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Chinese Biographies of Experts in Medicine: What Uses Can We Make of Them?

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Abstract After a long eclipse in the European academic world that favored other forms of narrative and other sources, biographies have resurfaced in historical research over the last three decades. Renewed interest in biographies for research in the humanities in general has, in turn, launched a reevaluation among historians, sociologists, and demographists of biography and the biographical method. Benefiting from this reflection that mainly focuses on the European biographical tradition, this paper analyzes biographical enterprise within the Chinese tradition by relying on a broad collection of official biographies of people who were locally renowned for their skills in medicine during the Qing dynasty (1644–1911). By using an approach that combines a quantitative and qualitative analysis of a series of 422 biographies briefly described in this paper, it first sheds light on the features and function of these narratives. Then, it demonstrates how, in spite of their limitations, biases, and heterogeneity, these biographies of medical experts can provide crucial material for reconstructing the medical landscape at a specific time and place without limiting it to the handful of men whose writings have survived.

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1 Introduction

In the last three decades, biographies have regained their value among historians. After a long eclipse in the academic world that favored other forms of narrative and other sources, biographies have resurfaced in historical research. On the one hand, from the 1980s, some professional historians began to devote a part of their research to writing historical biographies, a genre hitherto mainly reserved to non specialized historians; on the other hand, biographies have come to be considered as relevant material for historical research. The renewal of interest in biographies for research in the humanities, in general, has, in turn, launched a deeper reflection among historians, sociologists, and demographists on biography and the biographical method. This reflection was mainly concerned with biographies written in the Western tradition (Peneff 1990; Passeron 1989; Bourdieu 1994; Dosse 2005).[1]

Yet, Chinese history teems with biographical material and particularly that collected in official historical records. Indeed, in Chinese history, there is a long tradition of recording something that we usually translate as biographies—*liezhuan* 列传—of people who, in their time and place, were renowned enough to be remembered in the official dynastical histories. The practice of recording biographies in the most official and central historical records is also attested to in other official but less central accounts, the local gazetteers, *fangzhi* 方志. It is well known among sinologists that this material was intended to regularly compile information about the history, geography, institutions, culture, and famous people of each administrative unit of the empire, namely from the province to the smallest county of a subprefecture (Will 1992).

This paper reflects on the genre of biography within the Chinese tradition from the perspective of biographies of people who, during the Qing dynasty (1644–1911), were renowned for their skills in medicine, in the three provinces of the far south of China: Yunnan, Guangxi, and Guangdong. It thus focuses on collections of biographies of medical experts included in a sample of one hundred gazetteers of these three provinces.[2]

Before giving an insight into the uses we can make of these biographies for historical research in medicine, I shall present two examples of such biographies. They will provide good starting points to bring to light some of the features of this type of material and to reflect, in a more general way, on the Chinese enterprise of writing biographies and about what it meant.

[1] Note that the term "biography," once disregarded by historians, became, at the same time, more widely used in historical research and for a wider scope than the human experience. See, for instance, "The cultural biographies of things" (Kopytoff 1988), *Biographies of Scientific Objects* (Daston 2000) or *Biographies of books* (Barboun and Quir 1996).

[2] For translating the expressions *tong yishu* 通医述, *jing qihuang* 精岐黄, *shan yixue* 善医学, and the like, to be found in these biographies, I prefer using the terms "medical expert" or "expert in medicine" rather than "physician." They reflect better the different social realities lying behind these Chinese expressions, as we shall see later.

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2 Two Examples of Biography of Medical Experts in Local Gazetteers: the Biographies of Cheng Shichao and Deng Bin

The biographies of Cheng Shichao 程士超 (1804–1888) and Deng Bin 鄧彬 (Qing, dates unknown) are two examples of what a biography recorded in a local gazetteer under the heading "*yishu* 艺术 (arts and techniques)" can be. Cheng Shichao and Deng Bin were both famous enough in their subprefecture or district, in the Guangxi and Yunnan provinces, to have their names and their lives recorded in a local gazetteer. A first glance at the length of these two biographies immediately shows that we face two very contrasting types of document (see Figs. 1 and 2 for Chinese texts and their translation). Let us first have a look at Cheng Shichao's biography and, without trying to interpret it, list the type of information we can get from this biography.

The biography begins with some elements of identification—full name and place of origin, a small village located in the eastern part of the Guangxi province—and mentions Cheng's intellectual skills: he was intelligent and, at an early age, could recite and interpret classical texts.

The biographer then gives information about Cheng Shichao's social origins: he was too poor to sit for the civil service examinations, the normal route to enter the bureaucracy. Most probably, he was obliged to earn money while young. We learn, moreover, at the end of the biography, that Cheng Shichao belonged to the generation succeeding Cheng Yinyang 程尹颺 (Qing, dates unknown) who was a medical expert himself—as mentioned in Cheng Yinyang's biography—and whose father was a medical expert too.[3]

The biography tells us something about Cheng Shichao's medical apprenticeship: Cheng Shichao learned medicine from a master, Zhu Yi 朱易 (ca. 1736–1796), who was a native of the province of Jiangxi; and he deepened his knowledge by reading the works of two major Ming physicians: Zhang Jiebin 张介宾 (1563–1640) and Xue Lizhai 薛立斋 (ca. 1488–1558). We also learn that during his apprenticeship, despite limited and especially unsafe means of transportation at the time, Cheng traveled widely. He first traveled in the province of Guangdong, where, not finding a good master, he turned back to Guangxi and stayed in Guilin where he met his master, Zhu Yi; then, he followed his master to Jiangxi province and at the end of his life, went back home.

The biographer gives precise information about Cheng's cultural background: Cheng Shichao's master referred to Yu Jiayan 喻嘉言 (1585–1664). Cheng Shichao refers to Zhang Jiebin and Xue Lizhai. His son refers to Zhu Danxi 朱丹溪 (1280–1368), Zhang Yin'an 张隐庵 (1610–1674) and Chen Nianzu 陈念祖 (1753–1823).[4] In fact, a great deal of information is embedded in this elliptic manner of presenting Cheng's culture. We shall later come back to this point.

The biography fixes the life of Cheng Shichao in a chronological framework. It evokes the rebellions that took place in the area in the mid-nineteenth century and the subsequent epidemics that ravaged the population. Later on, the biography refines the chronological information by providing the date of Cheng Shichao's death and the age when he died. Thus, Cheng Shichao is known to have lived between 1804 and 1888.

[3] For Cheng Yinyang's biography, see (*Guiping xianzhi* 1920, 1674–1677).
[4] For a brief introduction to these authors, see note 21.

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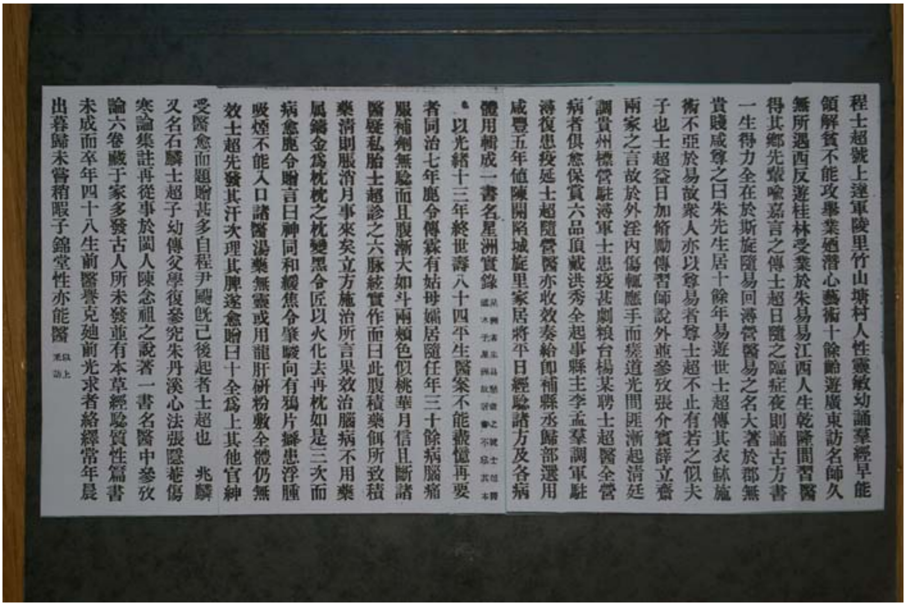
程士超號上達軍陵里竹山塘村人性靈敏幼誦羣經早能
領解貧不能攻舉業廼潛心藝術十餘齡遊廣東訪名師久
無所遇西反遊桂林受業於朱易易江西人生乾隆間習醫
得其鄉先輩喻嘉言之傳士超日隨之臨症夜則誦古方書
一生得力全在於斯旋隨易回潯營醫易之名大著於郡無
貴賤咸尊之曰朱先生居十餘年易逝世士超傳其衣缽施
術不亞於易故衆人亦以尊易者尊士超不止有若之似夫
子也士超益日加脩勵傳習師說外兼參攷張介賓薛立齋
兩家之言故於外淫內傷輒應手而瘥道光間匪漸起清廷
調貴州標營駐潯軍士患疫甚劇糧台楊某聘士超醫全營
病者俱愈保賞六品頂戴洪秀全起事縣主李孟羣調軍駐
潯復患疫延士超隨營醫亦收效奏給即補縣丞歸部選用
咸豐五年值陳開陷城旋里家居將平日經驗諸方及各病
體用輯成一書名星洲實錄
以光緒十三年終世壽八十四平生醫案不能盡憶再要
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服補劑無驗而且腹漸大如斗兩頰色似桃華月信且斷諸
醫疑私胎士超診之六脉絃實作而曰此腹積藥餌所致積
藥消則脹消月事來矣立方施治所言果效治腦病不用藥
屬鎔金為枕枕之枕變黑令匠以火化去再枕如是三次而
病愈鹿令贈言曰神同和緩焦令肇駿向有鴉片癖患浮腫
吸煙不能入口諸醫湯藥無靈或用龍肝研粉敷全體仍無
效士超先發其汗次理其脾遂愈贈曰十全為上其他官紳
受醫愈而題贈甚多自程尹國既已後起者士超也　兆麟
又名石麟士超子幼傳父學復參究朱丹溪心法張隱菴傷
寒論集註再從事於閩人陳念祖之說著一書名醫中參攷
論六卷藏于家多發古人所未發並有本草經驗質性篇書
未成而卒年四十八生前醫譽克廸前光求者絡繹常年晨
出暮歸未嘗稍暇子錦堂性亦能醫

Fig. 1 Cheng Shichao's (1804–1888) biography, from the *Gazetteer of Guiping*, 1920, 1677–1680. Cheng Shichao, styled Shangda, from a village on the Zhushan bank, in Junling canton, was intelligent by nature. As a young child, he could recite a lot of classics and, very early, he could also explain them. Belonging to a poor family, he couldn't afford to sit for the civil service examinations. Thus, he devoted himself to studying arts and techniques. When he was over 10 years old, he traveled to the Guangdong province to look for famous masters. He stayed there a long time without meeting anyone. So he turned back to the West, came to Guilin where he received the teachings of Zhu Yi. (Zhu) Yi was from the province of Jiangxi, he practiced medicine under the Qianlong reign (1736–1796), having obtained the teachings of Yu Jiayan (See note 21), a man of his locality who belonged to the preceding generation. In the course of the day, Shichao used to follow him for clinical practice; in the evening, he would recite the books of ancient formulas. He devoted all his life and efforts to doing so. He followed Yi who returned at Xun (author's note: Xun 浔 is the old name for Jiujiang 九江, a town in the province of Jiangxi) as a garrison physician. Yi had a very great renown in the county; both the rich as well as the poor respected him and addressed him as Master Zhu. Zhu stayed here for more than ten years. When Yi passed away, Shichao handed down his teachings, and his techniques were not inferior to Yi's. This is why everybody respecting Yi and Shichao equally, considered them even more than master and disciple. Shichao, as the days went by, did his best to improve himself, and, in addition to passing on his master's teachings, consulted the sayings of the two masters Zhang Jiebin and Xue Lizhai (see note 21); thus, confronted with an internal disease caused by an external excess, he always had easy success in curing. Under Daoguang's reign (1821–1850), bandits began to sprout; the Court of the Qing transferred the garrisons of Guizhou to Xun, and the soldiers contracted a very huge epidemic disease. Someone called Yang from the Granary called on Shichao to cure the whole garrison. All the sick recovered. He (Shichao) was presented with the hat button characteristic of the sixth rank. During Hong Xiuquan's rebellion (author's note: the founder of the Taiping Rebellion, a large-scale revolt in China from 1850 to 1864), the head of the county, Li Mengqun, transferred his army to Xun where it contracted an epidemic disease again. He invited Shichao to follow and cure the garrison, and he achieved great success again. As a reward, he was offered to replace immediately the magistrate of the district who had returned to his department. In the fifth year of Xianfeng's reign (in 1856), the soldiers began to take control of the town; then, he returned to his canton to stay at home, and with the formulas that he had daily experimented as well as with the disease, in their substance application, he wrote a book, the *Xingzhou shilu*, *Authentic documents of Xingzhou*, ("Xingzhou" was the name of the office of Zhu Yi. Shichao owed his high medical ethic to Xingzhou. This is why when he wrote his book, he did not forget his origin). He died at the age of 84 in the 13th year of Guangxu's reign (in 1888). It is not possible to remember all the medical cases he treated in his life. In the seventh year of Tongzhi's reign (1869), the magistrate of Lu, Chuan Lin, had an aunt from his

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mother's side, who had chosen to remain widowed, and she was in her 30s. She fell ill with pain in the brain. She was given prescriptions for invigorating without result; on the contrary, her abdomen got big as a tureen, her cheeks had the color of the flowers of the peach tree, and her periods had stopped. All the physicians suspected an illegitimate pregnancy. Shichao examined the six pulses that were tense and full, and he said: this abdomen, it is the accumulation of medicine that produced it; in purifying the medicine accumulation, the abdomen distension will disappear, and the menses will return. He made a prescription and what he predicted happened. For curing headache, he did not use medicine; he made her rest on a pillow made of silver. When the pillow got black, he called on an artisan to smelt it with fire, and he made her rest again. After three times, the illness was cured. The magistrate of Lu presented him with these words: "His spirit is like the famous masters He and Huan" (author's note: He and Huan are the names of two famous physicians of the Chunqiu period (722–451 B.C.E.)). The magistrate of Jiao, Zhao Junxiang, was an opium addict; he was suffering from edema and could not breathe. Physicians with their medicated soups had no success; neither did they have success in smearing the body with a powder made of rough gentian root. Shichao first made him sweat and then regulated his spleen, and subsequently, he recovered. He was presented with these words: "He is a first grade doctor." The officials and the notables that he had treated and cured brought him a lot of plaques. After Cheng Yinyang's death came the generation of Shichao. Zhaolin or Shilin was the son of Shichao. As a young child, he learned from his father, then, he studied the *Xinfa* of Zhu Danxi (see note 21) and the *Shanghan lun jizhu* of Zhang Yin'an (see note 21). Finally, he followed the doctrines of Chen Nianzu from Fujian (see note 21). He wrote a book *Mingyi zhong cankao lun* (*Treatise referring to the best of famous physicians*) in six chapters which was kept by the family. He discovered a lot of things that the ancients had not discovered. He also wrote one *Bencao jingyan (*or *Bencaojing yan) zhixing pian*. This book remained incomplete when he died at 48. His medical renown surpassed the glory of his ancestors. He was continuously involved in research. All year long, he would go out early in the morning and come back late in the evening; he never knew rest. His son, Cheng Jintang, had curative powers too

The biography mentions that Cheng had relationships with local officials: Cheng was asked to cure local garrisons, and he was presented with the button and hat of the sixth rank and was ascribed official functions.

It details that Cheng Shichao wrote a book, *Xingzhou shilu* 星洲实录 (*Authentic documents from Xingzhou*). Later in the biography, we get more complete information on the texts that were produced in the family.

Through the narrative of two medical cases, we learn something about his clients and his medical practices. We also read that he was perspicacious while diagnosing and good in therapeutics and that he twice succeeded in curing a whole garrison affected by contagious diseases.

The biography finally places Cheng in a family lineage of medical experts that lasted at least five generations. Before him, there was Cheng Yinyang, who wrote a book, *Yanfang* 验方 (*Mature Formulas*), and after him, his son and his grandson continued to practice medicine and write medical texts. His son wrote two books, *yizhong cankao lun* 医中参攷论 (*Relevant Theories of some Physicians*) and *Bencao jingyan (or Bencaojing yan) zhixing pian* 本草经验質性篇 (a book about materia medica or about the [*Divine Husbandman*]'s *Canon of Materia Medica*, its title is too unclear to provide a definite translation).

This biography is quite exceptional in view of all the factual information it contains: it gives clues to the chronology, social origin, medical knowledge, apprenticeship, and medical practice of Cheng Shichao; it gives information on Cheng Shichao's cultural background, about the medical literature he and his lineage produced; it gives information about the kind of patients he cured: soldiers, members of the local elite, women. It also highlights some of the qualities this expert displayed and the kind of gifts and acclaim he received. One can immediately

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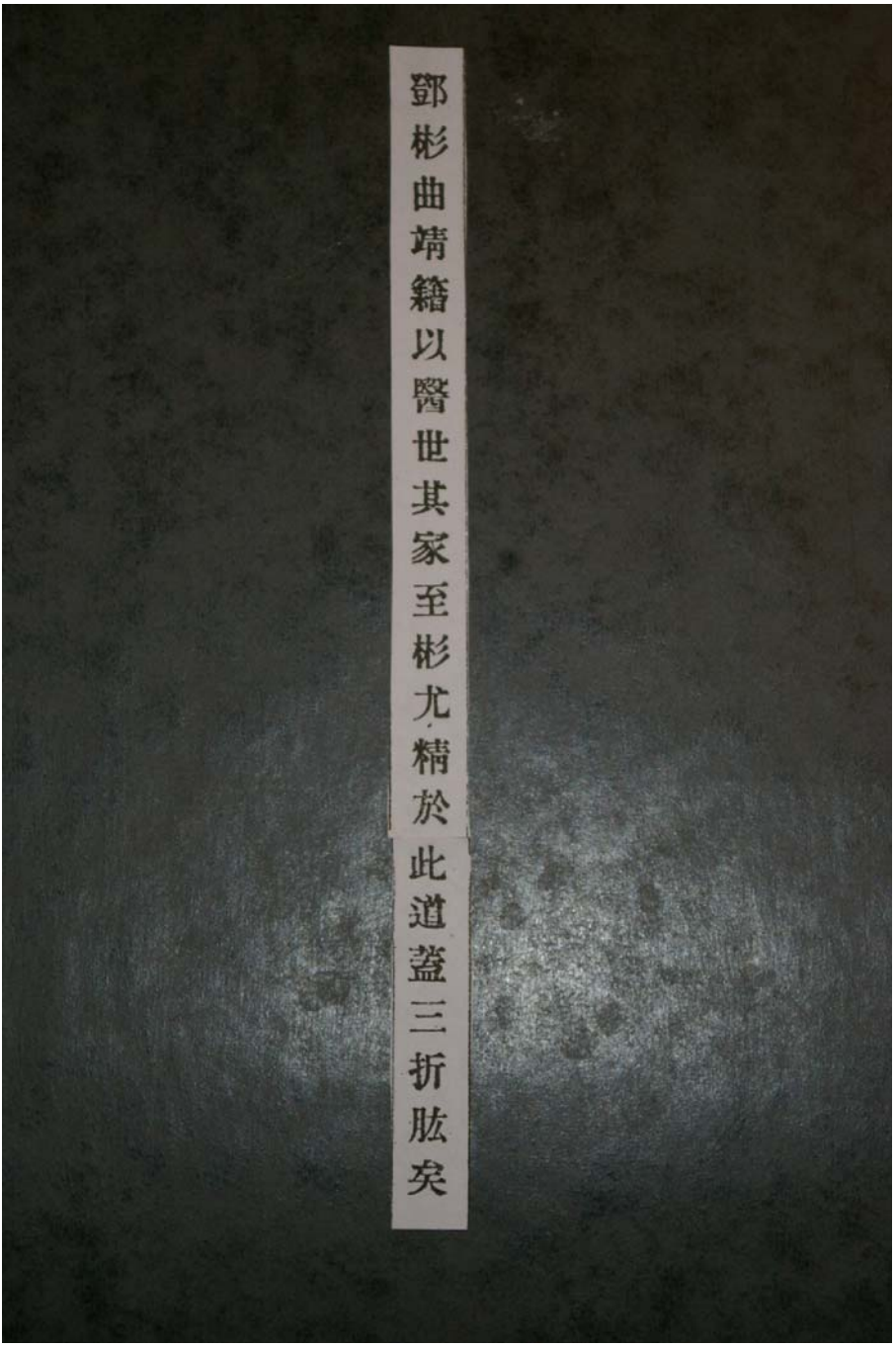

Fig. 2 Deng Bin's biography (Qing dynasty), from the *Gazetteer of Zhaotong,* 1936, 524. Deng Bin was from Qujing. His family had practiced medicine until (Deng) Bin who was especially excellent in this discipline. He was an experienced doctor

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imagine the benefit a historian can draw from this type of material. However, against much expectation, the historian is quite disillusioned when he reads Deng Bin's biography. The information on Deng Bin as a person seems minimal in this extremely short biography: it merely indicates the name, the place of origin, and the fact that he was from a family of medical experts and that he acquired a particularly good experience in medicine.

The contrast between these two biographies is striking. However, these biographies, selected for the purpose of illustrating the different possible forms of biography, are, each in their own way, quite characteristic of biographies of medical experts that one finds in local gazetteers: from a corpus of 422 biographies, extracted from 100 gazetteers from the provinces of Yunnan, Guangxi, and Guangdong, 171 (or 41%) are as short as Deng Bin's biography (1–3 lines of Chinese characters); 165 (or 39%) have four to six lines of Chinese characters; and only 86 (or 20%) have more than six lines (Table 1).

From these two examples, we can state that biographies in local gazetteers are not a standardized genre intended to give the same information for everybody. This first impression that one immediately has when comparing Cheng Shichao's and Deng Bin's biography is confirmed when one tries to compare all the biographies gathered in this corpus. Such a comparison would be difficult to make on such a large corpus without using a clear method and without relying on various analytical tools.

3 A Multi-Method Approach Combining Qualitative and Quantitative Analysis

Without detailing too much the method of analysis I have chosen, it seems important, however, to highlight a few points. The biographical approach, which has been widely developed in historical research in the last three decades, has been the point of much contention between historians, sociologists, and demographists. The sociologist Passeron, for instance, did not deny that biographical data could be wonderful material for sociologists and even claimed that he was very curious about the research carried out on this data. However, if he warmly encouraged this type of research, he urged researchers: "Allez-y, allez-y! Mais regardez où vous mettez les pieds." (Go ahead! Go ahead! But watch where you put your feet.) (Passeron 1989). If, according to him, biographical data is just like any other historical material, the point is to know how to deal with it.

Inspired thus by the debate over biography as a genre and source for research in the humanities and bearing in mind the inevitable constraints—social, literary—that

Table 1 Some features of the biographies of medical experts recorded in local gazetteers

Size of the biographies	Number	Percent (%)
Short (1 to 3 lines of Chinese characters)	171	41
Medium (4 to 6 lines of Chinese characters)	165	39
Long (more than 6 lines of Chinese characters)	86	20
Total	422	100

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lie heavy on this kind of material, I decided to use the following method. Firstly, after having translated and carefully read a corpus of 422 biographies, collected from one hundred gazetteers without introducing any kind of selection, I picked out and listed the different types of information that could be found in each biography. It turns out that biographies may provide chronological information on a person and document his geographical and social origins as well as the activities of his descendants; it could also indicate whether he was an orphan as a child, if he failed the civil service examinations or if he obtained a degree; biographies may provide information on how a person learned medicine, on the types of treatments he used, and on the personal qualities he displayed; biographies may document one person's cultural output—the names of books written in medicine and in other fields of knowledge—as well as the other activities, teaching, administrative, and the like, in which the expert was engaged. After having identified the different types of information that a biography could provide—28 different types of information on the whole—I built a large table, with the individuals in the rows and, in the columns, the 28 different types of information that could be contained in biographies, to which, I added one piece of external/meta information: the length of each biography (short, medium, and long). I then used various statistical tools: simple tables that count in absolute value and in percentage the answers for each question; cross-tabulation that gives a picture of how two or more variables interrelate (for instance, we might want to compare the length of biographies according to the social origins of the persons. Here, we would be cross-tabulating the variable "length of biography" with the variable "social origins"); factorial correspondence analysis that allowed highlighting which biographies are most similar or most unrelated when one specific piece of information is considered.[5]

The objective of this prosographical method was twofold: one, by highlighting both the common features and the variations among the individuals whose lives were recorded, it aimed at reshaping the social and cultural milieus of the people who practiced medicine, far away from the geographical, political, and cultural center of the empire, in late imperial times; two, by stressing the common features and the variations in the very form of biographies, it aimed at understanding better what the enterprise of writing a biography in a gazetteer meant. As mentioned above, the biography was not intended to give the same information about everybody. But then, what were biographies intended to do? What type of information was important for an author to mention in a medical expert's biography? And could the information addressed by the biographer vary from one biography to another, depending on whether the expert was living in a specific area, in a specific period, or whether he came from a specific social milieu?

Before answering, or partly answering, this series of questions let us look at the first feature that was immediately revealed by comparing Cheng Shichao's and Deng Bin's biographies, that is, their heterogeneous content and form. If 28 different types of information can be addressed in these biographies, however, very little

[5] Nasser Dendani, from the University of Provence provided me very valuable assistance in the choice of these tools and even more in the use of them. For simple and cross tables, I used Modalisa. For the factorial analysis of correspondence, I used Anaconda from the MIS Institute of the University of Franche-Comté.

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information is systematically present in all of them. With the exception of a person's name and place of origin, which are the minimum common points that one can find in any biography, biographies, in spite of their first appearance of using a somewhat stereotyped formulation, do not provide standardized data. The rate of answer for each type of information (social origin, descendants' activity and so on) is in fact very low, confirming thereby that the information we can get from one biography to another is very heterogeneous. However, a more precise scrutiny of the results of these analyses highlights that some points are more systematically documented than others.

4 Some Features of Biographies: Genre and Function of Chinese Biographies of Medical Experts

From our knowledge and use of modern biographies, one would expect chronology to be an important point in the enterprise of recording a person's life. Cheng Shichao's biography is precisely dated: not only does it place the expert in the chaotic political context of the mid-nineteenth century but it also provides the date of his death and his age when he died. By contrast, Deng Bin's biography has no (precise) chronological markers. In fact, and as far as chronology is concerned, this latter type of biography is the most common that one can find in local gazetteers: 235 (56%) biographies have no other chronological indications than the fact that the person lived under the "Qing dynasty," which, roughly speaking, lasted three centuries. And when a biography provides a date, very often, it is approximate and corresponds to the name of a reign (Table 2).[6]

The lack of precise chronological data in most of these biographies seems to indicate that the narrative of "bio," that is, the cycle of a person's life, from birth to death, does not seem to be the main objective in the biographical enterprise. On this point, I find it interesting to come back to the terms used in Chinese to describe the biographical enterprise. What we translate as "biography" is *liezhuan*. Interestingly, neither of these two characters 列传 refers to the notion of life that has been central to the European formulation for this kind of enterprise. In Europe, the term "life" was usually used until the end of the seventeenth century and came to be replaced in the eighteenth century by the term "biography" (Dosse 2005, 8). In both cases, the enterprise emphasized the notion of cycle of life, and even if the narration did not always follow a chronological linearity, the unity of measure was a person's life. As Bourdieu outlined, the enterprise of writing a biography, that is, the history of someone's life, meant that life was considered as a history, as a whole, with an origin and an end, in both the meanings of this word, death, and aim. And this concept often led to a teleological narrative (Bourdieu 1994). By contrast, the combination of the two characters *lie* 列 and *zhuan* 传 means "precise reports expected to transmit to posterity the traces of something or someone" (*zhuan*), according to a classification (*lie*), that is, according to specific *topoi* such as "filial devotion," "great sages,"

[6] I shall write (Qing, dates unknown) after the name of a person whose biography does not mention any date and (ca. 1736–1796), for instance, after the name of a person recorded as living during Qianlong reign.

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Table 2 Some features of the biographies of medical experts recorded in local gazetteers

Chronology in biographies	Number	Percent (%)
Qing, dates unknown	235	55.7
Kangxi, Yongzheng...'s reigns (1644–1911)	187	44.3
TOTAL	422	100

"widowed women," "experts in arts and techniques," and the like. These *topoi* were some of the biographical headings usually contained in these official historical records. The absence of chronological data in most of the biographies together with the term used for the biographical enterprise itself seem to indicate that biographies were not intended to give a broad overview about a person's life but rather to highlight how some people embodied these different *topoi*. Accordingly, the biographer was not expected to narrate a total cycle of life, well grounded in a specific period. But he was expected to highlight the specific aspects in the life of a person that make sense and can justify the fact that the biography was recorded in a specific section of the gazetteer. This perhaps explains why chronological data were not considered of paramount concern.

From this interpretation of the meaning of *liezhuan*, and in the case of people celebrated for their skills in medicine, we could expect information to concentrate on a person's medical knowledge, medical practices, and techniques. In this respect, Cheng Shichao's biography fulfills its objective. It provides precise information on Cheng Shichao's medical apprenticeship. It allows us to decipher the medical thinking he was close to. It gives clues about his medical techniques as well: he not only prescribed drugs but also resorted to other techniques, such as using a pillow made of silver to relieve a woman's head ailment. It gives us a glimpse of some of his patients and their diseases—soldiers affected with contagious diseases, the head of the district suffering from an opium addiction and edema, and a woman suffering from headache. However, here again, Cheng Shichao's biography is exceptional: in fact, out of the 422 biographies, only 98 biographies give information on how a medical expert learned medicine; 78 biographies give suggestions about the types of therapeutic practices the expert used; finally, only 53 biographies mention the names of physicians or the titles of books referred to by the expert and thus very few give any clues about the medico-cultural background of these experts (Table 3). One could wonder why there is so little information on medicine in biographies of medical experts. It could be that the biographers had no empathy at all with their object of inquiry or that information about medical practices and techniques did not make sense to biographers who emphasized other aspects that were more relevant to them.

This remark leads us to say something about the biographers. In their research on biographies, historians and sociologists have highlighted that one of the factors that makes biography an impure genre is the empathy the biographer always has with the person who is to be his/her object of inquiry. According to them, there is always a kind of mutual interference between the biographer and the person about whom the biography is written. Writing someone's biography is always the result of a personal choice—a kind of pact—and the reasons that led one to choose to write a specific person's life may distort the narration in favor of the biographer's own

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Table 3 What do biographies tell us on their medical background?

	Number	Percent (%)
How did experts learn medicine?		
Master, self-learning, schools, etc…	98	23
No answer	324	77
Total	422	100
What medical techniques did experts use?		
Acupuncture, plants, plaster, massage,…	78	18.5
No answer	344	81.5
Total	422	100
What medical knowledge is referred to by experts?		
Name of physicians or books quoted	53	12.6
No answer	369	87.4
Total	422	100

preoccupations and agenda.[7] Well, in the case of biographies recorded in official Chinese sources, the situation is different: these biographies are anonymous, and very often, we do not know who among the editors of the gazetteer wrote them. But it is likely that one person had to write the biographies of all the people who were famous for their skills in medicine in one locality of the empire; and not unlikely that he had to write the biographies of people famous locally for their filial devotion as well. Thus, the enterprise of writing the biography of someone in particular in this precise context did not result from a personal choice. Consequently, we can presume that the biographer had no special empathy with the person whose biography he was writing. We cannot expect any "biographeme" in these biographies, in the sense given by Roland Barthes to this coined term, that is, the traits that would immediately reveal the singularity of a person in particular.[8] If biographers had no empathy with their precise object of inquiry, we can even imagine that biographers had no empathy with the specific field of "arts and techniques" either. This may explain why biographies of medical experts are not well documented in a specific technical field: the biographer may well have had no knowledge at all of medicine.

In fact, we know very little about how these biographies were written and on what types of sources they relied. The corpus thus gathered allows us still to assume that sometimes the biographer had access to a person's direct testimonies, such as his medical treatises. This is attested to by the fact that one can find, in the same gazetteer, the biography of a medical expert and, in the bibliographical section, the title of this expert's book with the prefaces entirely recopied.[9] When the biographer

[7] If this is true for any biography, it becomes particularly clear in biographies written by politicians who identify themselves with and select great historical figures to transmit their own message (Dosse 2005, 103–106).

[8] On this word and to what it refers (Dosse 2005, 337–346).

[9] This is the case for He Mengyao 何梦瑶, Huang Zijian 黄子健, Chen Cong 陈琮, Pan Mingxiong 潘明熊, Feng Xinlan 冯心兰 or Huang Yuanji 黄元基 (Guo Aichun 1987, 1933–1936,1967, 1985–1986, 2023–2024).

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wrote the biography of an expert, he had access to this expert's texts and might have picked out some information from them. But one can also assume that the biographer had access to less complete documents of an expert, such as his medical notes. Some biographies contain indeed very precise details, such as the precise table of contents of an expert's book. This is the case with the short biography of Wang Shaoqing 望少卿 (Qing, dates unknown), from the district of Longshan 隆山, Guangxi:

> The entire book consisted of five chapters and the table of contents was: blood diseases, deficiency caused by exhaustion, cough, […], twenty seven divisions on the whole, and it was written by Wang Shaoqing from the district. He had learned medicine from his grand-father; he practiced for more than twenty years, and assembled his clinical experiences […], (Guo 1987, 2040)

Other biographies contain very precise details about therapeutic treatments used by a medical expert: in Gan Yongde's 甘庸德 biography (Qing, dates unknown), a medical expert in Pingnan 平南, Guangxi, we read for instance:

> …He used to make pills with drugs. He would fill a calabash with them and he always carried it with him when he visited patients, so that he could immediately deliver them, from three, four or up to more than ten pills. If he could not use pills then he prescribed drugs. While making his pills, he did not follow any rules, and considering how he put drugs inside them, (we see that) he would mix them according to his feeling and did not take too much care of the quantities, he would coat them with cinnabar, giving them the shape of a pea. (Guo 1987, 2021)

Others, like Cheng Shichao's biography, narrate precise medical cases, with the name, the place of origin and the job of particular patients, mentioning the type of disease suffered from and eventually the medication successively delivered.

Finally, two sources attest to the fact that biographers sought primary sources while writing their biographies. The biographer of Wu Monong 吴墨农, an expert active in the second part of the nineteenth century in Guangdong, expresses the difficulty of writing the biography of someone when this expert has not left any traces:

> The poor information we have about his ordinary life, is known only by hearsay, because in spite of significant activity, he did not transmit anything. (*Foshan zhongyi xiangzhi* 1923, j.14, 8, 14b)

And in a medical treatise written by Guo Zhi 郭治, a physician who lived in the province of Guangdong in the mid-eighteenth century, we have precise information about how the biography of this physician was written and recorded in the gazetteer of the province. This information is in the preface of Guo Zhi's young cousin who wrote that a few years earlier, he had had the visit of the editor of the gazetteer:

> In 1822, the gazetteer of the province was engraved. The scholar Zeng Zimian 曾子勉 came and asked me for some anecdotes. I thus recounted what I had heard. All this was put in the section 'arts and sciences'. This is why I don't repeat them…, (Guo [1754] 1827, third preface)

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This testimony thus confirms that biographers may have relied on oral inquiries among the members of the family for writing someone's original biography. Even though there is no evidence of this in my own corpus of biographies, it is very likely that when "genealogies" (jiapu 家谱, zongpu 宗谱) existed in a family, they were used for official biographies.[10] Once a biography was written, it could afterwards be copied from ancient gazetteers to more modern ones and from gazetteers of small districts to provincial gazetteers, with or without alteration, in a process that lasted until the modern dictionaries of biographies.[11] However, and in spite of this small piece of evidence, it is not unlikely that most biographers may have known very little, in fact, about their object of inquiry and about their distinctive medical knowledge, particularly when no primary documents existed.

But the fact that most biographies of medical experts provide no detailed information on the particular field of medicine may also be a clue that these details did not make sense to the biographer who stressed other aspects. As already mentioned, these biographies always document the detailed name of a person and the precise place he was from. In addition to this basic information, two other types of information are often documented. First, if most biographies do not refer to the technical and cultural aspects of a medical expert, they do, however, emphasize the ways he practiced medicine, that is, they often stress the qualities a medical expert displayed while doing his job. As Table 4 shows, 221 biographies (52% of the biographies) include praise. An expert could be lauded for his open-mindedness, his sense of charity, his availability, his lack of interest in increasing his revenues, his filial devotion, his Confucian conduct, his talents in prediction, and his talents in successfully curing people. These are the eight different types of praise that one can find in the biographies in a somehow stereotyped wording: "*Bu zhi shengchan* 不治生产" (he was not interested in increasing his own revenue), "*bu wen chou* 不问酬" or "*fu shou ren xieyi* 弗受人谢仪" (he did not ask compensation, he did not receive gifts of gratitude), "*qiuzhenzhe sui yinyu heiye bi wang* 求诊者虽阴雨黑夜必往" (day and night, come rain or shine, he used to visit those who had asked for care), and so on and so forth. The second kind of information that is commonly addressed in these biographies is the status of a medical expert vis-à-vis the civil service system. One hundred seventy-two biographies (or 41%) speak of the status of an expert vis-à-vis the civil service examinations: 142 biographies mention the kind of imperial degree an expert obtained and 30 biographies explicitly mention failures in the civil service examinations (Table 5).

Praise and the status of a medical expert vis-à-vis the civil service examinations are, thus, the information that is most systematically documented in these biographies. From these first features—rare chronological hints, infrequent information on the medical practices and the medico-cultural background, and emphasis on the qualities and on the status of a person vis-à-vis the civil service examinations—we can deduce some of the functions these biographies were intended to fulfill. One of the functions of the biographical enterprise, in general, is to fight against oblivion.

[10] (Lucille Chia, "Among the Missing: Lost books of Late imperial China", Paris, EPHE, 27 May 2009).
[11] This is what the three-volume *Zhongguo lidai yijia zhuanlu* (*Catalogue of biographies of physicians in Chinese history*), edited by He Shixi, does. It copies, without interpreting, the various biographies that were written in gazetteers and other historical sources for centuries.

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Table 4 What do biographies tell us on their qualities?

Are the experts praised for intellectual, moral or technical qualities?	Number	Percent (%)
Yes	221	52.4
No	201	47.6
Total	422	100

No doubt, biographies of medical experts in the gazetteers also met this goal. But, as the different features of this type of material stress, they were written mainly so that we do not forget the people who, by their actions, could become models for posterity, could transmit respectable values—and it is the first meaning of *zhuan*. Deng Bin's biography exemplifies this function. At first glance, it looks like a reminder so that this person is not totally forgotten. But the way it is written leads us to think that it had less to do with being just a token gesture in memory of a specific person—about whom we do not learn anything special—but more to make this person, because of his actions, an exemplary model: not only did Deng Bin follow in the footsteps of his ancestors but he also tried to relieve the suffering of local people by using medicine, that is, by using a healing strategy in conformity with the educated elite's ideal. And one understands better the positive value of this short biography when one reads in the "*fengsu* 风俗" section of the gazetteers—that describe the local customs—that, unfortunately, most people, when sick, resort to religious or shamanistic practices (Bretelle-Establet 2002; Katz 1995).

And it is because these biographies were to serve as models for posterity that they contain several edifying features, retaining from one person's life only the aspects that do not go against the ethic of that time. In this respect, they look more like the type of biographies that were written by Plutarch which, later, served in Europe as models until the modern times. As Jean-Claude Passeron has stressed, *Parallel Lives* served in fact less to record individual careers or experience but more to glorify the virtues that are embodied in the individuals (Passeron 1989). The edifying nature of these biographies explains why we are rarely told about the shortcomings of a person but only about his qualities. The edifying function probably also explains why in this corpus of 422 biographies that includes 142 degree holders and 30 unsuccessful candidates, all of whom had thus engaged on the long and costly civil service examination route, there are so few people reported as coming from literati

Table 5 What do biographies tell us on their academic success?

What degrees were obtained?	Number	Percent (%)
Low, medium, high imperial degrees (*shengyuan* 生员, *juren* 举人, *jinshi* 进士)	142	33.7
Medical degrees (Taiyi yuan, Western schools)	17	4
No mention to any degree	263	62.3
Total	422	100

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families.[12] Generally speaking, the biographies give four usual social origins: a physician family, a poor family, a merchant family, and a literati family. In fact, very few biographies—only 91 out of 422 biographies or 22%—provide information about the social origin of a medical expert. According to these biographies, medical experts mainly came from physician or poor families while those coming from literati families were rather rare (2%; Table 6). And yet, bearing in mind the difficulty in obtaining an imperial degree (Elman 2000, xxix), one can be sure that among the 142 people who practiced medicine with a degree, even the lowest, many more people came from literati families than biographers mention. We can thus assume that the biographer gives information about the social origin of a medical expert when this information can edify him, either to laud the worthy sons who continued their father's activity, like in Deng Bin's biography, or to laud those who succeeded in climbing the ladder of respectability, along the model provided by Cheng Shichao's biography: although he was from a poor family, Cheng Shichao became a medical expert recognized by the local officials and the literati, who, at that time, were at the top of the social hierarchy and embodied the cream of the crop.

The edifying nature of these biographies and their possible function of providing models for posterity raise, in turn, the question of the veracity of such material. Are these biographies the product of pure fiction? I shall answer in the negative for at least two reasons. Firstly, as mentioned earlier, we know that some biographies were written by people who either used primary sources or made oral enquiries among the descendants and consequently strove to ground their biographical narrative on evidence. Secondly, part of the information contained in the biographies can be checked and confirmed against other sources. For instance, the *Catalogue of Medical Books in Chinese Libraries* (*Quanguo zhongyi tushu lianhe mulu*) (Xue Qinglu 薛清录 1991), which lists the medical books available in 113 major libraries in China, provides evidence that the books which were recorded in a biography as the literary production of a particular medical expert were not virtual books, invented by the biographer only to affirm that a particular locality had intellectuals: in fact, several of these books have been handed down and are available in the libraries today. Some even confirm the accuracy of the biographer's narrative. Liu Yuan's 留渊 (ca. 1740) biography, for instance, mentions that Liu's book was prefaced by the Governor-General Wang Shu 王恕 (ca. 1740). Not only did the book quoted in Liu Yuan's biography exist—it is still available today—but Wang Shu also was definitely the author of the preface of this text (Liu Yuan [1739] 1873). Then, some biographies recount relationships between the medical expert and other people whose lives can be attested to. And when these people are local officials, like in Cheng Shichao's biography, one can hardly suspect it to be untrue. Gazetteers where the biographies were collected were official sources. They were checked at different levels before printing, and we cannot imagine that officials would have allowed their own name or their colleagues' names to be associated with a particular person just for the prestige it could give locally to the expert and his descendants. Finally, the fact that a medical

[12] The rate of successful candidates in this corpus is in fact very high. In the nineteenth century, 4% to 6% of the population of the three provinces under consideration obtained the lowest degree. (Chang Chung-li 1955, tables 20 and 22).

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Table 6 What do biographies tell us on their social origins?

What milieus do experts come from?	Number	Percent (%)
Physician family	43	10.2
Poor family	27	6.4
Literati family	19	4.5
Merchant family	2	0.5
Unknown	331	78.4
Total	422	100

expert took the civil service examinations and obtained a degree is also something that can be attested to in other sources.

If part of the information contained in biographies is attested to, the anecdotes, the medical cases that, at times, are included in a biography, the jokes that might have been recounted by the expert, and the qualities an expert might have had are more questionable. Are they rather not a way for the biographer to express himself about what a good physician should be, as well as a good treatment or good behavior vis-à-vis patients? Are these not the traces of the social constraint evoked by Bourdieu (1994) that conditions the content and the form of a biography and that makes biographies give not just any kind of information but rather inform on the issues for which the expectation is the greatest?

In fact, these biographies belong to a genre that is, in the words of François Dosse, simply impure and hybrid, a genre that always mixes science and fiction and is often written under a social constraint. Biographies are never documents of truth. In the cases addressed here, we have biased reports included in historical records mainly to do justice to people who might have been perceived as desirable models for posterity, as important links for the transmission of respectable values. Even though biased, this kind of source material has considerable historical value.

5 Biography Versus Direct Testimony: A Way to Contextualize the Medical Treatises that Have Come Down to Us

As historians of medicine have put it, the social and cultural history of medicine cannot be reduced to the history of major discoveries or to the history of a few major physicians. It must also take into account many other people such as patients and the ordinary people who practiced medicine daily. Until the twentieth century, no institution in China had recorded these ordinary people. As Cheng Shichao's biography stresses, no bureaucratic institution controlled the practice of medicine. Thus, the only sources that enable one to identify the medical practitioners in a particular locality and time are the biographies collected in local gazetteers. Undoubtedly, biographies recorded in official sources such as gazetteers were not available to everybody. These collections of biographies do not include all medical practitioners in the same way physicians are recorded by a contemporary

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professional institution. The medical landscape that emerges from such collections of biographies, therefore, cannot be taken as fully representative of all medical practitioners. However, gazetteers are the only sources that have compiled huge collections of physicians' pen-portraits from a specific locality. Thus, if one wants one's historical research to go beyond the handful of major physicians, and reintroduce, in a systematic way, the lesser or more ordinary people who practiced medicine in a specific area and time, one can only rely on biographies collected in gazetteers.

As we noted earlier, biographies are not documents of fact. Furthermore, biographies could be qualified as indirect or oblique sources on a person's medical practices and representations. They are, however—and Cheng Shichao's biography, that lists the different medical texts he and his family wrote, shows it very clearly—the only sources that allow us to identify, among a specific community of ordinary medical practitioners, those who wrote medical texts. Unlike biographies, these medical texts (usually including authorial prefaces) are the direct testimonies by an individual: as such, they have recorded more accurately that person's representations, practices, and techniques. These potential direct sources have, thus, a status of truth different to that of biographies. As such, they are traditionally the most valued sources for historians for a cultural history of medicine.[13]

Biographies are, thus, crucial in the sense that they first enable us to identify the medical treatises that were written and that would become the direct sources for historians. Even more importantly, biographies allow us to contextualize, both socially and geographically, those who, among the medical experts in a particular locality, produced medical texts against those who did not. Just as in our present society, not all medical practitioners record their own experiences and representations in texts. By using biographies and comparing the different types of information—place of origin, social milieus, and so on—we have in these two groups of people—authors and non-authors—we can first have a more precise idea of who the medical writers were.

The corpus reveals that just under half of the 422 medical experts wrote medical texts. In fact, 185 of them wrote 276 medical texts. As Table 7 indicates, writers were more numerous in the coastal and urbanized province of Guangdong than in the two other provinces. And writing a medical text was a cultural activity, connected with the status of the medical expert. We find, for instance, more degree

[13] In that respect, one might expect authorial prefaces to be a major source for biographical information. Author's prefaces are usually of two types: One, the *zixu* 自序 that we usually translate as "author's preface"; the other, the *fanlie* 凡列, *yaoyan* 要言 and the like, that are better rendered by "foreword." The latter, most often, have a metatextual function whose aim is to guide the reader in his reading of the book. The former type of preface 自序 has another function. It is the author's presentation of the book or of himself. Strikingly and interestingly, these authorial prefaces, through which the authors directly speak with their readers, and in which one might expect personal confessions, usually do not provide detailed biographical information. The prefaces of the extant texts from the far south I have read and analyzed show that authors used this space in their book first and foremost to hold a general discourse about the nature of medicine and to justify the fact of being a physician and of having written a medical text. In these prefaces, we almost never find information about the author's social milieu, his genealogy, the ways he learned medicine, and the ways he practiced medicine, let alone when this information can improve the image of a simple medical practitioner, especially when it can contribute to shape the image of an accomplished literatus. Thus, if biographies have to be considered as narratives mixing science and fiction, author's prefaces must be seen as narratives mainly elaborated for the construction of the author's authority, and, thus, as biased narratives as well. On prefaces, in general, see (Genet 1987); on Chinese prefaces in fiction, see (Weightman 2004).

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Table 7 Medical writers and medical texts in the far south in the Qing dynasty

	Authors/books in Guangdong		Authors/books in Guangxi		Authors/books in Yunnan		Authors/books Total	
1644–1911	106	160	43	65	36	51	185	276

In addition to Guo Aichun's findings (1987, 1922–1929, 2015–2017, 2229–2231) I identified four more authors, Huang Xiaomei 黄啸梅, Mo Rulong 莫如龙, Liang Daqiao 梁达樵 and Zhou Xia 周霞 respectively in the gazetteers of Guiping, Yangshan, Dali and in the *Zhongguo lidai yijia zhuanlu*:2, 639.

holders among the people who practiced medicine and wrote about it than among the people who just practiced medicine (Table 8). But this does not mean that all the authors were degree holders, educated in the classics and preparing for government service. In fact, the bulk of the medical writers (109 out of 185, or 59%) in the area had no degree. Biographies, thus, allow us to assert that in the late imperial times medical texts were produced from very varied social circles: degree holders fully engaged in government service like Jin Jinghua 金菁华. This man, active in the first part of the nineteenth century, was mainly lauded in his biography for his contribution to the academic life and to the civil service examinations in some localities of Guangdong in the nineteenth century. In spite of the lack of any kind of experience of patients or diseases, other than the treatment of his own sickness and his mother's, he wrote a *Yixue jiyao* 医学辑要 (*Handbook of medicine*) (Guo 1987, 1960–1961). But we also find people without a degree who were described to have devoted their entire life to medicine, like Cheng Shichao or Liu Benyuan刘本元 and his grandson Liu Dejun 刘德俊, who, from the end of the eighteenth until the end of the nineteenth century, were famous for their experience and their remedies against "miasmic illness" *zhang* 瘴, in the western part of Yunnan, in Tengyue 腾越, and wrote two books of medical case notes *Yi'an* 医案 (Guo 1987, 2248).

But biographies enable us to go even further. They permit the contextualization of the medical texts which have been handed down. Among the 276 medical texts identified in the biographies, only 33 texts are still extant. So, taking into account biographies as source material for historical research enables us to state that firstly a great number of texts were lost after their production.[14] But using biographies and comparing the information we have about the authors whose writings have been preserved against those whose writings have been lost enables us to state that secondly, this loss of texts was greater or lesser depending on whether the authors lived in urban or rural areas, and whether they managed to pass through the filter of academic success. In fact, the bulk of the medical literature written in the three provinces of the far south that has survived comes from the coastal and urban province of Guangdong. Moreover, 54% of the authors whose books have been preserved passed the civil service examinations or bought an official title. This rate is

[14] The loss of ancient manuscripts is a well-known fact (Harper 2009). It seems that manuscripts and books produced in more recent times did not enjoy a much better span life. Lucille Chia recently reported that less than a quarter of the medical books written during the Yuan dynasty has survived (Lucille Chia, "Among the Missing: Lost books of Late imperial China", Paris, EPHE, 27 may 2009).

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Table 8 Degree holders among medical writers and medical practitioners in the corpus

	Wrote medical texts	Did not write medical texts	Total of physicians
Physicians who have an imperial degree	76 (54%)	66 (46%)	142
Physicians without imperial degree	109 (39%)	171 (61%)	280
Total	185	237	422

It reads: Of the 142 physicians who had an imperial degree, 76 (or, 54%) wrote medical texts; of the 280 physicians who had no imperial degree, 109 (or, 39%) wrote medical texts (a statistically significant difference at a 1% level)

slightly higher than the percentage of such graduates (41%) among the population of medical writers in the area (Fig. 3).

Biographies thus enable one to identify the direct sources that were produced in a large community of ordinary experts; by helping the contextualization of the direct sources that have been preserved against those that have disappeared, they also allow us to pinpoint the different filters that might have been at work for excluding some of them from posterity. In this respect, biographies include interesting clues for understanding why so few writings of the late imperial period have survived, and which can incidentally interest the history of the printed book in China. Biographies indicate that many of these texts did not reach the printing stage. Because of the intense competition between healers at that time, as indicated by the increasing number of biographies of medical experts in gazetteers, some authors probably preferred to pass on their secrets to their sons. Even more likely, though, is that the bulk of the writers could not afford to print their texts. As the various prefaces of the books that have come down to us record, authors had either to enroll subscribers or to rely on the patronage of a local official to have their books printed. In all the

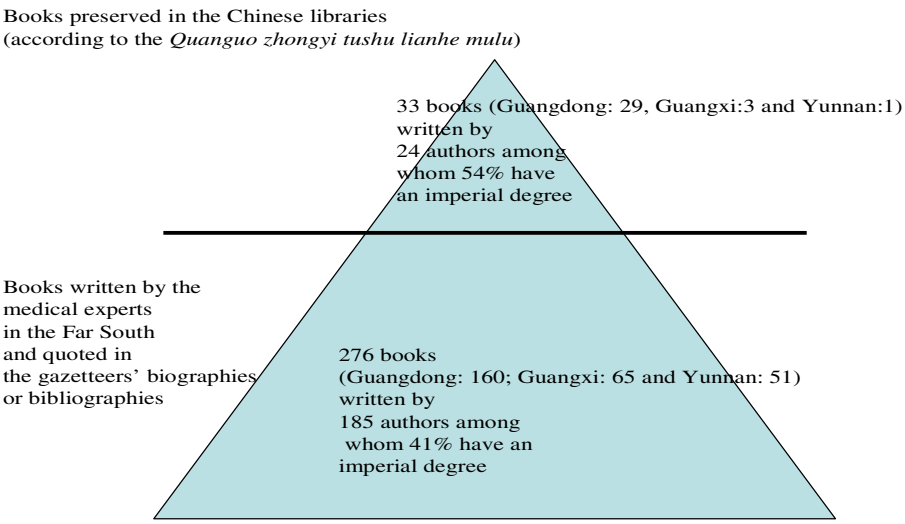

Fig. 3 Medical books written versus medical books preserved

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cases, therefore, having one's book printed implied contact with influential local people, be they rich or members of official circles, contacts which the ordinary man rarely had. It is, thus, not unlikely that a greater part of the medical texts produced by ordinary medical authors remained in manuscript form. These texts were, therefore, vulnerable 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.[15] Several prefaces and biographies describe the difficult conditions facing a manuscript. A preface in Chen Huangtang's 陈焕堂 (mid-nineteenth century) book, *Shanghan lun guizhen* (*Return to the Cold Damage Treatise*), recalls that for 10 years, Chen's manuscript weathered floods, fires, and wars (Chen 1849, 1). Liang Lianfu 梁廉夫 (1810–1894) preface to his *Bu zhi yi biyao* (*What the ignorant in medicine should know*) tells us that half of his manuscript was destroyed because of wars (Liang [1881] 1936, 3). Zhou Qingyang's 周庆扬 (Qing, dates unknown) biography relates that his book, *Jizheng liangfang* 急症良方 (*Excellent formulas for acute diseases*) disappeared because of wars in the region. Gong Pengshou's 龚彭寿 (1862–1926) preface tells us how his manuscript *Yixue cuzhi* 医学粗知 (*Rough medical knowledge*) was first stolen, then recopied from his first draft, and largely destroyed by insects afterwards (Guo 1987, 2030, 2033). He Yu 何瑜, active in the eighteenth century, was recorded as having written more than ten books, half of which were destroyed because of wars (*Xiangshan xianzhi, xubian* 1923, j. 14, 6).

Biographies cannot replace the direct testimonies that have been lost. However, they do provide elements for knowing quite precisely that the medical texts or direct sources the historian can use today in academic collections are just a small, but not a random part, of what was produced in medicine. It represents the labors of a very small portion of the medical writers: the most academically qualified and often engaged in activities other than medicine. Biographies suggest that many other representations, ways of thinking, and practices were possibly prevalent. One can think and hope that the collections of medical manuscripts prepared in the last two decades by Pr Unschuld, from his peregrinations of Chinese markets, contain a large part of this literature which, in addition to having been shelved in its time, might well have not interested modern academic collections either.[16]

6 Biographies: Disparate Testimonies for Understanding How Knowledge Circulated

If biographies cannot fill the gaps left by this lost literature, they do, however, allow us to widen, to a certain extent, our knowledge of the cultural and social features of

[15] In the second half of the nineteenth century, various revolts took place in southern China. The Taiping rebellion began in the province of Guangxi in 1851 and ended officially in 1864, but local riots continued until the beginning of the 1870s. In the province of Yunnan, a rebellion between the Muslims and the Han people began in 1856 and ended in 1873. The province of Guangdong suffered from the 1854–1855 Red Turban uprising and from the French and British attacks from 1856 to 1860. Domestic rebellions and foreign occupation resulted in large destruction of facilities and books (Bretelle-Establet 2002, 16–18; Miles 2006, 171–174).

[16] On the question of the differential promotion, wider circulation and further preservation of documents in history, see (Bretelle-Establet 2009).

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those who have not left any traces of their own representations in written texts. In spite of what has been said before on the nature, function, and limits of this material, biographies can bring to light—even if it is faint and irregular—the phenomenon of the transmission and circulation of knowledge. As noted earlier, only 53 biographies out of 422 provide information on an expert's medical background. Unsatisfying though it is, this rare information is particularly welcome for shedding light on the local cultural landscape when nearly all the original texts have disappeared. It is the case for the majority of medical books from Yunnan and Guangxi. Cheng Shichao's biography, together with the 52 other biographies that explicitly talk about the expert's medical background, give a glimpse of the different theories that were current in these provinces. In this respect, biographies provide evidence that theories that developed in other parts of the empire, in Jiangnan in particular, had, by the nineteenth century, reached some of the remotest parts of the empire. The map that locates the different books or authors referred to by medical experts (Fig. 4) shows indeed that the far south had adepts of Han Learning and of Evidential Research who favored the *Cold Damage* tradition, but it also had supporters of the emerging current of thought that would later be known as the *Warm Diseases current of learning (wenbing xuepai* 温病学派*)*, as well as advocates of Western medicine. Thus, even if the biographies rarely provide information on the medical background of the experts, they do, however, enable us to observe that medical knowledge, at least to a certain extent, circulated from the heartland areas such as Jiangnan to other places, located in the hinterland such as Guiping 桂平 in Guangxi and Dongchuan 东川 in Yunnan. And they bring to light that the active competition that existed between the different currents of thought in important centers such as Jiangnan had repercussions on the medical landscape of the far south.[17]

Biographies, then, can give clues about how medical knowledge was transmitted and how it circulated while no central institution controlled the profession and the transmission of knowledge and while the ways of learning medicine consisted mainly of private and not formalized apprenticeship. From this corpus, indeed, three major ways of learning medicine can be identified. Experts in medicine usually learned medicine from a master, from their father or grandfather, or from the reading of ancient or classical texts—three ways of learning that at times must have been combined, as Cheng Shichao's biography shows. In this context of apprenticeship, one may wonder how doctrines that were developed in Jiangnan, for instance, reached other parts of the empire touching the remotest areas, such as the western part of Yunnan. Here again, biographies can give us clues to understand how knowledge circulated. They suggest three different channels. First, the imperial editorial projects carried out in the eighteenth century were influential in homogenizing medical knowledge. Several biographies mention that the imperially commissioned *Golden Mirror on the Orthodox Medical Lineage* (*Yuzuan yizong jinjian*), published in 1742 and adopted in the Imperial Bureau of Medicine *Taiyi yuan* as teaching material in 1749, was in the hands of a small number of medical experts of the far south. Others record that a few people had had access to the medical section of the *Complete Library of the Four Treasuries* (*Siku Quanshu*),

[17] On this competition mentioned as early as the sixteenth century, see (Grant 2003; Unschuld 1985; Hanson 1997; Scheid 2007).

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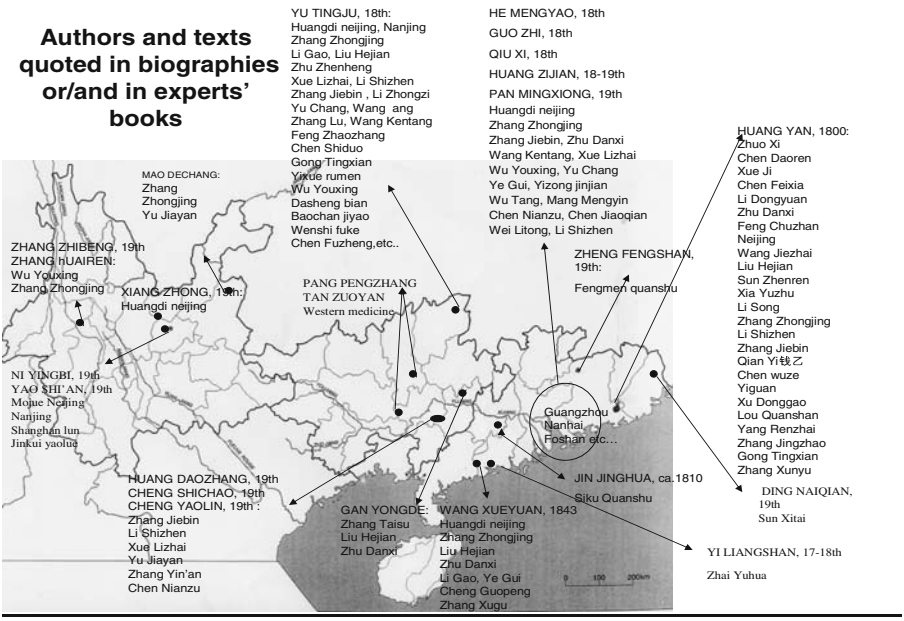

The names of the medical experts identified through biographies are in capitals (they are followed by a date when this latter is known); books or authors quoted in the biographies are in lower cases.

Fig. 4 An outline sketch of the medical landscape on the fringes of the empire

completed in 1782.[18] Second, biographies bear testimony to human mobility. As already mentioned, a great number of these medical experts served as bureaucratic officials and were obliged to move regularly from one province to another or from one county to another. He Mengyao 何梦瑶 (1693–1764), native of Nanhai in Guangdong and author of many books, the *Yibian* 医碥 (*Stepping stone for medicine*) in particular, visited the capital in 1730. After passing the metropolitan examination, he held several positions in the provinces of Guangxi and Liaoning, before returning to his native province and devoting his life to practicing medicine. In 1780, Yu Tingju 俞廷举, native of Guangxi and author of *Jintai yihua* 金台医话 (*Medical Anecdotes from Jintai*) also took the metropolitan examination in the capital and later served as magistrate in the province of Sichuan. Liang Lianfu, native of Guangxi and author of *Bu zhi yi biyao* (*What the ignorant in medicine should know*) held government posts in Lingchuan 陵川, Baise 白色, Nanning 南宁, and in other parts of the province.[19] These officials probably bridged different social and geographical milieus. Mobility was not limited to bureaucrats though. A number of biographies describe the travels of the medical experts who were not engaged in government service, attesting to the fact that, as in Jiangnan, mobility was not an exceptional experience in late imperial times (Scheid 2007, 98). Often, like Cheng Shichao, they left the hinterland of Guangxi to reach more central areas, such as Guangzhou, that emerged as a brilliant cultural center in the early nineteenth century, thanks to the

[18] On these imperial editorial projects, see (Hanson 1997, 182–219, 2003).
[19] See these biographies in (Guo 1987, 1933, 2019, 2028).

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development of new academies, publishing houses, and where a book market had blossomed between 1820 and 1860 (Miles 2006). Third, biographies also provide evidence that local networks existed that brought together people who shared a common point of view: He Mengyao, who has already been mentioned, wrote a preface to Guo Zhi's book because they both were opponents of the *Warming and Tonifying School*. The Guangxi physician Liang Lianfu wrote a preface to the medical book by Gong Zhenjia 龚振家 (1836–1908), a physician from the same area (Guo 1987, 2030). In a context where access to books might still have been difficult, local networks of physicians and friends might have enabled newly acquired books to be shared.[20] Biography of Wu Monong (Qing, ca. 1822–1861) offers evidence for such a statement: Wu and Li Wentian 李文天 (1834–1895) were medical experts in Guangdong and, thanks to their good relationship with the official Long Yuanxi 龙元僖 (1809–1883), whom they had treated, had access to his rich personal library (*Foshan zhongyi xiangzhi* 1923, j.14:14a, b).

Biographical material enables us to see that doctrines circulated in the late imperial society. It also provides evidence that even if the modalities of apprenticeship—via a master, an ancestor, or the reading of the classics—implied loyalty and filial devotion, this did not necessarily lead to a sterile reproduction of knowledge. Cheng Shichao's biography shows that Shichao was loyal to his master, since the title of his book alludes to his master's ethic and experiences; Cheng Shichao's son and grandson were also good sons, insofar as they continued the work of their ancestor. But loyalty and filial devotion did not exclude that with each generation, disciples and sons deepened their knowledge with theories that were different and sometimes contrary to the ones handed down by their ancestor or their master. As noted earlier, Cheng Shichao's master referred to Yu Jiayan. Cheng Shichao referred to Zhang Jiebin and Xue Lizhai. Cheng Shichao's son referred to Zhu Danxi, Zhang Yin'an, and Chen Nianzu.[21] Through three generations, at least four different and somewhat conflicting currents of thinking were active: the reformers of the old theory of the *Cold Damage* tradition (Yu Jiayan); the conservatives against the reformers of this old doctrine (Zhang Yin'an and Chen

[20] If books seem to have been more accessible in the late eighteenth century than before, however, the problems surrounding access to books, even in heartland areas, were not yet completely solved in the nineteenth century. It is likely that in remote and rural areas, access to books was even more difficult. On book access, see (McDermott 2006) and on shortages of books in Yunnan, in particular, see (Rowe 1994, 440).

[21] Yu Jiayan or Yu Chang (1585–1664) was a physician of Jiangxi who specialized in the *shanghan bing* (cold disease), but he was the instigator of debates and disputes among the physicians belonging to the *Cold Damage* tradition, since he developed a new doctrine and contested the doctrines held by his elders. Zhang Jiebin (1563–1640) was for the use of hot and tonifying medicine, he was from a current of learning that believed in tonification with medicine of hot nature (*wenbu pai* 温补派). Xue Lizhai (ca. 1488–1558) was another famous physician of the Ming and was the chairman of the *Taiyi yuan*, the Imperial Bureau of Medicine. Zhu Danxi or Zhu Zhenheng (1280–1368) was a very famous physician of the Yuan dynasty, representative of one of the four major medical schools of the period, which advocates the invigorating of deficient Yin and to reduce the excessive Yang. He is considered the representative of this current of learning (*ziyin pai*滋阴派). Zhang Yin'an or Zhang Zhicong (1610–1674) was a medical expert from Zhejiang and belonged to the conservative of the *Cold Damage current of leaning,* hostile, for instance, to Yu Chang's doctrine. Finally, Chen Nianzu (1753–1823) wrote a great number of medical books intended to popularize medical knowledge, and, like Zhang Yin'an, was hostile to Yu Chang's doctrine. Extensive information on these different authors and currents of learning can be found in (Chen [1986] 1991).

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Nianzu); a medicine that advocated constant replenishment of the body with Yang influences and, therefore, in favor of invigorating therapeutic treatments (Zhang Jiebin) against a medicine that advocated replenishing the body's Yin and thus in favor of cooling therapeutic treatments (Zhu Danxi).

So, biographies can be valuable material for studying how local society was integrated into the Chinese state, how the different milieus—social, geographical—communicated with each other and finally came to share a common cultural background. But biographies also provide important clues to understanding the social reality of medical practice.

7 Biographies: Serial Data for Understanding the Social Reality of Medical Practice

It is not easy to approach the social reality of medical practice when direct access to patients, physicians, and health institutions is no longer possible. Biographies recorded in official sources such as gazetteers, because they were collected all together, can be considered as serial data providing clues for figuring out the diversity of the social reality of medical practice in late imperial China. The first point that appears very clearly through Cheng Shichao's and Deng Bin's biographies, and more generally through the whole corpus, is the lack of administrative control of the profession.[22] With the exception of four biographies that mention a relationship with the Imperial Bureau of Medicine, *Taiyi yuan*, all the people involved in the art of healing in late imperial Southern China did not have any contact with the central institution.[23] This lack of bureaucratic control explains why a great variety of people practiced medicine to varying extents. We find in this corpus, biographies of bureaucrats who, either in the exercise of their public function or after retirement, practiced medicine as a secondary activity, notably when epidemics broke out and threatened the stability of their jurisdiction. We also find biographies of people who were said to be teaching classics and, at the same time, practiced medicine. But we also find biographies of people who were described as devoting all their time and life to practicing medicine, as their only livelihood. Behind this activity of practicing medicine there stands, in fact, a complicated social reality, far more complex than the clear-cut divide between the *ruyi* 儒医 (Confucian physicians) and the *shiyi* 世医 (hereditary physicians), two categories traditionally used not only by the actors for distinguishing themselves but also by some historians for defining the social reality of medical practice, in late imperial times.[24]

[22] On this aspect, see (Leung 1987: 134–166).

[23] Tan Zongyu 谭宗禹 (Qing, dates unknown), a native of Yongbei, Yunnan, is reported to have studied in the *Taiyi yuan* (*Xu Yunnan tongzhi gao* 1901:79, j.187, p.31) and Li Zuolin 李作琳 (ca. 1723–1736), from Yongchang, Yunnan, to have worked in it. (*Yongchang fuzhi* 1885, j.50, p.288); Yi Jingguo 易经国 (Qing, dates unknown), from Dianbai, Guangdong, would have met Zhai Yuhua 翟玉华 (1587–1671) working in the *Taiyi yuan* (He Shixi 1991:2, 32) ; finally, Qu Zunde 屈遵德 (ca.1786) had a post of imperial physician (*Taiyi* 太医) (Guo Aichun 1987, 2027).

[24] Volker Scheid who examined the medical community of Menghe also stresses how this social reality was complicated and how the different ways of practicing medicine did not fit "into the narrow social categories and schemes of opposition" that have so often been presented in historiography (Scheid 2007, 54).

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This social reality is difficult to understand clearly today. However, by cross-checking the different types of information we found in each biography, we can try to understand how this reality changed depending on whether the experts lived in a particular period of the dynasty or in a particular place or whether they had an imperial degree or came from a specific social milieu.[25] In this complicated landscape where medicine was practiced by such a variety of people and to such varying degrees, what, in fact, most distinguishes these people involved in medicine is whether they obtained a degree or not and the type of degree they obtained. Practicing medicine as the only source of income was always reserved to those who had no imperial degree or to those who had only obtained the lowest one. When people obtained higher degrees, when they were *juren* 举人 or *jinshi* 进士, they never practiced medicine as a sole occupation but as a secondary activity, in addition to officialdom. Practicing medicine as a livelihood was, thus, usually reserved to those who had not climbed the ladder of success in academic life. And when people obtained the lowest degree, quite often, they did not practice medicine as a sole occupation. They had other activities, usually in relation with the learning required for the civil examinations, such as teaching. By analyzing the different ways of practicing medicine among the different groups of people—who had (or not) a (low, medium, high) degree—these biographies allow us to state that in late imperial times, as for earlier periods, the social value of medicine was not as high as that associated with government service or teaching classical culture (Hymes 1987). However, when we now examine the different types of information we find in biographies with regard to the variable "chronology," the picture seems to change slightly, after the mid-nineteenth century.

When all the information we get from biographies is examined from the chronological angle, one important social reality emerges: the community of medical experts is not static. In the far south at least, it changed in quantity as well as in quality. First, the sample of biographies including precise chronological indications reveals that the number of medical experts in the three provinces under consideration increased 26-fold between the beginning of the eighteenth century and the end of the nineteenth century (Table 9). The community of medical experts in this area, thus, increased, following an evolution similar to that located in more urban and integrated parts of the empire, such as Jiangnan (Chao 1995). The growing interest in medicine during the late imperial times in the far south of China can be explained with the reasons that have been brought to light for the Jiangnan region. The demographic increase, the disruption of the social components of the late imperial society (Lee 1982; Marks 1991), and the increasing number of learned people forced an increasing number of educated men to seek their livelihood outside government service. By devoting their life to relieving the suffering of their kin and the populace, they chose one of the most respected alternatives—with teaching—to government service, as was formulated by the Song scholar Fan Zhongyan—"If one does not become a good official, then one should become a good physician" (Hymes 1987). In the act of curing diseases, the physician could practice the Confucian virtues of filial piety, benevolence, and even charity, just like the statesman governing the country. Just as in Jiangnan, the practice of medicine in the far south was often a second choice

[25] For a full account of this prosographical study, see (Bretelle-Establet 2002, 69–104).

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Table 9 Distribution of the biographies according to place and time

	Physicians in Guangdong	Physicians in Guangxi	Physicians in Yunnan	Total physicians
1644–1723	3	0	2	5
1723–1796	14	5	13	32
1796–1911	66	33	31	130
Total	83	38	46	167

(Bretelle-Establet 1999, 524–525). Of the 422 biographies, only 187 include chronological clues; 20 belong to the beginning of the Republic period (after 1911) and are, therefore, not taken into account here

career after successive failures in the civil service examinations: among the medical experts whose biography includes chronological information, 9% first failed the civil service examinations and 34% obtained a degree, although in most cases the lowest level. Hence, in the far south of China, as in Jiangnan, turning to medicine was often a second-rank alternative to a public career. However, a career in medicine could also be a step upward, though less so for merchants, as seems to have been the case in Jiangnan, than for people born into poverty, particularly young orphans who had to support their family (Bretelle-Establet 2002, 87–88). As a matter of fact, the community of medical experts increased in number during the last dynasty.

The community of experts in medicine did not change merely in quantity; it seems to have changed also in quality. In this collection of biographies of medical experts, the number of people involved in an accessory practice of medicine tends to diminish in the mid-nineteenth century, whereas the number of biographies of people involved in a unique or regular medical practice tends to increase. At the same time, writing in the field of medicine seems to become the work of medical specialists: after the mid-nineteenth century, among the authors of medical texts, we find fewer people writing on medicine and on other topics such as poetry or history at the same time than earlier. It is difficult to say whether these differences reflect a real social change indicating the beginning of medical specialization among medical experts, or a change in the biographers' representations indicating that biographies of medical experts should be reserved to specialized people. But in both cases, it seems to indicate that after the mid-nineteenth century, and maybe under the influence of the increasing number of Western physicians on Chinese soil, medicine tends to be considered as a specialized field of knowledge and practice.

This last remark leads us to the final use that we think can be made of biographies. Biographies, particularly those included and classified in official sources under different *topoi*, can be of major interest in studying the representations of the biographers, and thereby, historicizing notions such as a medical expert or a good medical expert.

8 Biographies as a Major Site of Representations

As various historians have highlighted, what biographies document perhaps best is the biographer's own representations. What do these biographies tell us on the representations of the biographers who belonged to the world of the literati?

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To begin with, through the biographical enterprise, biographers draw a first and clear line of demarcation between the different healing strategies used at that time. Although gazetteers, in the *fengsu* section (customs), constantly stress that even in late imperial China, resorting to shamanism or religious practices was far more popular than relying on medical experts, the gazetteers never include biographies of shamans or of Taoists but they do include biographies of experts who used medicine. By reserving the biographical enterprise to those who only used something identifiable with medicine, the biographers draw a first line to indicate what, in society, deserved to be recorded and taken as model. It is, I argue, the real meaning of Deng Bin's biography and more generally of the 171 other very short biographies in this corpus. As already mentioned, this type of biography does not tell much about the individual in particular. However it tells us that practicing medicine, even if we don't know when and how it was practiced, is an activity honorable enough for the expert to be recorded in local official sources. And if this line of demarcation had to be reiterated, it is probably because resorting to shamanistic or religious strategies was so very popular, even among the literati, despite the sayings of these scholars that often emphasized the social and ethnic divide on this point, as in this gazetteer of Yunnan:

> In the towns of Fu, there is neither physician nor medicine. Those who resort to physicians and drugs are a handful of notables, *shenjie shujia* 绅界數家. Other people and the non-Han people of the district don't believe in drugs or in physicians; they only believe in spirits. If someone is sick, he calls on a shaman, male or female. (*Fuzhou xianzhi* 1932, 98–99)

Even though, in the eyes of the biographers, medicine was a more respectable field of knowledge and practice than other healing practices, other elements in the biographical enterprise lead us to think that the practice of medicine was valued in different ways depending on how it was practiced. In that respect, the length of a biography is an interesting clue. As noted earlier, the length of a biography differs from one to another. Undoubtedly, the length of biographies depended on whether the biographer had a good knowledge of the person he was writing the biography of and whether he had access to his primary documents. For instance, the 171 short biographies are mainly composed of biographies of people who could not be placed in a precise chronology (119, or 70%). By contrast, the 187 biographies providing chronological indications were more often medium or long (135, or 70%). The length of a biography was, thus, related to the amount of knowledge a biographer had of his subject, and that began with the approximate dates of his subject's life. However, other elements influenced the form of a biography. When we cross tabulate the length of a biography by all the other variables (chronology, geography, social origin, and so on), in order to see which variable can significantly explain the particular form of a biography, it appears very clearly that three variables, in fact interrelated, determine the length of a biography: the degree obtained, the social origin and the different level of involvement in the practice of medicine, that is, briefly speaking, as a secondary or a sole occupation. In this respect, biographies are longer when they report the life of those who obtained an imperial degree and who often practiced medicine as a secondary occupation than for those who had no degree at all but practiced medicine as a livelihood (Table 10). They are likewise

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Table 10 Length of the biographies against degrees obtained

	Short	Medium	Long	Total
Without degree	119 (45%)	95 (36%)	49 (19%)	263
Low degree 生员	33(36%)	42 (46%)	17 (18%)	92
Medium degree 举人	7 (17%)	19 (46%)	15 (37%)	41
High degree 进士	0	6 (67%)	3 (33%)	9
Medical degree	12 (71%)	3 (17%)	2 (12%)	17
Total	171	165	86	422

It reads: out of the 263 biographies that do not mention a degree, 119 or 45% are short, 95 or 36% are medium and 49 or 19% are long (a statistically significant difference at a 5% level)

longer when they report the life of medical experts coming from literati families than from poor or physician families (Table 11).

Thus, in the eyes of the biographers, practicing medicine was more respectable than healing people with religious or shamanistic practices, yet, the different social realities that lie behind the practice of medicine were not valued in the same way. By reserving a more important place for those who, in addition to practicing medicine, had first been trained in the classics, had eventually obtained high imperial degrees and honorific jobs, biographers introduce a second line of demarcation between medical experts. By doing so, they confirm that being a medical expert was less valued than being an expert in classical culture and, secondarily, in medicine. Cheng Shichao's biography gives an interesting clue that attests to this representation. Cheng Shichao was asked for by local officials and literati families and he satisfied his literati clientele. In return, and like many of the medical practitioners at that time (Scheid 2007), he was presented with insignia and symbols of the scholar-literati and with poetic inscriptions as if the achievement of a person's life couldn't be reached either by arts and techniques, a minor Way (*xiao dao* 小道), or by high income—and this is probably why we have so little information on this aspect in the biographies—but through recognition among the literati who were the guardians of the great classical culture.

Finally, a third line of demarcation among all these medical experts appears when one analyses the biographers' discourses on the virtues granted to the experts. As we

Table 11 Length of the biographies against social origins (when known)

	Short	Medium	Long	Total
Physician family	11 (45%)	21(36%)	11 (19%)	43
Poor family	2(36%)	14 (46%)	11 (18%)	27
Literati family	5 (17%)	4 (46%)	10 (37%)	19
Merchant family	0	2(67%)	0(33%)	2
Total	18	41	32	91

It reads: Out of the 43 biographies of medical experts coming from a physician family, 11 or 45% are short, 21 or 36% are medium and 11 or 19% are long. The most important and significant difference is between the lengths of biographies of medical experts coming from poor milieus and those from literati families. The latter have very rarely a short biography (a statistically significant difference at a 5% level)

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have already seen, praise is very common in these biographies. What was then a laudable physician in the eyes of a biographer?

As noted earlier, medical experts could be complimented with eight different types of praise. I conducted a factorial analysis of correspondence that consisted in analyzing a table with 422 lines corresponding to the 422 individuals and eight columns for the praise attributed by the biographer to each of them. This type of analysis helps us to read such a large table, since, proceeding to different computations, it draws together the compliments that are often quoted together and, at the same time, it separates those that are very rarely associated with them. The analysis does the same for each individual. It draws together the people who are complimented with the same praise, while separating them from those who are given other compliments. The result of this analysis shows that the distribution of compliments by the biographer is not interchangeable for all the medical experts. Firstly, the biographers use praise more often for experts who have no degree than for the successful candidates of the examinations. Probably, obtaining a degree was in itself a form of praise, and in turn, praise was used to supplement the academic deficiencies of a medical expert. Secondly, the biographer does not use the same praise for all the medical experts. At first glance, the eight qualities that appear very often in these biographies—open mindedness, charity, availability, lack of interest in increasing one's revenues, filial devotion, Confucian conduct, predictive genius and curative genius—are not surprising: they bear testimony to a medical ethic set out earlier by famous physicians. But if we now analyze how these eight types of qualities are distributed by the biographers, different kinds of laudable medical experts emerge. Three distinct groups of qualities emerge from the biographies: open-mindedness, predictive, and curative genius are qualities that are quite always cited together; filial devotion, charity, and Confucian conduct go together; availability and lack of interest for money are usually found together. The biographers, thus, organize their narrative of virtues along three major poles that we can summarize as "medical perspicacity," "Confucian humaneness," and "compassionate behavior." In the biographers' eyes, a good medical expert could, thus, take three major forms: he could be an efficient and perspicacious expert, a person of Confucian high morality, and a particularly compassionate person. Interestingly, these three different portraits of the ideal medical expert are often associated with the social origins of the medical experts: the figure of the "efficient and perspicacious" was mainly associated with the medical experts who were described as coming from families of physicians, according to an enduring representation that hereditary physicians championed experience and, thus, excelled in diagnosis and treatments; the "Confucian" medical expert, namely one who displayed a particular sense of charity, filial devotion, and Confucian conduct, was mainly associated with the medical experts hailing either from poor or literati families. And these ideal types were often associated with the varying degrees to which an expert practiced medicine: while the medical experts involved solely in the practice of medicine were mainly complimented with "compassion" or "perspicacity" qualities, those who had activities other than medicine were mainly celebrated for their "moral" qualities. In the eyes of the biographers, a good medical expert could, thus, take different forms, but the qualities expected from an expert varied depending on his social progression and his involvement in medical practice.

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9 Conclusion

Chinese biographies included in official sources were not conceived as individual and isolated pieces of human history but as relevant examples for illustrating specific *topoi* at a particular time. When treated as such, namely as a piece of serial and continuous material that can be compared systematically, they can be crucial material for social and cultural history. As we have stressed, in this paper, by focusing on the biographies of medical experts, biographies have allowed us firstly to identify and contextualize the experts' direct sources that have survived and that eventually will become the historian's sources. Secondly, they can, to a certain extent, fill the gap in direct sources and provide factual information on the people who did not leave direct testimonies or whose texts have been lost. Thirdly, biographies are major sites for analyzing the construction of identities and for historicizing notions such as being a medical expert or being a laudable physician. In this particular respect, we can imagine that this type of analysis would become even more beneficial if it was extended to other types of biographies, for instance, those of medical experts included in more central sources, such as the dynastic official histories or to the biographies of diviners, experts in mathematics or painters, usually contained under the heading "arts and techniques", side by side with those of medical experts.

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