

NEW SOURCES ON THE HISTORY OF CHINESE MEDICINE:  
ETHICS AND PSYCHOLOGY OF ITINERANT PHYSICIANS  
IN LATE IMPERIAL CHINA

Paul U. Unschuld

Compared with the enormous efforts devoted to research on the history of Western medicine in a number of European countries as well as in the United States, research on the history of medicine and health care in China is a rather neglected subject. In Germany alone we may find institutes or at least chairs specializing in the history of European medicine in at least 30 medical schools, but it is only in Munich that a small team attempts to throw some light on the past of medicine in China. Even in this country where the Wellcome Institute outshines any other European research center, nothing comparable exists that is known to devote long term and systematic research on the history of medicine in China.

It could be argued, I presume, that this is really none of our business. Just as we Europeans focus our research on the history of Western medicine, the Chinese should focus their research on the history of Chinese medicine. Such an argument, though, is only partly valid.

China has quite a large number of medical historians, and the Chinese Medical History Journal offers sufficient evidence of a flourishing field of research. However, the research topics that are of interest to our Chinese colleagues are not necessarily identical with the issues pursued in the West. Medical history in China is quite reminiscent of medical history in Germany and perhaps other countries early in the 19th century when two major currents characterized the field. First to produce a complete register of ancient medical literature, so as to be able to answer questions such as who wrote what text at what time, and second to sift through ancient knowledge and find out what may be useful today. While this type of research is certainly meaningful, it nevertheless pertains more to China's needs than to our own current research interests.

Today, we ask some questions in the West that are simply never asked in China. Hence we may find essays in Chinese journals discussing the date of publication of a specific ancient text, but we do not find any discussion as to how that particular text fits into the socio-political environment of its time. We find annotated collections of texts on medical ethics edited by contemporary Chinese medical historians. But it is highly unlikely that our Chinese colleagues might question the motives behind the publication of ethical statements, or question the application of explicit medical ethics in everyday clinical work.

We find countless attempts to reduce metaphorical terms in the Huang Di Nei jing 黃帝內經 to their actual clinical value, but we do not find a single attempt to trace, from an analysis of figurative language in a medical text, the social and physical context of its author(s). This list could be continued, but I should like to mention one final example.

Extensive knowledge on Chinese medicine has been brought to Europe ever since the 17th century. However, it is only since the 1960s that a substantial number of patients and physicians resort to traditional Chinese medicine in attempts to cure illness and disease. In this context, quite a few people have raised the question why traditional Chinese medicine is not taught in our medical schools. The government of Bavaria, for example, has been pushed by interested parties to exert political pressure on our medical school to teach traditional Chinese medicine. Obviously the politicians exerting this pressure do not know that traditional Chinese medicine is not like a Chinese vase or like a Chinese painting that can be bought in China, and once brought here can be displayed and brought to use in a European home. In contrast, traditional Chinese medicine when brought to Europe undergoes a transformation process the end product of which leaves us with something very different from what Chinese medicine is in China.

The first question to be asked if at all we wished to introduce TCM into the curriculum of our medical schools would be: which Chinese medicine? Is it that abridged version of TCM that is defined as TCM by the administration of the PRC. This officially sanctioned TCM of today is a small structure carved out of a vast and heterogeneous historical reality. It is an artificial structure where historical reality has been stripped of all those segments that appear to a contemporary Marxist mind unscientific, that appear metaphysical, religious, or superstitious, that appear contradictory, and that appear outdated or simply wrong in the light of current knowledge, and where a few elements are emphasized to appear to offer an alternative to modern medicine nevertheless. Why, we should ask, should we teach a version of Chinese medicine that is a product of the interests of today's Chinese administration rather than of Chinese tradition?

There are, of course, numerous alternatives in the European reception of TCM, ranging from fundamentalism to scientism. Fundamentalists of TCM accept, like religious or political fundamentalists, only the word of the founder(s) of their respective field as truth, while scientism in TCM demands a refusal of any traditional theoretical *Überbau* and an acceptance of established practices only, the rationale of which is to be established on the basis of modern science.

The point I wish to make is that our Chinese colleagues cannot provide us with answers to the questions to be raised in this context; we ourselves do have to study the history of Chinese medicine to find out for ourselves where TCM differs from Western medicine and where not. While the Chinese' side has an interest in selling its TCM to the world on the basis of a more or less traditional ideology, we must do research to find out whether the traditional concepts of *yinyang* and five phases played any significant role in Chinese medicine-as we are told they did or whether the application of needling and drugs can be separated from their traditional theories without losing their effects because these theories more often than not represented mere ideological decoration anyway-as, historical evidence suggests.

To conduct such research, though, is not an easy task. Libraries in China, Japan and other countries hold about 16.000 texts published prior to the 20th century that could be termed traditional Chinese medical literature. Not even a handful of these texts have been translated into Western languages along the same philological standards that we tend to apply to the translation and editing of ancient Euro-

pean texts. With every new text we open, our idea changes of what traditional Chinese medicine was like.

A few years ago I came across a text by a Chinese scholar-physician named Xu Da-chun 徐大椿, the *Yi1 xue2 yuan2 liu2 lun4* 醫學源流論. Even though Xu Dachun is well known among Chinese specialists, he would not be someone to be selected by our Chinese colleagues if we asked them to put together a list of the most interesting writers of the second millennium. From our perspective, however, he should be regarded as one of the most interesting writers of the second millennium. He is one of the very few authors we know who reflected on Chinese medicine from a Chinese perspective, and his work lends itself to a comparison with his European contemporary Morgagni. Xu Dachun's wit, satire, and humor make him a most fascinating intellectual and a most valuable source on the reality of Chinese medicine at his time. We need to find more such eyewitnesses to arrive at an ever more comprehensive and exact view of Chinese medicine.

The problem with the 16,000 texts is that apart from a lucky find such as Xu Dachun's account—we cannot be sure whether ever we will be able to read more out of them than statements on what should be.

As I indicated a minute ago, traditional Chinese medical literature is not reflective. This is a major difference in comparison with European medical literature of all ages. In European medical literature, beginning with Greek antiquity, we find a documentation of reflections, or arguments leading to a conclusion. In the literature of traditional Chinese medicine we find the conclusions only. Chinese authors of premodern medical literature did not leave their readers with the didactic illusion that they partake in the search for truth. The reader is not given access to the thoughts leading to a conclusion; the reader is confronted with a solution.

As European researchers, then, all we are able to get out of these texts is what was considered meaningful by a specific author at a specific time. Such data alone are, of course, most valuable research material, and they allow us to study the cognitive dynamics of Chinese medicine in comparison with changes in the socio-economic, socio-cultural, and socio-political environment of the respective authors, equally important, in comparison with the developments in Europe. In fact, it is only through such cross-cultural comparisons that a theory of cognitive dynamics in medicine can be proposed.

What we do not learn from these texts is how a particular author arrived at his views, who else believed in his views, or how many practitioners followed his views in their daily routine.

Hence while it is a most important task to produce philologically serious translations and analyses of as many ancient Chinese medical texts as possible, we should also attempt to uncover and open as many alternative sources on the history of Chinese medicine as one could think of.

One such approach has led several Western historians of Chinese medicine to study novels for their data on Chinese medicine, and Christopher Cullen's essay on the *Jin1 ping2 mei2* 金瓶梅 } is a most informative result of such research. It is to be hoped that more such good studies will yield more such good results.

In addition to my own emphasis on textual research, I, too, have begun, for several years now, to look at other data; I have focused on documents from the everyday reality of traditional Chinese medicine. These are, for instance, the prayer papers in the back of wooden figurines representing Chinese medicine gods. They provide us with a better picture of the close connections between so-called folk medicine and scholarly medicine than does the published literature.

Other examples of alternative, non-literary sources on Chinese medical history are the labels pasted on containers of pre-modern Chinese patent medicines or the wood block prints of premodern drug advertisements. They tell us a story on so-called holism or so-called patient-oriented therapy that is very different from what is written in traditional Chinese pharmaceutical or prescription literature.

Still other examples are hands itten notebooks by practitioners never intended for publication. They, too, tell us a story that is different from the proclamations found in the published literature.

A case in point is a small phrase book of an itinerant physician that I found on a Chinese market two years ago. It is a booklet which together with some additional evidence offers insights into a reality of patient-physician relationships in china that cannot be gained from any published text. One additional problem confronting the historian of Chinese medicine should be mentioned in this context, that is the paucity of non-medical sources reflecting on medicine.

In Europe ever since Pliny a vast amount of sources is available offering reflections on medicine and medical practice by non- medical observers. Very few such documents can be found in two thousand years of Chinese non-medical literature. Medicine was simply never regarded important enough a social phenomenon as to justify lengthy discourses among historians or philosophers. For the same reason, Chinese medicine rarely appears as a subje~~t~~ in Chinese art. Every historian of Western medicine can edit his or her "Medicine and Art" book without having to repeat what numerous predecessors have published under similar titles already. The number of illustrations found in all kinds of medical and non- medical sources on therapeutics in previous centuries appears almost inexhaustible. In China this is not the case. Hence two important types of sources that are readily available to the historian of Western medicine are simply absent from the history of medicine in China.

Since there is hardly any description of patient-physician relationships in pre-modern Chinese non-medical non-fiction literature, and because almost no Chinese artist of the Imperial age felt stimulated to depict the reality, for instance, of a treatment episode, documents such as this small phrase book are of great value.

This phrase book appears to have been compiled late in the 19th century or early in the 20th century. It contains about 100 phrases that may be interpreted as answers to questions an itinerant physician could expect to be confronted with while treading his beat. The text may have served for a newcomer to the field -to memorize good responses to frequently recurring questions. It is equally possible that it served an experienced itinerant physician whose path led him through regions the language of which he may have been able to understand, but where, nevertheless, he was unable to answer questions adequately in the local idiom.

In oremodern China, itinerant p~~h~~ysicians represented what we

might call the group of professional physicians. Presumably, they bore the main burden in the treatment of the population. However, these were not the authors of the 16,000 or so titles of medical literature, and it is most difficult to analyse and define their knowledge, their ethics, or their clinical practice.

Actually, Chinese medical history begins with a description of a healer who remained the most famous representative of the group of itinerant physicians throughout the imperial age, that is Bian Que 扁鵲 whose biography is given in chapter 109 of the *Shiji* 史記.

Despite such a prominent starting point, itinerant physicians like other itinerant traders remain one of the least understood groups in Chinese traditional society. Two reasons may account for this. First, professional physicians did not fit the image of an ideal healer in Confucian society. Throughout the centuries a notion prevailed that a physician offering his services for remuneration was motivated by greed rather than creed. Hence the general image of itinerant physicians is marked by distrust, and presumably it is only because the type of medical care envisaged by the administration never sufficed to meet the needs of the population that the latter was forced to turn to professional itinerant physicians nevertheless. Members of the elite saw no reason in devoting extensive writings to this group. A single exception to this rule is the *Chuan Ya* 川雅???, where Zhao Xue-min, a member of the literate elite, recorded and published in 1759 the knowledge of an itinerant physician. The manuscript remained unpublished until 1851.

Second, like all other itinerant traders, the itinerant physicians themselves had an interest in concealing their techniques and knowledge. Hence they communicated their secrets among themselves by means of a jargon, which, as its Chinese term *heil hua* 黑話 implies, served to obfuscate rather than elucidate its contents.

Before we take a closer look at the phrase book to see which insights it may offer, it is worthwhile to recall the general strategy of itinerant healers as recounted in a little paperback published in Shanghai in 1991 anonymously under the title *jiangl hu2 nei4 mu4 heil hual kao3* 江湖內幕黑話考 (“A Study of the Internal Jargon of Itinerant Traders”).

Xue Mo (雪漠 “Snow Desert”), as the anonymous author of this study called himself, dealt with the itinerant healers under the heading *pi2 men2* 皮門. *Pit*, lit. “skin,” is the jargon term for “drug sale,” and *men2* is the common term for “field” or “group.” Honorable behavior of an itinerant healer is called *jian1* 尖, lit. “pointed,” in the jargon, while dishonest behavior is called *zing2* 腥, lit. “the smell of fish.” Itinerant physicians specialize in “the smell of fish.” The concrete sequence of steps pursued by itinerant physicians when they enter a village or town to make business is as follows. First it is essential to attract the attention and gain the trust of possible clients. This is achieved by techniques called *yuan2 nian2 zi* 圓貼, lit. “to paste a circle.” The meaning of this phrase may be to form a circle of spectators around oneself. Two methods serve this end. One is called *dian4/3 zhang4 zi* 墊張子, “to drop a flat one.” That is, an itinerant healer carries with him a banner or poster with, for instance, illustrations of the body’s organs. He unrolls this banner at a suitable location and starts to explain the organs and

their functions with a loud voice. After some time an audience has gathered around him and listens to his declamation.

The second method of “pasting a circle” is called *xi4 tou2* 戲頭, a term more difficult to interpret. A literal rendering might be “theatrical head,” perhaps in the sense of offering something spectacular in the beginning. For example, if an itinerant healer chooses to sell pills allegedly produced from the brain of rabbits, he will display heads of rabbits with their skulls opened to attract the attention of passers-by. Nowadays photographs of gruesome symptoms serve to achieve this end.

Once an itinerant healer has gathered an audience around him, he begins to explain illnesses. The jargon term for this step is *luo1 nian2 ken3 tiao2 zi* 捋黏哨條子, lit. “to wipe off the paste and gnaw the twig.” meaning is, to stimulate a potential client to step forward from the audience, and to convince him or her of the necessity of a treatment.”

Once the healer has found such a patient, he will feel his or her pulse, a technique called *nian2 xian4* 黏線, lit. “to paste [oneself] to the string.”

After saying this or that with respect to the illness he has diagnosed, the healer begins to approach his main task, i.e., the sale of drugs. The rhetorical techniques used is called *gui1 bao1 kou3* 歸包□??, lit. to bag.”

Itinerant healers know many psychologically rather effective techniques to stimulate a willingness in their clients to buy their drugs. The jargon term for these techniques is *cui1 ken3* 催哨, lit. “to urge to gnaw.” He may say, for instance, “this drug cures old and recent ailments, chronic and acute diseases. To take this drug guarantees a cure. In case no cure is achieved, come back to me and I shall refund your money and even travel expenditures. Anybody who does not come to me and requests his/her money back is a coward.” Or he may say: “To treat illnesses with these drugs is like pushing the clouds to the side and letting the sun shine again. When these drugs have reached the location of the disease, they will lead to a total cure. The time needed is ten days, or at least six or seven days. You may consider yourself lucky [to have met me].”

The drugs sold by an itinerant physician are medications prepared ready for use. The pharmaceutical preparation of these drugs is called *zuan4 nong4 ken3* 攥弄哨??, lit. “to grasp and treat the bite.” An effective medication contains one effective component on which the effect is based. It is called *di3 ken3* 底哨, lit. “basic bite.” The itinerant physician will prepare two sets of apparently identical pills. One set contains the “basic bite,” the other has no effective component. He will offer pills with the effective component to a patient suffering from cough, and the patient will feel better. Hence he agrees to purchase a larger number of pills. He will receive a mixture of pills with and without “basic bites.” When taking these pills over an extended period of time, he will at times feel better and at times not, without understanding why. If he later meets the same healer again, he will tell him of his experiences, and the healer may inform him that this illness is sometimes more and sometimes less severe, that the drugs was right because it has proven effective several times, and that he/she should be more of these pills because his/hers was

obviously a serious case.

With the jargon term *gui3 cha1tui3* 鬼插腿, “the devil sticks a leg in,” itinerant physicians denote their techniques to press a patient into a quick buy. After having “pasted a circle,” a healer may shout to his audience: “Today I have brought many drugs along, not to earn money but to make myself a name. I will treat only 15 persons, and I shall distribute only 15 numbers. Not more. Hurry up. This medication normally is three dollars; today it is only 1.50 dollar.”

To win the confidence of potential clients who are hesitant to step forward nevertheless, the itinerant physician may take recourse to what may be his most convincing argument, that is, he may swear an oath. This is called *pilei2 zi* 劈雷子, lit. “to split the thunder.” In fact, an oath is like a seal, a breach of which will, in the understanding of the general populace and possibly also in the understanding of the healer, have most unpleasant consequences for the swearer’s future fate. To escape these consequences, that is, to “split the thunder” , and to take an oath on the good effects of their drugs nevertheless, itinerant physicians may resort to at least two techniques. One is to take an absurd oath, by calling for a punishment which, in fact, is no punishment. For example, ‘... then I shall be boiled by cold water, or stabbed by the wig of a lamp, or struck by a cushion.” the audience hears “boiled,” “stabbed” or “struck” and gains confidence.

A second technique to split the thunder and have it come down not on one’s head but pass to the left and to the right, is to make a statement the written form of which has a very different meaning from what an audience believes to have heard. For example, an itinerant physician may end his oath by asserting that if his drugs are a cheat, “... I shall have myself thrown on a mountain outside [of the town], and my corpse will not be brought back home.”

A promise not to have oneself interred in case of death but to be thrown into the wilderness where a corpse is most likely devoured by dogs or wild animals, is very convincing because such a treatment is one of the most dreadful punishments a person could think of. If, however, a disappointed patient confronted a healer later on with such an oath, the healer could write down his statement and the surprised client would read *jiao4 wo3 paol shan1 zai4 wai4, shi3 wo3 bu4 hui2 jial* 叫我拋山在外, 屎不回家, “let me through a heap outside; my excrements will not return home.” *Pao1 shan1*, “to throw a heap” is a vulgar term for defecation, and *shi3*, “excrements,” is pronounced identically with *shil* 屍, “corpse,” if we disregard the tone.

Another technique to escape accusations by disappointed clients is called *la1hou4 mend* 拉後門, lit. “to pull the back door.” After an itinerant physician has praised the effects of his medications and once the patient has paid his fee, the healer will quickly add a few words. He may say, for instance, when seeing the patient off: “If your condition does not improve, this is not my fault. If you are not healed, this is not because of your illness and my drugs, it is because of your fate. I cannot do anything about it.” Or, “if your illness is not cured, the reason is that it must not be cured.” Or he may say: “If my drugs don’t work do not waste your money on them any longer and go elsewhere.” Finally, when confronted by an unsatisfied patient later on, he may tell him: “I gave you a discount, and you cannot expect to receive a complete cure at such a low price.”

With these techniques described by Xue Mo. “Sand desert.” in

mind, the contents of the recently discovered phrase book become understandable.

To give you a short physical description of the booklet: It has a hard cover with a faded calligraphy:

醫龍入海千曾浪 *yī long2 ru4 hai3 qian1 ceng2 lang4*  
 治虎歸山葛陳風 *zhi4 hu3 guī shan1 ge3 chen2 feng1*

The healed dragon enters the sea, causing the waves to rise in a thousand layers.

The treated tiger returns to the mountains, causing the winds to surge in ten thousand formations.

Obviously, with this two liner, the user of this phrase book was identified as having the skills of Sun Si-miao 孫思繆, one of the most famous physicians of ancient China who rose to the Chinese pantheon in the during the Ming dynasty and has been revered as medicine god ever since. His characteristic iconography shows him with the “healed dragon” to his left, and with the “treated tiger” to his right. Sun Simiao symbolizes better than any other figure in the history of Chinese medicine the close relationships between the realms of learned medicine and folk medicine.

As I pointed out a few minutes ago, the one hundred or so statements in the phrase book appear to have been answers to questions raised by patients or by the audience in general; some are obviously remarks called for by situations that requested a reaction on the side of the itinerant physician. Hence in my translated edition of the full text, I have added what I believe may have been frequently encountered questions for which these answers were written.

From several statements we learn that the phrase book was written by or for an itinerant physician. Examples are statements such as:

[Patient: “Will the illness return later on?” ]

Healer: “You understand what I say: there is no need for a second treatment. All along the way I have come, when an illness was removed by taking my drugs, never did it return again.”

Or:

[Patient: “I do not believe you. You may not be guided by humane-ness!” ]

Healer: “I too do not believe you, Sir! Humaneness! If it were not my purpose to cure [illnesses], why should I have come!”

Or, in a sarcastic response:

[Patient: “All right. You give me your drugs, and I will pay you in a month when they have shown their effects” ]

Healer: “First you give me the money, and I will give you the drugs in a month, all right? Being far away fro me have no guarantees.”

Other statements demonstrate that he brought his medications along. An example is the following dialogue:

Healer: "I see you think about having an illness treated. But you find it difficult to march forward or to retreat. You do not have enough money. You also think about not having your illness treated. This way it can hardly be cured. Also, your illness may become more serious."

[Patient: "I do have enough money" ]

Healer: "All right, I will lower the price of my drugs by one half. Once I have cured your illness, you check your conscience."

[Patient: "How can you lower your price by one half?" ]

Healer: "I am out for reputation. I am not out for profit. I am not known for acquiring riches. There are two possibilities: If [you want] a treatment, I have brought drugs along with me. If you believe [me, I] will treat you. If you pity your money, there will be no treatment."

Or, as a final example, an angry response:

Healer: "You say [my] drugs are no good? You have not taken [my] drugs? How do you know they are no good? Whose drugs are good? Certainly your local drugs are not good!"

Doubts expressed by bystanders, or active interference with the attempts of the healer to negotiate with a patient, appear in the following statements:

Healer: "Mister, tell him to get a treatment!" Or: "Mister, you and I, we do not know each other. This person [thinks of] getting his illness treated; he is not up to gambling for money! When he takes drugs [he does] not have to worry. You must not hold him back! If someone wants a treatment, he gets a treatment. If his illness turns to the worse, he will say you are bad."

The contents of the phrase book are not structured in any obvious way. However, we easily recognize five major topics that appear to have dominated the communication between an itinerant physician and his clientele. These topics include, first, statements on diagnosis and on the severity of illnesses. Second, justification of prices and hints at possible discounts. Third, explanation on illnesses and on their causes. Fourth, responses to direct questions raised by patients or by the audience in general, and, fifth, statements with regard to the application of medications sold by the itinerant physician, and to their prices. A large number of statements appears to be responses designed to counter allegations of exorbitant prices. One line of argumentation aims at minimizing the value of money in comparison with the value of health:

Healer: "Talking about drug prices, they are, indeed, not low. But they are able to cure [your] illness. Money and wealth are as light as the feathers of swans; one's life is as heavy as Mount Tai!"

Healer: “You are wealthy because you are alive. It is not so that you are alive because you are wealthy. Only as long as you live you can have wealth!”

We have seen one example already, where a response was directed at what may have been a suggestion to take drugs first, and to pay only after they showed their effects. Elsewhere in the script we find a rather concise statement that may have been formulated to counter a similarly unacceptable request on the side of a potential client:

[Patient: “You treat me, and I shall pay you.” ]

Healer: “If you do not give me the money, shall I go to court with [you]? Since ancient times [it has always been such:] first the money, then the drugs!”

Many statements reveal a remarkable expertise in patient psychology. Obviously they are aimed at increasing the willingness of potential clients to consent to a treatment, and hence to pay for medication, by generating fear.

In several instances, patients are warned to wait any longer since their illnesses may worsen to a stage where they are no longer curable.

Healer: “If this illness becomes more serious, it will kill you.”

Healer: “A minor illness most not be neglected. If you are not cautious, it will develop into a serious illness beyond imagination.”

Healer: “If you are not treated now, and if you wait until your illness has become serious, it will be too late to regret.”

Not infrequently, the healer appeals to the pride or honor of his potential customers:

Healer: “Don’t give it too many doubts! When I look at you, you are an intelligent man. Why should you regret your money? Brave man, you have stepped forward already, you must not retreat again! It’s settled then.”

Healer: “A knowledgeable man will rather feed a tiger than an illness!”

Healer: “You are an educated man. How comes you don’t know this?”

Healer: “How shabby! Mister, you must not give less money! You are not like the other people!”

A large part of the script consists of statements offering a diagnosis, explaining illnesses, or offering a rationale for an application of drugs. They are written in long lists enabling the healer to point to whatever entry he believed to be appropriate: “Blood cold. Blood coolness. The illness abounds. The qi is feeble. The blood is diminished. The original qi is insufficient. The yin qi abounds. Fire in the upper region; depletion in the lower region. Clear qi cannot rise.

The yang qi does not overcome the yin qi. The blood has no firm basis; the blood conduits are not harmonized. Blood, qi, and poison fire have gathered together; they have formed a tangible entity.”

These and various further statements allude to the basic notions of the medicine of systematic correspondence. They refer to the yinyang as well as to the five phases doctrine; they mention evil qi and proper qi, repletion and depletion, and in one statement even the Huang Di Nei Jing is quoted. The statements name excessive emotions as causes of illness, and also cold and heat, as well as lack of hygiene—a hint, among others, that this booklet was compiled after the introduction of Western notions of illness causation to China. In fact, several statements refer explicitly to “Western drugs.” An example is the following “dialogue.”

[Patient: “Your drugs are false!” ]

Healer: “What you say makes me laugh! How do you know! The ancients said: [Drugs are nothing but herbal roots and tree bark. Of drugs one cannot say they are true or false. Western drugs are nothing but drugs prepared from air. What does that mean, true or false? All that counts is that they hit the illness!”

The effects of drugs are explained, similar to the rationale given in the published literature, in metaphors of military strategy: “To use drugs is [like] using soldiers. In some [situations one guards, in others one advances, in still others one retreats. [This way one] can grasp victory.”

Occasionally, a statement reveals a knowledge, the empirical justification of which is given also in the light of today: “Do not worry if [the blood is thrown up as a big clot; but be worried it comes as a fine thread.”

To conclude. Obviously, this phrase book differs from the contents of the Chuan Ya, the only other reliable source on the knowledge and clinical work of itinerant physicians known so far. While the *Chum ya* does not contain any references to the medicine of the learned strata of Chinese society, the text examined here shows its compiler or user as firmly rooted in the concepts of the elite medicine. While these concepts are known from the published literature, this phrase book offers a wider view into the reality of their application in patient-physician relationships.

