Shanghanlun in Korea, 1610–1945

Soyoung Suh
Dartmouth College
Soyoung.Suh@dartmouth.edu

Abstract

This article examines how Korean physicians of traditional medicine have utilized Zhang Ji’s 張 機 (150–219 C.E) Shanghanlun 傷寒論 (Treatise on Cold Damage Disorders, just Treatise hereafter) from the 17th century to the early twentieth century. As one of the two most influential pillars of Chinese medicine, the Treatise, with its clinical implications, has inspired many scholars and practitioners in their pursuit of medical innovation. What, then, have been the Korean motivations in referring to the Treatise over the past few centuries? What does the Korean utilization and modification of the Chinese classic tell us about the desires, limits, and possibilities of pursuing medical innovations in Korea? By examining the ways in which major pre-modern Korean texts employed the Treatise, this article primarily aims to reveal patterns of (re)arranging the Treatise that formed an indigenous style of medicine. Under the growing sense of nationalist concern and colonial contestation in the early twentieth century, the Korean compilation of the Treatise began to depart from the earlier interpretations. A range of nationalist rhetoric and editorial designs reflect the Korean urgency in seeking resources to compete with Western medicine. The postcolonial consumption of the Treatise also reflects Korean strategies in navigating medical references from outside to meet their social and clinical agendas. The changing pattern of textual and professional utilization of the Treatise exemplifies how a significant Chinese text continues to be a living tradition in Korea by expanding the targeted audience and satisfying local demands.

Keywords

Different eyes see different things. The *Shanghanlun* history has handed down to us has been shaped by the perceptions of people from each period; in this manner, we can understand "*Shanghanlun* as a landscape."1

Introduction

Hwang To-yŏn 黃度淵 (1807–1884) prospered as a physician managing an apothecary called the ‘Hall of Assisting Transformation’ (*Ch’anhwa* 贊化堂) in Seoul. On the strength of his reputation, Hwang was once recommended as the private doctor of King Kojong 高宗 (1852–1919). Born into a family of the *yangban* elite, Hwang also produced a series of medical books that paralleled his clinical prowess. The twelve-volume *Foundations of Medicine Revised* (*Ŭijong son’ik* 醫宗損益, 1868, hereafter *Foundations of Medicine*) demonstrates a mastery of encyclopedic synthesis, bringing together all available knowledge about illnesses from a range of sources. Two abridged versions of this compilation—*Essential Prescriptions* (*Ŭibang hwaltu* 醫方活套, 1869) and *Compendium of Prescriptions* (*Pangyak happyŏn* 方藥合編, 1885, hereafter *Compendium*)—aimed to provide a concise and convenient primer for clinical practice. Hwang’s *Compendium* became a popular medical text in Korea from its first publication in 1885, and is still in circulation.2

Hwang recognized a physician’s authority in relation to the medical sages of the past. He advocated textual transmission of medicine, hence, aimed not to undermine the authority of the past. In his preface to *Foundations of Medicine*, Hwang begins by asking whether it is appropriate or even justifiable to write a book (of medicine) if the ancients had already written what actually needs to be written. According to Hwang, medical writings in later generations tend to degrade the original meaning of ancient knowledge. What, then, is the value of producing textual knowledge of medicine in the present? To answer this question, Hwang describes medicine as intrinsically transforming over time:

Since Hwangdi and Qibo [Since medicine has begun], among the books of the three sages, what survived intact down to Qin (秦) Dynasty was only the books of medicine. What is called medicine is a matter of timeliness. What was appropriate for the past [for the former times] is only

1 Yamada 1999, p. 184.
2 For an introduction to Hwang’s family background, see Lee and Lee 2001. Shin states that Hwang’s *Pangyak happyŏn* is one of the most popular and widely circulated medical texts in Korea since its publication. Shin 1999, pp. 288–91.
up to that time. At all times and in all countries under the heaven, the principle [of medicine] is one. However, people’s diseases are extremely different. According to [different types of] people’s disease, medicinal drugs are also different in their use [handling]. Furthermore, the climate [natural features] of the region, the administration of the south and the north is quite different from each other. The human inborn constitution (p’umjil 稟質), pharmaceutical preparation of the warm and the cold, all follows those differences respectively. In addition, there are changes between past and present, which are not similar at all.3

In this quote, Hwang recognizes the various manifestations of disease that are held to reside in multiple forms of human life. As well as regional and temporal variations, differences of human physiology and local conditions are seen to affect therapeutic solutions. More to the point, Hwang is also arguing here for an understanding of the principles of medicine as crossing ‘all times and in all countries under the heaven’.

Given this changing nature of medicine, incessantly evolving yet coherent across time and place, Hwang argues that the most important lessons in the art of medicine involve timeliness or appropriate intervention: ‘What is called medicine is a matter of timeliness’ (ŭija ŭiya 醫者宜也).4 According to Hwang, being a good doctor means being keenly aware of a present problem in light of past knowledge. What is clear, yet subtle, in his discussion is the negotiation between the wish to overcome the past and the desire to rely on the past for guidance. For Hwang, the true authority of medicine was to be illuminated not by blindly following past tradition, nor by radically deviating from it, but rather by appropriately situating one’s own time and place within the medical tradition that had seamlessly flowed down to the present.

3 Hwang, Ŭijong son’ik, preface.
4 In this preface, Hwang was presenting his version of modifying ‘Medicine is all about signification’ (Yizhe yiye 醫者意也), which was rendered by scholars and physicians in East Asia by replacing the character yi 意 with homonyms. In particular, a word playing of on ‘Yizhe yiye’ was quite popular among physicians in the Tokugawa era. For instance, ‘medicine is all about clothing’ (Yi wa yi nari 醫者衣也) as physicians wear sumptuous clothes, ‘medicine is all about difference’ (Yi wa yi nari 醫者異也) as physicians’ words and actions are different, and ‘medicine is all about barbarians’ (Yi wa yi nari 醫者夷也) as physicians often threaten patients. These are some of the examples of playful wordings. See Ōtsuka 1967. I am grateful to Keiko Daidoji for introducing me to Ōtsuka’s paper. She translated most of Ōtsuka’s major points into English. Maeng 2003 also traces the manifold implications of yi by analysing a range of Chinese classics.
Hwang’s ideal of medicine provides a context for the Korean utilization of Zhang Ji’s 張 機 (150–219 CE) Treatise on Cold Damage Disorders (Shanghanlun 傷寒論, referred to as Treatise hereafter), one of the best known classics of Chinese medical writing. As many authors have already noted, the Treatise highlights some intriguing features of East Asian medical traditions. Zhang’s original writings were lost, and at intervals, numerous unsuccessful attempts have been made to fully recover the ancient text. The idea of the authentic Treatise in its original form, with complete sentences, organization, and formulae, may diminish our regard for the multiple versions of this lost classic published over time. As a term for a category of illness, the phrase ‘cold-damage’ covers a range of symptoms that include the common cold, all diseases involving fevers, and other infectious diseases. Given the multiple versions of the Treatise, it is worth reflecting on how Korean physicians have utilized this evolving yet still authoritative classic over many years, representing as it does the ideal of revering the wisdom of the past while also modifying it.

As one of the two most influential pillars of Chinese medicine, the Treatise, with its implications for clinical practice, has inspired many scholars and practitioners in their pursuit of medical improvement. The Treatise signaled Song China’s medical reform and the state’s interest in curbing rampant epidemic disease in the developing southern regions. The new interpretation of the Treatise during the eighteenth and nineteenth centuries, by scholars and doctors in the southern Jiangnan region, revealed a movement away from medical orthodoxy toward local initiatives. ‘A return to the Treatise’ was the slogan of the Ancient Formula Current’s (kohōha 古方派) physicians, whose writings impacted the contemporary TCM’s use of ‘pattern differentiation and treatment determination’ (bianzheng lunzhi 辨證論治). What, then, was the Korean motivation for and convention in utilizing the Treatise? Given Hwang’s ideal of relying on the past while simultaneously moving on from it, what do local modifications tell us about Korean strategies, limitations, and capabilities when it comes to (re)compiling a well-known Chinese medical classic?

5 Yamada 1999, pp. 169–99. For the origins of the Treatise and different editions up to the Song Dynasty, see Goldschmidt 2009, pp. 95–102.
6 Epler 1988, pp. 10–19; Goldschmidt 2009, pp. 10–11; Hanson 2011, pp. 11–15. Hanson’s discussion of ‘wenbing’ (Warm diseases) is helpful in understanding the nature of cold damage disorders.
7 Goldschmidt 2005.
8 Hanson 1998, pp. 517–18.
Yamada Keiji’s 山田慶兒 term, ‘shanghanlun as a landscape’,10 is relevant here. Yamada encourages us to consider the text as a lens through which we can view each historical period in its own context as it (re)assembles and (re)interprets a medical classic. As he succinctly points out, the evolution of the Treatise teaches us not to measure the degree of fabrication or misuse, but to understand the extent to which each version reflected and modified that author’s passion for improving medical knowledge and practice.

To understand the Korean use of the Treatise, this article begins by examining two of the most well-known Korean physicians, Hŏ Chun 許浚 (1546–1615) and Yi Che-ma 李濟馬 (1838–1900) and asks how they incorporated the classic into their respective compilations, Precious Mirror of Eastern Medicine (Tongŭi bogam 東醫寶鑑, 1610, Precious Mirror hereafter) and Longevity and Life Preservation in Eastern Medicine (Tongŭi suse bowŏn 東醫壽世保元, 1894, Longevity and Life Preservation hereafter). Of all the medical texts published before 1900, only these two include ‘Eastern Medicine’ (Tongŭi 東醫) in their titles, so presenting a sense of regional and cultural identity that distinguishes Korean medicine from other branches of Chinese medicine. (Dis)continuity between the two Korean compilations reveals different editorial aims and designs, changing motivations, and (dis)similar patterns of therapeutic priorities in utilizing the Treatise. More to the point, this paper examines the legacy of Hŏ and Yi during the reign of the Japanese colonial government (1910–45), elucidating how a growing sense of nationalism and an urgent longing for medical modernization reshaped the format, meaning, and clinical strategy of the Treatise.11

The Treatise in Korea between the Seventeenth and Nineteenth Centuries

The Treatise in Hŏ Chun (1546–1615)’s Compilation

There is no record detailing exactly when the Treatise was imported to Korea. However, a few scattered documents testify that medical teachings about cold damage disorders were available in Korea as early as the sixth century CE. During the Koryŏ Dynasty 高麗 (918–1392), the teachings about cold damage disorders were published as part of a state project.12 The court record states that

11 For recent research on Korean understandings of cold damage disorders, see Lee 2004; Kim 2009; Lee 2012; Oh 2012; Kang et al. 2010; and Yi 2014.
Discourses on Zhang Zhongjing’s Five Inner Organs (Zhang Zhongjing wuzhang lun 張仲卿五臟論) were published in 1058, along with dozens of Chinese medical texts. In 1092, the Chinese court asked the Korean envoy whether the Koryŏ dynasty held woodblock copies of a series of texts, which were missing in China. Among them were a dozen medical books, including one comprising 15 volumes entitled Formulary of Zhang Zhongjing (Zhang Zhongjing fang 張仲景方).¹³

During the Chosŏn Dynasty 朝鮮 (1392–1910), the studies about cold damage disorders became essential for educating court doctors.¹⁴ More importantly, the Classified Compilation of Medical Prescriptions (Ŭibang yuch’wi 醫方類聚, 1477, Classified Compilation hereafter), which aimed to express the newly founded Chosŏn Dynasty’s cultural competence and pride, documented the full contents of the Treatise. The Classified Compilation sought ambitiously to pull together every known piece of medical literature from the Han, Tang, Song, and Yuan Dynasties, and to sum them up in 365 volumes. In this grand state project to publish a medical encyclopedia, explanation and prescription for cold damage disorders are listed under a couple of categories, such as ‘Chehan mun’ (諸寒門), ‘Sanghan mun’ (傷寒門), ‘chep’ung mun’ (諸風門) and ‘chappyŏng mun’ (雜病門).¹⁵

It was not until Hŏ Chun, however, that the Treatise was incorporated in an individual author’s medical reasoning and editorial design. In putting forward his own principles of organization, selection of terms, and interpretation of previous scholarship, Hŏ represents a departure from previous Korean versions of the Treatise. Hŏ’s Precious Mirror was a court-sponsored work, initiated by a group of court physicians. However, the project was disrupted by invasions from Japan (1592–98), and Hŏ finally completed it on his own in 1610. He examined more than 230 existing medical texts, favoring the latest medical writings from Yuan and Ming China, but he also gave more detailed accounts of the names and qualities of local botanicals than had ever been published

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¹³ Kim 2001, p. 45. According to the extant record, the Koryŏ Dynasty was able to send only one text (9 volumes), Huangdi zhenjing (Yellow Emperor’s Canon of Acupuncture 黃帝鍼經), to Song China. The Chinese search for reliable woodblock copies from Korea in 1092 aligns well with Goldschmidt’s explanation. He suggests that the Treatise was not entirely accessible to scholars and physicians by the early 11th century, but by the end of the 1060s it is clear that the Song Dynasty officially intended to revive the Treatise by placing the text in the mainstream medical discourse. See Goldschmidt 2009, p. 100.

¹⁴ Kim 2009. Sanghan ryuyo (Essentials of Cold Damage Types 傷寒類要) is found among medical books used for educating court doctors.

¹⁵ For the Classified Compilation’s approach to composing the Treatise, see Lee 2012.
before. From his sources, Hŏ listed more than 2,000 symptoms, 1,400 medicinal substances, and 4,000 remedies,\(^{16}\) organizing them into five major sections (p’yŏn 篇): ‘Interior Landscape’ (Naegyŏng 内景), ‘External Forms’ (Oehyŏng 外形), ‘Miscellaneous Diseases’ (Chappyŏng 雜病), ‘Decoctions’ (T’angaek 湯液), and ‘Acupuncture and Moxibustion’ (Ch’imgu 鍼灸). Hŏ’s interest in the indigenous environment was further expressed by his intentional use of ‘Eastern Medicine’ (Tongŭi 東醫) in the title. Hŏ argued that since Chinese physicians such as Li Gao 李杲 (1180–1252) and Zhu Zhenheng 朱震亨 (1282–1358) were taken to represent ‘northern’ and ‘southern’ medicine, respectively, Hŏ’s own synthesis, entitled Eastern Medicine, deserved a further geo-cultural distinction.

Discussion about cold damage disorders fell mostly into the category of ‘cold’ (han 寒), in the ‘Miscellaneous Diseases’ section (Chappyŏng p’yŏn 雜病篇). As one of the five sections of Precious Mirror, ‘Miscellaneous Diseases’ comprises 11 ‘volumes’ (kwŏn 卷), representing the greater part of Precious Mirror, and details the causes, manifestations, and treatments of various diseases. Hŏ begins by explaining teachings on the ‘environmental and bodily circles of qi’ (chŏnji un’gi 天地運氣), suggesting that proper treatment implies more than just examining an individual body. Once the environmental conditions of diseases have been explained, Hŏ goes on to detail the principles of ‘diagnosis’ (simbyŏng 審病), ‘differentiating patterns’ (pyŏnjŭng 辨證), ‘pulse taking’ (chinmaek 診脈), ‘consuming medicinal decoctions’ (yongyak 用藥), and the three methods of ‘vomiting’ (t’o 吐), ‘sweating’ (han 汗), and ‘purging’ (ha 下). There follows an account of six etiological categories: ‘wind’ (p’ung 風), ‘cold’ (han 寒), ‘heat’ (sŏ 署), ‘humidity’ (sŭp 濕), ‘dryness’ (cho 燥), and ‘fire’ (hwa 火).\(^{17}\) Here, ‘cold’ provides an organizational scheme under which Hŏ elaborates the detail of ranges of symptoms caused by various exogenous factors.

Hŏ’s approach is quite distinct from the way in which his contemporary Chinese scholarly doctors wrote about cold damage disorders. For instance, Li Chan’s 李梴 (c. 1573–1619) Introduction to Medicine (Yixue ruwen 醫學入門, c. 1575), to which Hŏ substantially refers for his explanation of cold damage disorders, separates the category of ‘cold damage’ (sanghan 傷寒) from ‘miscellaneous diseases’ (chappyŏng 雜病), making this a main organizing thread. Unlike Li, Hŏ puts ‘cold damage’ under the category of ‘miscellaneous diseases’, after two opening sections about the interior and exterior of the body-person. By placing ‘cold damage’ under ‘miscellaneous diseases’, Hŏ highlights the

\(^{16}\) Shin 2001, p. 156.

\(^{17}\) Hŏ, Tongŭi bogam, ‘Chappyŏng p’yŏn’ 雜病篇.
general rationale in treating all manifestations of illnesses, paying less attention to the particular nature of externally contracted diseases.

In 'Miscellaneous Diseases,' under the category of ‘cold,’ Hŏ reassembled the Treatise. Emulating Zhang Ji’s six-channel pattern identification as an organizational principle, taiyang (太陽), yangming (陽明), shaoyang (少陽), taiyin (太陰), shaoyin (少陰) and jueyin (厥陰) provide the entry point of differentiating symptoms. Hŏ first introduced a range of general principles before elaborating the detail of this six-channel pattern identification. These teachings expand on general attributes of cold damage, such as, ‘Cold damage disorders contracted in winter,’ ‘Cold damage disorders are serious illnesses,’ ‘Method of pulse taking,’ ‘Dates of recovery or death,’ and so on. After discussing the six-channel pattern identification, Hŏ explains a range of symptoms that were considered manifestations of cold damage. Throughout this rigorous exposition, however, the six-channel pattern identification stands out as a major organizing principle. Each channel is further elaborated in Hŏ’s summary of noticeable symptoms, warnings, and prescriptions.

The ‘cold’ section, like the other parts of the Precious Mirrors, points to a series of Hŏ’s reference sources. In addition to the Treatise, Introduction to Medicine, A Book of Saving Life (Huoren shu 活人書, 1088), A Mirror of Medicine of All Times (Gujin yijian 古今醫鑑, c. 1589), and Orthodox Transmission of Medicine (Yixue zhengzhuan 醫學正傳, 1515) provided the language and rationale for Hŏ’s synthesis. As is revealed in the following table, Hŏ’s sources for the ‘cold’ section overlapped with his general preference for the latest medical literature from Yuan and Ming China.

All of Hŏ’s reference sources are indicated by the name of a text or an author at the end of each quote. Although he follows the guideline of ‘Writing what is already written by tradition without adding personal opinions’ (suribujak 述而不作), Hŏ implicitly inserts his own point of view by intentionally selecting, omitting, and rephrasing the original Chinese literature. To further understand Hŏ’s craft of textual composition, it is necessary to focus on his explanation concerning the taiyang channel. This is one of the most well-known parts of the Treatise, and it has wide application to the first stage of externally contracted diseases. The Treatise begins with the pulse diagnosis and salient symptoms. Here are the first three lines of this entry:

In disease of the taiyang (great yang), the pulse is floating, the head and nape are stiff and painful, and (there is) aversion to cold. When in taiyang disease (there is) heat effusion, sweating, aversion to wind, and a pulse that is moderate; it is called wind strike.
Taiyang disease, whether heat has effused or not, as long as there is aversion to cold, with generalized pain, retching counter flow, and yin and yang (pulses) both tight, is called cold damage.\textsuperscript{19}

The first three lines of the taiyang channel in the Treatise can be compared with those of Hŏ. Under the sub-title of ‘taeyang hyŏngchŭng yongyak’

\textsuperscript{18} Shin 2001, p. 212.
\textsuperscript{19} For this English translation, I referred to version by Craig Mitchell, et al. eds of Shanghanlun; On Cold Damage.
(太陽形證用藥), Hŏ explained the **taiyang** channel by combining Li Chan’s *Introduction to Medicine* with Zhang’s *Treatise*. As Hŏ puts it:

If diseases reside in the **taiyang** channel rooted in the bladder, the head is painful, the back is stiff. The small intestine becomes the sign, and with the heart, (the small intestine) presents the exterior-interior relationship, and there is heat effusion. Ephedra Decoction and Cinnamon Twig Decoction is good in winter and Nine-Herb Decoction with Notopterygium for other seasons.

For **taiyang** diseases, regard skin as the exterior and bladder as the interior. If heat resides in the skin, then the head is painful, nape is stiff. This should be treated with Ephedra Decoction, Cinnamon Twig Decoction, and Nine-Herb Decoction with Notopterygium. If heat resides in the bladder, the patient feels thirsty and the urine is red, then Five Ingredient Powder with Poria should be given. (*Introduction to Medicine*)

(If there is) heat effusion, aversion to cold, and the pulse is floating, these belong to the exterior, and this is the pattern of the **taiyang**. (*Treatise*)

What is important here is Hŏ’s selection of the original literature, Li’s *Yixue ruwen*, which employed terms of dual manifestation. Understanding the paired relationship between organs, or reading the surface sign in connection with its inner phenomena was prioritized in Hŏ’s understanding of diagnosis and treatment. Consequently, his selection of sentences frequently revealed two-fold layers: ‘surface sign’ (*p’yo 標*) and ‘root’ (*pon 本*) or the ‘exterior’ (*p’yo 表*) and ‘interior’ (*ri 裏*). This applies not only to the first few sentences of the **taiyang** channel but also to the other five channel patterns, which exhibit similar wording. The dual nature of disease manifestation is a central idea for Hŏ. Before the **taiyang** section, he offered the following sentence from the *Introduction to Medicine* as a guideline. “The channels become the sign, and internal organs

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become the root. For instance, the taiyang channel becomes the sign and the bladder the root. The other channels are the same (Introduction). According to him, it was not enough to simply reading the patterns of symptoms and then match them to relevant prescriptions: deeper understanding of the Treatise lay in the balancing assessment of any resonance between the surface sign and interior root.

Hŏ’s emphasis on dual relationships parallels his design for the structure of the Precious Mirror. He suggests that the ‘Internal Landscape’ (naegyŏng 内景) and the ‘External (physical) Form’ (oehyyŏng 外形) should be considered essential guides in probing the body for signs of health or illness. Understanding the ‘Inner Landscape’ is important as it shows Hŏ’s theory of the ‘essence’ (chŏng 精), ‘vital energy’ (kt 氣), and ‘spirit’ (sin 神) as significant parts of the inner body. The ‘External Form,’ which elaborates on body parts such as the head, face, back, breast, and abdominal region, parallels the inner functions.

Hŏ’s organizing principles reflect in part his intention to position medicine within a philosophical framework. In the preface, Hŏ argues that his compilation of medical texts agrees with the rationale of Daoist classics like Scripture of the Yellow Court (Huangting jing 黃庭經). The Scripture of the Yellow Court deals with the ‘internal landscape,’ and certainly this is echoed in Hŏ’s discussions of the ‘contours of interior and exterior boundaries and shapes’ (naeoe kyŏngsang chido 內外境界之圖). At the same time, Hŏ modestly acknowledges the limitation of medical understanding by comparison with the totality of the Daoist perspective:

Daoist teaching takes pure essence and nurturing life as the foundation of life, and medical learning takes medicine and acupuncture as the foundation of treatment. Therefore, Daoist teaching deals with the entire mind and body carefully whereas medical teaching deals with only a part.

Conforming to the synthetic principle of ‘Three teachings in One’ (Sanjiao heyi, 三敎合一), Hŏ prioritized the teaching and practice of ‘nourishing life or health preservation’ (yangsheng, 養生), which was also prevalent in the

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21 Hŏ, Tongŭi bogam, ‘Chappyŏng pyŏn’ 雜病篇, ‘Han’ 寒 sang 上, Yukgyŏng p’yŏbon 六經標本.
22 Lee elaborates Hŏ’s organ-centered understanding of the Treatise and its relevance to Yi Che-ma’s Four Constitutional Medicine. See Lee 2004.
23 Hŏ, Tongŭi bogam.
24 Regarding Hŏ’s understanding of Daoism, see Shin 2009.
25 Hŏ, Tongŭi bogam, preface.
late Ming period (from the late 16th to the early 17th century). In short, Hŏ’s language of duality conforms with his organizing framework, reflecting his desire to address diseases and health through a holistic understanding of human beings. Hŏ aimed to go beyond a simple and exhaustive cataloguing of diseases and therapeutic solutions. The terminology and organization highlighted in his assembly of the Treatise reflect Hŏ’s desire to achieve intellectual coherence in describing manifestations of cold damage disorders.

As the above example suggests, the Treatise in the Precious Mirror in part reflects Hŏ’s general approach to composing a medical text. In response to the flow of medical literature until the Ming Dynasty, Hŏ incorporates the original Chinese teachings within his own key terminologies and structural design. This is seen in the ‘internal and external’ and ‘sign and root’ distinction that informs his organizing framework, selection of references, and his choice of words. Even though these ideas had already and frequently been expressed in Daoist classics and Ming medical texts, Hŏ aimed to give philosophical coherence in his synthesis, reflecting a step away from previous methods of compiling medical texts in Korea.

**Hŏ Chun as Framework**

After Hŏ, major publications tended to follow his outline in compiling a range of symptoms described as ‘cold damage’. Kang Myŏng-gil’s 康命吉 (1738–1801) *New Compilation for Benefiting People* (*Chejung sinp’yŏn* 濟衆新編, 1799, *New Compilation* hereafter), for instance, aimed to revise Hŏ’s Precious Mirror by omitting superfluous content and incorporating the latest prescriptions. Sponsored by King Chŏngjo 正祖 (1752–1800), the court physician Kang aimed to produce a practice-oriented text while relying on, but also going beyond, Hŏ’s philosophical stance. In the preface, Yi Pyŏng-mo 李秉模 (1742–1806) asserted that ‘[Kang’s compilation] takes out complicated sentences and complements missing parts aiming at being fully selective and precise to produce a well organized text. Even people in a remote place may benefit from this book and easily access to medicine according to their own symptoms’. In terms of organization, Kang arranges the six etiological categories—wind, cold, heat, humidity, dryness, and fire—in the first volume, and then, in the second, third, and fourth volumes, he goes on to summarize Hŏ’s ‘Interior Landscape’ and ‘External Forms.’ Kang’s beginning with the six etiological

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26 Chen 2008.
28 For Kang’s family background and medical achievements, see Kim 1996, pp. 254–56.
categories seems similar to the first part of Li Chan’s *Introduction to Medicine*. Under the ‘cold’ section, in 34 sub-sections, Kang discusses a range of ‘shanghan’ labeled symptoms and prescriptions. The first six of these sub-sections explain the six channel pattern identifications—*taiyang*, *yangming*, *shaoyang*, *taiyin*, *shaoyin* and *jueyin*—which Kang views as categories of illness, and then matches these to relevant prescriptions.30

By comparison with Hŏ, Kang’s terminology, layout, and selected prescriptions are considerably more concise and straightforward. The ‘*taiyang*’ subsection, for instance, states:

The head is painful, the body has heat, the back is stiff. Without sweating, (there is) aversion to cold. If the pulse of chi (尺) and cun (寸) is floating and tense, this is cold damage (*shanghan*), if the pulse of the pulse of chi (尺) and cun (寸) is floating and relaxing, (it is) wind damage (*shangfeng*).

太陽
頭疼身熱脊強無汗惡寒 尺寸浮緊傷寒浮緩傷風

After this brief statement, Kang introduces only one prescription from Hŏ’s original, Nine-Herb Decoction with Notopterygium (*kumi kangwal t’ang* 九味羌活湯), considering that the decoction most evidently works for the range of symptoms that might fall into the *taiyang* category. The same pattern continues in the remaining five categories—*yangming*, *shaoyang*, *taiyin*, *shaoyin* and *jueyin*. Kang eliminates Hŏ’s theoretical terminology of dualism; nor does he elaborate Hŏ’s framework of two-fold layers—‘surface sign’ and ‘root’—or assign any central importance to the interplay between internal organs and external manifestation. He also eliminates philosophical discussion of the ‘environmental and bodily circles of qi’ and other general principles that Hŏ included in his ‘cold’ section, such as ‘diagnosis’ and ‘differentiating patterns’. Other than Hŏ’s *Precious Mirrors*, Kang does not fully reveal the original references. In his list of references, he includes 21 texts, mostly from Yuan and Ming China. Selection and summarization can be properly rendered only

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30 The other 34 titles of shanghan-related categories were rendered similar to Hŏ’s organization. Overall, the order of the 34 titles, including ‘*shanghan yangzheng*’ 傷寒陽證 (Cold damage yang manifestations) and ‘*shanghan yinzheng*’ 傷寒陰證 (Cold damage yin manifestations), reflects Hŏ’s original, but Kang also adds a new title, such as the ‘*kammo*’ (common cold 感冒).
through trained eyes; in this regard, the *Treatise* in Kang’s abridged compilation reflects his confidence in mastering Hŏ’s *Precious Mirrors*.

In his *Essential Prescriptions* (*Ŭibang hwaltu* 醫方活套, 1869), Hwang To-yŏn reveals an editorial aim similar to Kang, although he organizes his text for greater convenience as a clinical guide. In composing the shanghan-related contents, Hwang also puts six environmental categories in the first volume and deploys the six channel pattern manifestations as quasi-nosological categories. In addition, Hwang adopts the three ways of classifying medicinals, which originated from the Tao Hongjing’s *Collected Commentaries on Classical Pharmacopoeia of the Heavenly Husbandman* (*Bencaojing jizhu* 本草綱目集註, c. 530–557). All prescriptions were organized according to the replenishing (upper), harmonizing (middle), and attacking (lower) natures. In this way, a series of symptoms that might be seen to belong in the *taiyang* category could be treated in three different ways. In summary, elite publications after Hŏ included the *Treatise* according to their own editorial preferences and clinical priorities. In their respective approaches to the *Treatise*, Kang and Hwang do not deviate radically from Hŏ’s organizational principles, working with due adherence to Hŏ’s editorial framework, his prescriptions, and his selection of original Chinese references.

Does Hŏ’s enduring framework for the *Treatise* indicate any equivalent pattern in clinical encounters? How were illnesses understood as cold damage (*sanghan*) actually treated? A couple of medical cases in Chosŏn Korea may help in addressing those questions.¹³¹ For instance, one of the Ŭn Su-ryong’s *殷壽龍* (1818–97) 11 extant cases³² demonstrates his principle for treating externally contracted ‘cold ache’ (*hant’ong* 寒痛). In this case, Ŭn describes how he successfully cured his friend’s daughter-in-law, wife, and maid. Following the sudden death of a friend’s mother, the family was suffering from emotional exhaustion and physical hardship during and after the period of mourning. The symptoms common to these three women included feelings of a sudden chill, and collapse due to fever and headache. Ŭn prescribed milk vetch root as a primary ingredient, adding ginseng and white atractylis (*paeksul* 白朮) as secondary, and then complemented the prescription by using a small amounts of bupleurum (*chaho* 柴胡), dried orange peel (*chinp’i* 陳皮), Saposhnikoviae Radix (*pangp’ung* 防風), and angelica root (*kanghwal* 羌活). Ŭn also suggested that the patient’s body should be warmed up, but without

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¹³¹ For recent research about medical cases in Chosŏn Korea, see Lee 2005, Yi 2012 and 2013.
³² For a brief introduction to Ŭn, see Lee 2005. Ŭn’s cases are included in his five volume anthology entitled *Tanto jip* (呑吐集). Lee provides the original 11 cases in traditional Chinese and its translation into Korean.
sweating. After a day or so, according to Ŭn, all the women had recovered. Ŭn argued that the efficiency of his cure had to do with his principle for dealing with cold-damage disorders. He described the case as follows:

It was winter and (these people) did not rest fully after overwork. Thus, the qi of vicious cold (寒邪) made the most of the emptiness, then primarily invaded the first meridian of taiyang (太陽一經). Accordingly, the vicious qi from outside are fighting against the appropriate qi, which aims to block the advancement of the vicious qi. It is needless to consider any other negligible symptoms. I only prioritize to replenish the appropriate qi. If this appropriate qi flourish, the vicious qi will fade away by itself even without attacking it additional prescriptions. If the appropriate qi protect, how the vicious qi would go deeper through the manifestations? That does not make sense at all. To sum up, this time as well, I stick to the lesson of ‘Do not purge although (the patient) is externally contracted’ (雖外感疎泄勿甚). In other words, I did not violate the rule that even though it is caused externally, you should not use the medicine of purgation. If I ignore the principle and prescribe the medicine of ‘attacking the poison and governing with discharge’ (敗毒和解), then the patient’s symptoms of emptiness became much worse, and I am not sure whether the patients would live or die.  

A case included in Yi Su-gi’s 李壽祺 (1664–?) Miscellaneous Jottings on Medical Experiences and Tests (Yoksi manpil 历試漫筆, 1734) reveals a similar inclination toward the principle of harmonizing and replenishing. Yi criticizes a treatment that aimed to attack the ‘cold’, as the overuse of cold medicine worsened a young man’s ‘cold-damage manifestation’ (sanghan jŭng 傷寒證). Yi reports that ‘the son of Yi Saeng got married at the age of eighteen. On October, after dozens of days of his consummation, he was contracted by the manifestation of cold damage (傷寒證)…After diagnosis, I told with surprise that “this is not the manifestation of yang (yangjŭng 陽證) or real fever (siryŏl 實熱). If you keep overtaking cold medicine, it certainly worsen the patient’s condition”. Yi prescribed the Decoction of Blue-Lily Turf (maengmundong 麦門冬) adding two don of ginseng.

Ŭn agrees with Yi that a body depleted by sexual exhaustion was particularly susceptible to the cold damage. In another case, Ên reports that a recently

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33 Lee 2005, pp. 80–81, ‘A Successful Treatment of Cold Ache Among Friend Sin Paek-wŏn’s Family Members’ (Ch’i sin u paekwŏn kagwŏn han’tŏng 治申友百源家眷寒痛).
34 I encountered this case in Yi 2013, p. 517.
married young man, was suffering from ‘symptoms of yin’ (ŭmjŭng 陰症). The man had married at the age of 21, but also had extra-marital relationships. He complained of frequent chills, fever, and aches in his limbs and joints, and family members used ‘medicine that discharging internal fever by sweating’ (palp’yo hwahae jije 發表和解之劑). However, the patient did not show any improvement, and in fact became worse after more than 20 days in this condition. Ûn reasoned that the young man’s exhausted body, the depletion of appropriate qi, had caused the onset of vicious cold, but fortunately, the cold damage had not reached the deeper layers. What Ûn observed, then, was the earlier stage of shanghan, ‘manifestation of yang’ (yangjŭng 阳證), and so he applied the principle of replenishing, prescribing medicine that protects the original qi.35 Eventually, the patient was cured.

Clearly, Yi and Ûn’s cases do not represent the entire landscape of shanghan treatments in late Chosŏn Korea. However, Yi and Ûn’s cases reveal a persistent assumption in therapeutic approach: that even the destructive power of an external attack cannot penetrate the body so long as that body is not depleted. It is interesting to note that this hesitance in using the cold and discharging medicine was also found among Korean practitioners in the 1930s, who criticized the Japanese shanghan specialists’ bias toward aggressive medicine. It is no exaggeration to say that, in general, this doubt about purgative medicine, and a belief in the body’s own protecting and rejuvenating potential, shapes the ground for Korean practitioners in treating illnesses labeled as ‘cold damage’.

In the following section, I will discuss how Hŏ’s strategy in assembling the Treatise was (dis)continued by Yi Che-ma, who is also celebrated by Koreans as one of the most important figures in the indigenous tradition of medicine.

The Treatise in Nineteenth-Century Korea

Compared to Hŏ Chun, Yi Che-ma voiced his disagreement with Zhang Ji more explicitly. First and foremost, Yi discarded Zhang’s six-channel pattern identification, and then suggested his own classificatory principle centered on human differences. According to Yi, Zhang’s six-channel distinction was different from his own because Zhang focused on ‘disease patterns’ (pyŏnjŭng 病證), while

35 Lee 2005, p. 72, ‘A Successful Treatment of Yin Manifestation of the Yangban Sin’s Eldest Son’ (ch’i sinban changja ŭmjŭng 治申班長子陰證). Ûn added a bit of bupleurum (chaho 柴胡), scutellaria root (hwanggŭm 黃芩), Saposhnikoviae Radix (pangp’ung 防風), and angelica root (kanghwal 羌活).
Yi prioritizes ‘people’ (inmul 人物). Overlaps are found in terminologies they used, but Yi advised people not to equate his classificatory categories with those of Zhang.\(^{36}\) Four types of people were identified: shaoyin ren (少陰人), shaoyang ren (少陽人), taiyin ren (太陰人), and taiyang ren (太陽人), and each reflected the dissimilar nature of human physiology, strength and weakness of the visceral system, uneven senses of morality, and the ups and downs of emotional characteristics. These categories are rigid and deterministic in the sense that they hardly change over time, although a gray area between categories is acknowledged in actual clinical practice. Given these four distinctions, Yi rearranged the *Treatise’s* explanation of the six channels. For instance, to those who belong to shaoyin in Yi’s category, the *Treatise’s* taiyin bing, shaoyin bing, jueyin bing, taiyang bing, and yangming bing patterns are relevant. In a similar vein, people of shaoyang in Yi’s framework are vulnerable to all the yang-related patterns in the *Treatise*. Among taiyin people, to which group most Koreans belong, taiyang bing and yangming bing patterns from the *Treatise* are often found.\(^{37}\)

Not surprisingly, Yi’s classification of people reflects his observation of neighboring Koreans. Yi mentioned that, ‘Generally speaking, if we think of the proportion of taishao (太少) yinyang (陰陽) people in a prefecture with a population of 10,000, taiyin people amount to 5,000, shaoyang to 3,000, shaoyin up to 2,000, and the number of taiyang is very small. Only between three or four and ten people belong to taiyang.’\(^{38}\) Yi’s four categories are not an imposed abstraction. Cases in *Longevity and Life Preservation* reflect Yi’s intention to deduce four categories from his clinical experiences.

Yi also highlights how his own prescriptions are built on, yet depart from, past knowledge of herbs. For instance, Yi first picked up 23 formulas from the *Treatise*, which may well work for those who belong to the shaoyin people, then 13 formulas from the Song, Yuan, and Ming physicians were added. Finally, Yi suggested his own 24 prescriptions. For instance, if Cinnamon Twig Decoction (*guizhitang* 桂枝湯) was prescribed by Zhang Ji, Cinnamon Twig Plus Aconite Accessory Root Decoction (*guizhi fuzitang* 桂枝附子湯) was designed by Li Chan, and, lastly, Yi’s own solution was built on by adding milk vetch root or ginseng to the older formulas. Yi introduced Astragalus, Cinnamon Twig, and Aconite Accessory Root Decoction (*huangqi guizhi fuzitang* 黃耆桂枝附子湯)

\(^{36}\) Yi Che-ma, *Tongŭi susebowŏn*, ‘Ŭiwon non’ 醫源論. For English translation, I referred to Choi 1996.

\(^{37}\) Yi, *Tongŭi susebowŏn*, ‘Ŭiwon non’ 醫源論.

\(^{38}\) Yi, *Tongŭi susebowŏn*, ‘Sasangin byŏnchŭng non’ 四象人辨證論.
or Ginseng, Cinnamon Twig, and Aconite Accessory Root Decoction (*renshen guizhi fuzitang 人蔘桂枝附子湯*). In this way, Yi prepared more than 100 of his own prescriptions.

Yi's competence in his recomposition of the *Treatise*, and particularly his decomposition of the six-channel pattern identification, however, should be tempered with an acknowledgement of his dependence on Hŏ. For instance, Yi's discussion about *shaoyin* people comprises the following three sub-sections.39

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Contents of the Shaoyin people</th>
</tr>
</thead>
<tbody>
<tr>
<td>少陰人腎受熱表熱病論</td>
<td>The discussion of the <em>shaoyin</em> people's exterior heat disease induced from the kidney and affected by heat</td>
</tr>
<tr>
<td>少陰人胃受寒裏寒病論</td>
<td>The discussion of the <em>shaoyin</em> people's interior cold disease induced from the stomach and affected by cold</td>
</tr>
<tr>
<td>少陰人泛論</td>
<td>General remarks on the <em>shaoyin</em> people</td>
</tr>
</tbody>
</table>

The *shaoyin* category is divided by heat or cold attack. Heat and cold reside in the exterior and interior, respectively, and are understood as combined with the corresponding internal organs. The other three categories of people are also conceptualized through the language of the ‘exterior and interior’, ‘heat and cold’, and ‘outer and inner’ relationships, which are linked to corresponding organ manifestation. As this example reveals, Yi’s organizing principle is partly consonant with Hŏ’s emphasis on the interaction between the ‘surface’ sign and the ‘interior’ root.

Not only the organizing principle and main terminologies, but also textual components reflect Yi’s reliance on Hŏ. Like Hŏ, Yi revealed his sources; the first few lines in the ‘discussion on the *shaoyin* people’ begins with ‘Zhang Ji’s *Treatise* said…’ or ‘Wei Yilin 危亦林 (1277–1347) said’.40 The remainder is also filled

39 Yi’s *Tongŭi suse bowŏn* is composed of four volumes. The first volume discusses Yi’s worldview and philosophical ground of the text, and the second and third volumes elaborate symptoms and prescriptions belong to *shaoyin* and *shaoyang* people respectively. *Taiyin* and *taiyang* people were treated in the fourth volume.

with Yi’s quotes from Gong Xin 龔信 (c. 1577–93)’s *A Mirror of Medicine of All Times* (*Gujin yijian* 古今醫鑑, c. 1589) or Zhu Zhenheng 朱震亨 (1282–1358)’s *Danxi’s Methods of Mental Cultivation* (*Danxi xinfa* 丹溪心法, 1481). Although Yi never directly mentioned Hŏ’s *Precious Mirror*, most of Yi’s Chinese originals were actually constructed through Hŏ’s lines in the cold section of the *Precious Mirror*. All of Yi’s Chinese references are already examined by Hŏ. Yi did not include any Chinese texts about the cold damage disorders published after Hŏ. Some of Yi’s sentences are much closer to Hŏ’s work than the Chinese originals.41 In other words, Yi selected sentences from major Chinese literature using Hŏ as a guideline.

Given Yi’s departure from—and yet reliance upon—Hŏ, how did he integrate his work with the notion of the tradition in which he was working? Yi named (in his opinion) the three most important figures in the entire history of medicine: Zhang Ji, Zhu Gong 朱肱 (1535–1615), and Hŏ Chun. Zhang was viewed as having realized the way of medicine and left valuable writings. If Zhang is the founding father of medicine, Zhu becomes he who restored medicine by expanding knowledge about disease patterns and prescriptions. After Song, Yi viewed Yuan physicians such as Wang Haogu 王好古 (c. 1200–64), Zhu Zhenheng, Wei Yilin, and Ming physicians like Li Chan and Gong Xin as legitimized successors of medicine.42 The third most significant figure was Hŏ. By juxtaposing Hŏ with other great Chinese physicians, Yi envisioned a lineage that is neither limited by geography nor hampered by political boundaries. By employing ‘Eastern medicine’ in his title, Yi insinuated that the lineage first originated with Zhang, was then mediated by Hŏ, and was to be succeeded by Yi himself.

Yi’s ambition in medicine is also found in the scope of his text. Unlike his nineteenth century contemporaries, who mainly worked on a variety of practical manuals, extracts of medical classics, and popular guidebooks, Yi aimed at a grand synthesis that included the entirety of human existence. Four categories, hence, do not merely apply to human physiology. As the following table shows, the four distinctions were to cover all aspects of human life and unfolded upon differences in environmental frames, human affairs, virtues, wisdom, and emotional characteristics.

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41 Pak and Song, 1993.
42 Yi, *Tongŭi susebowŏn*, ‘Ŭiwon non’ 醫源論.
Past scholarship did not show an agreement in describing Yi's intellectual background; Yi's four-fold conceptualization might be ascribed to his study of Mancius, to Chosŏn elites’ Neo-Confucian pursuit of human nature, to Yi's exposure to ‘Practical Learning’ (Sirhak 實學), or to Yi’s study of ‘warm disease’ (wenbing 溫病) texts from Qing China.44 What should be underlined is Yi's desire to provide medicine with philosophical coherence. His detailed discussion about therapeutic principles comes after Yi's teaching about ‘Nature and Order’ (Sŏngmyŏng non 性命論), the ‘Four Principles’ (Sadan non 四端論), the ‘Establishment and Supplement’ (Hwakch’ung non 擴充論), 'Inner Organs' (Changbu ron 臟腑論), and the ‘Origin of Medicine’ (Ŭiwŏn non 醫源論). Furthermore, Yi left a series of philosophical writings prompting diverse interpretations and debates. To a certain degree, the grand intellectual scope and a
flexible mode of textual engagement made Yi’s *Longevity and Life Preservation* attractive to later generations.\textsuperscript{45}

Both Hŏ and Yi responded to the demands of their own times. The medical world Hŏ confronted showed a superficial understanding of past knowledge, but lacking the sufficient depth to go to the root of the matter. King Sŏnjo 宣祖 (1552–1608), who supported Hŏ’s *Precious Mirror*, complained that ‘Recent medical texts both in China and Korea are all inconsistent selections from other copies, [and] thereby lack a consistent view’.\textsuperscript{46} Hŏ attempted to create a synthetic order through which the full repertory of Chinese originals might shed light on Korean medical problems. Needless to say, Hŏ’s contribution was to serve as the dynasty’s paternalistic management of medicine.

On the contrary, Yi learned and practiced medicine in a world in which diversity and eclecticism were valorized more than ever before. Medicine in general became more private and profitable during the nineteenth century.\textsuperscript{47} The management of medicine gradually shifted from state regulation to private control. It was no longer surprising that a member of the *Yangban* elite was acquainted with medical knowledge, managed seasonal herbs, and voiced his own opinion when a local doctor was consulted for the illness of family members. Precious botanicals from Qing China were still in great demand, and the latest *Bencao* texts, practical manuals for pregnancy and delivery, and specialized texts in pediatrics were popular. When Yi wrote *Longevity and Life Preservation*, a couple of Western style clinics had already been established in Korea. Revisions of the *Treatise* that stressed empiricism over philosophical speculation prevailed, particularly in Japan since the eighteenth century. Given these signs of changes, Yi clearly showed a divergence from the earlier composition of the *Treatise* in terms of novel typology and self-awareness.

\textsuperscript{45} Understanding Yi’s composition of the *Treatise* requires a further look at his socio-cultural context. As a nineteenth-century Korean physician-intellectual, Yi hardly enjoyed the feeling of being privileged. Not much is known about Yi’s personal life, but a few studies point out that Yi was born as an ‘illegitimate son’ (Sŏŏl庶男) to a *yangban* family and left his hometown at the age of 13, after his father and grandfather passed away. After wandering around Korea and Manchuria, Yi began his career as a military officer at the age of 39 and was appointed a ‘county administrator’ (*kunsu*郡守). In this capacity, he successfully repressed a local uprising. However, Yi doesn’t seem to have enjoyed the highest position he gained throughout his life. Yi returned to his hometown right after the appointment, and then spent the rest of his life practicing and writing about medicine. See, Pak 1996. Regarding social status in Chosŏn Korea, see Hwang 2005. For the latest research on Yi Che-ma, see Yi 2014.

\textsuperscript{46} Hŏ, *Tongŭi bogam*, preface.

\textsuperscript{47} For privatization of medicine, see Kim 1998.
However, his ambitious synthesis of the body, society, and morality was closer to the ideal of combining medicine with philosophy than to the new trend of dissociating them.48

Surely, clinical efficacy was not the only reason that Hŏ’s and Yi’s syntheses became successful. During the eighteenth and nineteenth centuries, as was discussed earlier with the case of New Compilation, Hŏ’s Precious Mirror was criticized and modified to meet novel demands, rather than blindly praised as an infallible native tradition. For more practical use, later generations ignored Hŏ’s teachings on ‘nurturing life’, omitted some images, and abridged the original layout considerably. In a similar vein, Yi’s ‘Four Constitutions Medicine’ (Sasang ŭihak 四象醫學) was not complete from the first. During the first half of the twentieth century, Yi’s framework was expanded and solidified as more practitioners came to add new herbs, formulas, and cases to the four categories.49

Wŏn Chi-sang’s 元持常 (1885–1962) Newly Edited Four Constitutions of Eastern Medicine (Tongŭi sasang sinpyŏn 東醫四象新編, 1929) exemplifies the way in which Yi’s assembly of the Treatise was accepted by practitioners. Born to a yangban family, Wŏn highly regarded Yi’s interpretation of medical principles.50 In the preface, Chang Pong-yŏng 張鳳永 (1882–1948), Wŏn’s friend, pointed out that Hŏ’s Precious Mirror neither fully detailed the innate human nature of internal organs nor elucidated the efficacy of useful herbs. Only Yi Che-ma, based on his four categories of people, achieved unprecedented dimension of medical prowess by differentiating the characteristics of visceral organisms and the technique of prescription.

Wŏn’s text primarily aimed to re-assemble Yi Che-ma’s original. Composed of two parts, internal and external sections, each section has five and four

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48 Yi’s hometown belonged to a region that had long been discriminated against in Chosŏn Korea. The north, or the northwest (sŏbuk 西北), was a political and cultural margin, whereas families of influence and key figures in academia and politics were mostly southerners. For a discussion of marginality and regional discrimination under the Chosŏn dynasty, see Kim 2007, pp. 7–11. In particular, Table 1 (p. 23) and Table 3 (pp. 38–39) clearly show the marginality of Yi’s hometown, in the Hamgyŏng province. Yi, as an individual, had never connected to a major network of politics, scholarly learning, or medicine. He gained medical prowess neither by passing the state examination nor by belonging to a family of famous physicians. It is known that Yi’s self study, accumulated experience in his hometown, and dialogues with an unknown teacher helped him to succeed in medicine. Unlike Hŏ, who worked as a court physician and received unconventional support from a royal family, Yi practiced and wrote as a self-taught doctor on the margins of society.

49 For the inventive nature of ‘Sasang ŭihak’ in the early twentieth century, see Shin 2006.

50 For general introduction to Wŏn and his text, see Ahn and Kim 2012.
subcategories, respectively. All of the subcategories were titled with the term of ‘four constitutions’ (sasang 四象). Given this explicit aim to emulate Yi’s framework, however, Wŏn implicitly added his own modification. Primarily, Wŏn adopted the three layers of page division, which had already been utilized in Hwang To-yŏn’s most popular medical primer, Prescriptions. For each division of row, Wŏn matched the three most prevalent categories of people. On top of the three rows, Wŏn added another row to inscribe the names of illnesses. One illness name, in this regard, was related to three types of people vertically. Following the rows, readers were supposed to derive different prescriptions for each type of people. Secondly, Wŏn continued to use the six pattern manifestations as a typology of illness. In the external section, under the category of ‘cold’, Wŏn introduced ‘taiyang bing’ (太陽病), and then matched different types of prescriptions to different categories of people. Finally, Wŏn included ‘Prescriptions from Experience’ (kyŏngŏm bang 經驗方), aiming to insert his own experience. Wŏn’s composition demonstrates that even when Yi’s four types of people were valorized, later practitioners did not hesitate to accommodate their own experiences of effective prescriptions, the conventional use of the six-channel pattern identification, and acknowledged the merit of a simple layout for clinical efficacy.

The Treatise in Colonial Korea (1910–45)

The Korean composition of the Treatise during the early twentieth century began to depart from the Hŏ Chun and Yi Che-ma line of terms and interpretations. Under the growing sense of nationalist concern and colonial contestation, Korean practitioners of traditional medicine began to combine Hŏ’s and Yi’s accomplishments as sources of creating national and cultural identities while exploring diverse references from both China and Japan for understanding the Treatise.

To further understand these changing contours, the colonial alteration of medicine, which primarily unfolded with the newly adopted licensing system, should be briefly explained. After the Japanese annexation of Korea, a series of regulations qualifying medical professionals was distributed in 1913. The bottom line of the Japanese regulations of 1913, which were more detailed than any previous Korean reforms, was primarily to highlight the state’s role

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51 Wŏn, Tongŭi sasang sinpyŏn. The entire text is digitalized with translation into Korean at the Korean Database KRPIA http://www.krpia.co.kr/. Last visit on Feb 28, 2014.

in privileging Western medicine as the only authorized form of medicine, thereby disqualifying Korean practitioners of traditional medicine. However, the Japanese colonial regime had more patience with traditional medicine in Korea than the government did in Japan. Labeled an ‘apprentice of medicine’ (ŭisaeng 醫生) by the Japanese, traditional Korean practitioners were tolerated, although officially inferior to doctors of Western medicine, reflecting the Japanese government’s decision to employ these “old-fashioned” agents of medicine in the Japanese colony.

Korean doctors of traditional medicine felt an urgent need to justify their careers in light of Western medicine’s claim of universal supremacy. Priority was given to declaring Korea a unique place of medical development. Creating a nation-centered tradition of medicine enabled Koreans to uproot China as the source of medical authority and to endow Korea with a major role of representing the ‘East’, which was enthusiastically contemplated as a way to relativize the ‘West’. Leaders of traditional medicine who planned professional associations such as the ‘Association for Studying Eastern and Western Medicine’ (Tongsŏ ŭihak yŏn’guhoe 東西醫學硏究會) and the ‘Association of Traditional Medicine in Chosŏn’ (Chosŏn hanyak chohap 朝鮮漢藥組合) during the 1910s and 1920s wished to give authority to traditional medicine by endowing the past with a nationalist context. Instead of celebrating the origin of medicine with the Chinese Yellow Emperor and his servant Qi-bo, the continuity of medical tradition was represented by the legendary founding father of the Korean nation—Tangun (檀君), Hŏ Chun’s Precious Mirror, and the 500 years of the Chosŏn Dynasty. Yi Che-ma’s synthesis fit well into this demand for a Korea-centered articulation of medical heritage. Yi’s idiosyncrasy in combining medicine and philosophy provided a tool for Koreans not only to argue against the Western claim of scientific medicine, but also to overcome the centuries-long authority of China.

The growing publicity around Yi Che-ma, to a certain degree, piggybacked on the nationalist will to invent a Korean tradition of medicine, which prevailed in the 1920s and 1930s.53 It was not until the middle of the 1920s that Korean advocates of traditional medicine in Seoul paid special attention to Yi’s work. When the Longevity and Life Preservation was recognized, the way Yi connected Zhang, Hŏ, and his own approaches as an imaginative yet continuous line of transmission and revision of medicine had become obsolete. While Yi’s Longevity and Life Preservation was accepted as an unfathomable ground for the Korean style of medicine, the linkage with the Treatise, which

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53 Regarding nationalist invention of Yi Che-ma’s medicine, see Shin 2006.
provides the core language and therapeutic ground to Yi’s *Longevity and Life Preservation*, became less important.

While nationalizing Yi’s medical synthesis, Koreans continued to explore novel references and formats to reassemble the *Treatise*. First and foremost, journals of traditional medicine, which were published between the 1910s and ‘30s, served as a medium for spreading discourses about the *Treatise*. More than seven kinds of journals were intermittently published nationwide, and the extant volumes amount to over 50.\(^{54}\) While the earlier publications of the 1910s were often discontinued after one or two years due to financial instability, circulation became more stabilized during the 1930s. Despite the different titles of the journals, their editorial boards show continuity in terms of manpower and their networks.

Most journals were published in Seoul, yet *Medicine of Ch’ungnam (Ch’ungnam uiyak)*, which was first published in 1935, aimed to represent local practitioners in the Ch’ungnam (忠南) province. Since educational institutions of traditional medicine in Korea were rare and not standardized at the time, the journals primarily served as textbooks and newsletters, simultaneously reflecting Koreans’ desire to revive and modernize their tradition of medicine. Articles ranged from passionate celebration of the profession’s long heritage to details about new medical regulations imposed by the Japanese colonial government, general information about Western medicine, a comparative glossary of traditional and Western medicine disease names, successful cases, miscellaneous essays, and advertisements. In their textbook role, the journals include a series of lecture notes on subjects such as *materia medica* or gynecology. The *Treatise* was a central subject among the educational topics.

The lecture series about the *Treatise* became enriched as Koreans gained access to more diverse references. For instance, the *Treatise* as a teaching subject in the earlier journal *the Association of Traditional Medicine (Hanbang ŭiyakgye)* relied primarily on an individual Korean doctor’s personal writing.\(^{55}\) However, journals published between 1916–19, such as *Newsletter of Eastern and Western Medicine (Tongsŏ ŭihakbo)* and the *Association of Korean Medicine (Chosŏn ŭihakgye)*, substantialized the *Treatise* by relying on Tang Zonghai’s 唐宗海 (1862–1918) 

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54 Jung 2004.
55 For instance, see *Hanbang ŭiyakgye* volume 2, Yi Chun-kyu and Pae Sŏk-chong authored articles about cold damage. Only two volumes of *Hanbang ŭiyakgye* were published in October 1913 and January 1914, respectively. See Jung 2004.
Simple Annotation and Correction of the Treatise on Cold Damage Disorders (Shanghunlun qianzhu buzheng 《傷寒論淺注補正》).\textsuperscript{56}

Tang is widely known as the first proponent of medical eclecticism in the late Qing period, and his technique of synthesizing Chinese medicine with Western medicine attracted Korean advocates. Tang’s other writings, such as The Essential Meaning of the Medical Canons (Approached) through the Convergence and Assimilation of Chinese and Western (Knowledge) (Zhongxi huitong Yijing jingyi 中西匯通醫經精義) and Simple Annotation and Correction of the Essentials from the Golden Cabinet (Jingui yaolue qianzhu buzheng 《金匱要略淺注補正》), were also presented to Korean audiences under the subject headings of ‘Treatise on Internal Organs’ (changburon 脏腑論) and ‘Studies on Miscellaneous Diseases’ (chappyŏngak 雜病學). Koreans selected, pasted, and summarized Tang’s interpretation of the Treatise in the middle of their growing anxiety about Western medicine.

Additional evidence of the eclectic composition of the Treatise is found in a text authored by Sŏng Chu-bong 成周鳳 (1868–?) in the Ch’ungnam province. Entitled A Textbook of Traditional Medicine (Hanbang ŭihak kangsŭpsŏ 漢方醫學講習書, 1935), this book aimed to provide an effective guide for students who were supposed to complete their training of medicine within three years. Composed of 270 unites in six volumes, each unit required three days to master.\textsuperscript{57} Under this planned curriculum, the author hoped the future generation of his field would adapt to the rapidly changing world more smoothly. The author lamented that ‘recently, the fate (運) of the world wide opens and the culture of the West and Asia developed respectively. Accordingly, hundreds of arts pursued the ultimate of refinedness. Alas, our profession of medicine did not fully come to grasp with the urgency of the world, and merely wither[ed], discouraged and did not fully reinvigorate’.\textsuperscript{58}

Shanghan lun 《傷寒論》 was central in composing Sŏng’s textbook.\textsuperscript{59} Sŏng differentiated the shanghan from the ‘Miscellaneous Disease’ categories. By combining terms, such as ‘disease’ (bing 病) and ‘manifestation’ (zheng 證) with the six-channel pattern identifications, Sŏng established a series of categories

\begin{itemize}
\item \textsuperscript{56} For instance, see Chosŏn ŭihakgye (朝鮮醫學界) volume 1. Nine volumes of Chosŏn ŭihakgye were published between March 1918 and September 1919.
\item \textsuperscript{57} Sŏng, Hanbang ŭihak kangsŭpsŏ, ‘Pŏmye’ 凡例.
\item \textsuperscript{58} Sŏng, Hanbang ŭihak kangsŭpsŏ, ‘Sŏŏn’ 續言.
\item \textsuperscript{59} The first volume of Sŏng’s text exhibits the general principles of yin and yang, the five phases, internal organs and qi relying mostly on Introduction to Medicine. The second and third volumes are comprised of shanghan treatment. The fourth volume deals with miscellaneous diseases, and the fifth covers women’s issues.
\end{itemize}
of explaining cold damage symptoms. For instance, ‘taiyang shangpeng guiji zheng’ (太陽傷風桂枝證) and ‘shaoyang benbing’ (少陽本病) was rendered as titles of explanatory units about shanghan. In a similar vein, yangming, tai­yin, and shaoyin related diseases or manifestations were explained and then matched with relevant prescriptions.60 More to the point, in the third volume, Sŏng introduced the ‘treating principle of warm diseases’ (wenbing zhifa 溫病治法), between the 28th and 29th units, ‘cold epidemics’ (hanyi 寒疫) in the 30th and 31st, and ‘warm epidemics’ (wenyi 溫疫) in the 32nd and 33rd. In these six units, Sung introduced 42 prescriptions, which amounts to more than half of the entire 83 prescriptions in Volume three.

Sŏng’s compilation of shanghan in Volumes 2 and 3 was heavily relied on Huang Yuanyu’s 黃元御 (1705–58) original, particularly Huang’s explanation about warm diseases.61 Sŏng selected more than fifty percent of his entire prescriptions from Huang’s text, yet for the shanghan section almost every formula was taken from Huang’s.62 Given Korean practitioners’ conventional pursuit of the latest medical texts from Qing China, Sŏng’s reliance on Huang is anything but a surprise. What seems interesting here is, Huang’s criticism on overuse of attacking medicine in the case of warm diseases and other febrile epidemics63 parallels Korean practitioners’ preference in prescribing harmonizing and replenishing prescriptions in treating cold damage disorders. Sŏng agreed with Huang in this therapeutic principle, then selected Huang’s discussion about warm diseases to enrich the shanghan sections of Sŏng’s textbook.

Koreans’ reliance on Chinese references continued into the 1930s, although Korean advocates enthusiastically aimed to displace China’s authority and to establish Korea’s own origin and development of medicine. In particular, Korean advocates were attracted by China’s ostensible attempts to modernize traditional medicine. One of the leading Korean voices, Sin Kil-gu, eagerly introduced the details of new educational institutions, journals, and various

60 Interestingly, the term ‘Jueyin’ 厥陰 was not used in Sŏng’s compilation of shanghan.
61 Huang Yuanyu 黃元御 (1705–58) was a well-known physician in the time of Emperor Qianlong 乾隆 (r. 1736–96). He was born into a literary family in Shandong Province in North China. It is said that Huang changed his life goal from becoming an official to a doctor after realizing the importance of medicine at the age of 30. As a productive writer, Huang completed 13 books in 21 years. His medical theory was induced from his study about Yijing 易經 (Book of Changes), and he highlighted the holistic approach to the health and illness of the human body. See, Liu 2012.
62 Jo 2010. Sŏng puts Huangshi bazhong shu 黃氏八種書 (Mr. Huang’s Eight Treatises) in his reference list implying his reliance on 8 texts authored by Huang. Among Huang’s 13 known texts, 12 are about medicine. Liu 2012, p. 26.
63 Liu 2012, p. 27.
publications of traditional medicine in China. For instance, Sin reported that Yan Xishan 閻錫山 (1883–1960), a prominent warlord in Shanxi, came to support traditional medicine after he successfully recovered from a skin disease with the help of a traditional physician. The traditional medicinal community in China, according to Sin, had more than 17 educational institutions in major cities, such as Shanghai, Suzhou, and Kaifeng, and more than 30 periodicals specializing in traditional medicine. Furthermore, doctors of traditional medicine in China seemed to be vigorously competing with Western-trained doctors without seriously losing popularity and self-confidence.

To Korean doctors of traditional medicine, their Chinese counterparts appeared to be more autonomous without being hemmed in by the strict licensing regulations of a colonial government. It was also reported enviously that Chinese scholars had proudly edited the voluminous work titled the Great Dictionary of Chinese Medicine (Zhongguo yixue dacidian 中国医学大辞典) and had even begun to historicize their own tradition by publishing the History of Chinese Medicine (Zhongguo yixue shi 中國醫學史), written by Chen Bangxian 陳邦賢 (1889–1976). In other words, Korean doctors of traditional medicine remained aware of their marginality, not only with respect to the West, but also within East Asia with respect to China.64

After the Korean liberation in 1945, some Korean textbooks of the Treatise followed the outline of the Chinese version. For instance, Pak Hŏn-jae, a renowned practitioner and educator, emulated Beijing College of Chinese Medicine’s (Beijing zhongyi xueyuan 北京中醫學院) textbook of the Treatise in order to publish his own introduction to the Treatise. Although Pak added more formulas to enhance the clinical efficacy, the overall structure, source, and quotes from the original Treatise follow those found in the original TCM version. Maeng Ung-jae, another famous physician-professor at Wŏngwang University, relied on another TCM textbook published by the Hubei College of Chinese Medicine (Hubei zhongyi xueyuan 湖北中醫學院) to flesh out his composition of the General Discourses on the Cold Damage Disorders (Sanghan non kaesŏl 傷寒論概說). In the author’s preface, Maeng stated that he translated and edited the Chinese original version, referring to an earlier Korean translation of the Treatise, and revised the dosage for clinical application. As both Pak and Maeng primarily referred to the TCM texts, the organizational structures of their books are almost identical. Both Pak and Maeng take the six-channel pattern identification as an organizational principle, and their

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work demonstrates many overlaps in composing sub-categories to explain each pattern identification.65

From the 1930s on, the Korean understanding of the *Treatise* reflects the growing hegemony of Japanese academia in defining the novelty and authority of medical knowledge. Under the Japanese-led modernization of medicine efforts, Korean doctors of traditional medicine could not avoid relying primarily on Japan as a point of reference. For instance, Korean advocates of traditional medicine during the 1930s regarded the establishment of the Japanese Society of Traditional Medicine (*Nihon Kanpō Igakkai* 日本漢方醫學會) as a positive sign of a revival of traditional medicine. The fact that Western medicine-trained Japanese scholars took part in this society encouraged Koreans to argue for the significance of traditional medicine as an intellectually appropriate therapeutic principle. The society’s journal, *Formulas and Herbs of Traditional Medicine* (*Kanpō to Kan’yaku* 漢方と漢藥), which was first published in 1934, was often quoted by Koreans as evidence of the scientifically proven efficacy of traditional medicine.

The Korean study of the *Treatise* followed this trend. In the journals published and circulated in 1930s Korea, issues around cold damage disorders abound, particularly those written by Japanese authors such as Yumoto Kyūshin 湯本求眞 (1876–1941) and Yakazu Dōmei 失數道明 (1905–2001).66 In particular, Yumoto was recognized for his work in inheriting and revising Yoshimasu Tōdō’s 吉益東洞 (1702–73) radical reinterpretation of the *Treatise*. Rejecting the Neo-Confucian interpretation of medicine, Yoshimasu had argued that all diseases can be ascribed to one kind of poison. Hence, treatment should be aimed at attacking the noxious pathogen that has accumulated in the body, which can be detected by a refined diagnostic palpation of the abdomen.67 Inheriting but partly overcoming Yoshimasu’s radical empiricism, Yumoto aimed to revise the Ancient Formula Current’s (*kohōha* 古方派) approach to the *Treatise*, and his synthesis, titled *Kokan igaku* (皇漢医学, 1934), was circulated in China and Korea, and then translated into Korean in the 1960s.

Of course, some Korean reformers of traditional medicine criticized the Japanese emphasis on the Ancient Formula Current’s understanding of the *Treatise*. For instance, Sin states the following:

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65 Pak 1984; Maeng 1996.
66 For instance, see *Hanbang ŭiyak* 漢方醫藥 (Traditional Medicine) volumes 27, 28, and 33. *Hanbang ŭiyak* was published monthly by the association of traditional medicine in *Ch’ungnam* province between 1937–42. The exact dates of first and last publications are unknown. See Jung 2004.
67 Daidoji 2013.
They act as if there were no other theories except Zhang Zhongjing’s *Treatise*. Thus, they indiscriminately apply the principle of cold damage, which is supposed to be applied only to disorders of external origin, to miscellaneous diseases caused by inner factors, thus devoted all their energies in attacking and purging. As such, they rashly prescribe *ephedra sinica* (*mahwang* 麻黃) and *pinellia ternata* (*panha* 半夏) for tuberculosis.68

Korean advocates ascribed Japanese scholars’ inclination toward strong remedies to the general mindset of the time. Inasmuch as Westernized medicine preferred the attacking principle to more gentle approaches, traditional medicine also came to be influenced by this trend. However, according to Sin, this is nothing but a regrettable example that reveals the Western impact on the traditional. Sin expected this tendency to be corrected soon. Despite this criticism, it is not exaggerating to say that Japanese writings in general were circulated among Korean doctors of traditional medicine as a reference to further understand the *Treatise*.

**Epilogue**

Korean compilations of the *Treatise* mirror the textual component of medical innovations over time. The Chosŏn dynasty’s ambitious project of compiling medical classics shows its attempt to fully incorporate the *shanghan* teachings and prescriptions available by that time. Hŏ Chun’s passages about the *Treatise* comprised the bulk of his description of ‘Miscellaneous Diseases’ and shrewdly displayed his technique of textual composition, which became central in fashioning the identity of ‘Eastern Medicine’. The *Treatise* mediated by Hŏ continued to provide textual resources for Yi Che-ma in the late nineteenth century, which he used to invent his four categories of people; this was developed as Four Constitutions Medicine under the growing sense of nationalism in the early twentieth century. In colonial Korea, advocates of traditional medicine persistantly sought other means of engaging the *Treatise* to meet the novel challenges from the West; thus, they relied on Tang Zonghai, a Chinese proponent of medical eclecticism, Huang Yuanyu, a Qing scholarly physician who wrote an important study of *wenbing*, and Yumoto Kyūshin, a Japanese expert on the *Treatise*. In liberated Korea, physicians of traditional medicine relied on the TCM textbooks to compile teaching materials for Korean students.

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Viewed from Yamada’s wording, the Korean landscape of the *Shanghan lun* over time reveals manifold editorial aims and designs, changing motivations, and (dis)continued patterns of supplementing and removing. What is commonly manifested, though, is the desire to articulate timely interventions as Hwang To-yŏn elaborated with his own definition of what medicine is all about. Although the growing nationalization of medicine in the twentieth century highlighted the country’s own territory of medicine against its Chinese, Western, and Japanese counterparts, Korean physicians have simultaneously sought for connections; they did this by engaging different sources across national, cultural, and linguistic boundaries to create their own textual composition to effectively meet the clinical and social demands of their own time.

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