*Yigang congshu* 醫綱總樞 *Pivot of medical threads* 1892	1890 刻本 (p.u., l.u..) **1892 醉經樓刻本(Guangzhou)** Qing 刻本(d.u.., p.u., l.u..) 1913 六經堂刻本(l.u..)
Huang Huiran 黃惠然 (active around 1875-1908) Native of Chaozhou 潮州, Guangdong. *zhusheng* 諸生 district graduate.	*Yanke quanji* 眼科全集 *Complete work on eye science* 1935	**1935 藝文印務居鉛印本**
Cheng Kangnan 程康南 (ca. 1821-1908) Native of Gaoming 高明, Guangdong. Known as coming from a medical family.	*Erke miyao* 兒科秘要 *Secrets in pediatrics* 1893	**1893 廣州經堂刻本**(Guangzhou) 1897 廣州永成堂石印本 (Guangzhou) **-抄本 1927(manuscript)**
Sun Xitai 孫言言, woman born in 1872 Native of Jieyang 揭陽, Guangdong, married to Ding Naiqian 丁乃潛, a military, political important man of the late Qing belonging to the modernization movement.	*Zhouxing lou yi'an* 晝星樓醫案 *Medical Cases from the Day Star Pavilion* 1902	**1902, 上海震東學社石印本**
Guan Luduan 關履端 Native of Shunyi 順邑 (Shunde ?), Guangdong. He would have corrected and commented his grandfather's book.	*Zhi dou gejue* 治痘歌訣 *Curing smallpox in verses* 1908	**1908 關自省堂履端氏梓行** Reproduced in Guangzhou dadian 2015
Huang Chihua 黃熾華 (active in 1909) Native of Huaxian 花縣, Guangdong. *Yixue chuyan* Gone to Beijing in 1898 to take the examinations.	醫學芻言 *Simple words on medicine* 1909	**1909 金鑒石印本(l.u..)**
Huang Huishi 黃暉史 (active in 1909) Native of Dabu 大埔, Guangdong.	*Yixue xunyuan* 醫學尋源 *Origins of medicine* 1909	**1909 天生館家藏本(l.u..)**
Lin Jielie, 林介烈 and Lin Kun 林坤 (Jielie's descendant). Native of Jieyang 揭陽, Guangdong. Lin Jielie is known as a doctor living under Qianlong	*Mazhen quanshu* 麻疹全書 *Complete book on measles*	**1935 汕頭育新書社 (Shantou, Guangdong)**

reign.	1925	
Huang Puzhi 黃樸之 (active in 1930) Native of Guangdong, known as a doctor since 40 years.	*Xiaoyan liangfang* 效驗良方 *Tested and efficient recipes* 1933	**1933 著者鉛印本(l.u..)** **1935 增訂鉛印本(l.u..)**