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Shanghanlun in Korea, 1610-1945

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Abstract

This article examines how Korean physicians of traditional medicine have utilized Zhang Ji's 張機 (150–219 CE) *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

Shanghanlun; Hō Chun; *Tongŭi bogam*; Yi Che-ma; Eastern Medicine; Korean Medicine

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

Introduction²

Hwang To-yŏn (黃度淵, 1807–1884) prospered as a physician managing an apothecary called the ‘Hall of Assisting Transformation’ (*Ch’anhwadang* 贊化堂) in Seoul. On the strength of his reputation, Hwang was once recommended as the private doctor of King

¹Yamada 1999, p.184.

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.³

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 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.⁴

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'.

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³For 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.

⁴Hwang, *Ŭijong son'ik*, preface.

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).⁵ 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.

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.⁶ 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.⁷ 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.⁸ 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.⁹ ‘A return to the *Treatise*’ was the slogan of the Ancient Formula Current’s (*koh ha* 古方派) physicians, whose writings impacted the contemporary TCM’s use of ‘pattern differentiation and treatment determination’ (*bianzhenglunzhi* 辨證論治).¹⁰ What, then, was the Korean motivation for and convention in utilizing the *Treatise*?

⁵In 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 on ‘*Yizheyiye*’ 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 tsuka 1967. I am grateful to Keiko Daidoji for introducing me to tsuka’s paper. She translated most of tsuka’s major points into English. Maeng 2003 also traces the manifold implications of *yi* by analysing a range of Chinese classics.

⁶Yamada 1999, pp. 169–99. For the origins of the *Treatise* and different editions up to the Song Dynasty, see Goldschmidt 2009, pp. 95–102.

⁷Epler 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.

⁸Goldschmidt 2005.

⁹Hanson 1998, pp. 517–18.

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?

Yamada Keiji's (山田慶兒) term, '*shanghanlun* as a landscape',¹¹ 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, Hō 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 Hō and Yi during the reign of the Japanese colonial government (1910–1945), elucidating how a growing sense of nationalism and an urgent longing for medical modernization reshaped the format, meaning, and clinical strategy of the *Treatise*.¹²

The *Treatise* in Korea between the Seventeenth and Nineteenth Centuries

The *Treatise* in Hō 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.¹³ The court record states that *Discourses on Zhang Zhongjing's Five Inner Organs* (*Zhang Zhongjing wuzhanglun* 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 Zhangzhongjing* (*Zhangzhongjingfang* 張仲景方).¹⁴

¹⁰Elman 2008; Hsu 2008.

¹¹Yamada 1999, pp. 183–4.

¹²For recent research on Korean understanding of cold damage disorders, see Lee 2004, Kim 2009, Lee 2012, Oh 2012, Kang et al. 2010, and Yi 2014.

¹³Kim 2009, Kim 2001, pp. 44–6.

¹⁴Kim 2001, p. 45. According to the extant record, the Koryŏ Dynasty was able to send only one text (9 volumes), *Huangdi zhenjing* (the *Yellow Emperor's Canon of Acupuncture* 黃帝鍼經), to Song China. The Chinese search for reliable woodblock copies from

During the Chosŏn Dynasty (朝鮮, 1392–1910), the studies about cold damage disorders became essential for educating court doctors.¹⁵ More importantly, the *Classified Compilation of Medical Prescriptions* (Ŭibang yuch'wi 醫方聚, 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 'chappyŏn gmun' (雜病門).¹⁶

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 (1592–1598), 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 before. From his sources, Hŏ listed more than 2,000 symptoms, 1,400 medicinal substances, and 4,000 remedies,¹⁷ organizing them in five major sections (*p'yŏn* 篇): 'Interior Landscape' (*Naegyŏng* 內景), 'External Forms' (*Oehyŏng* 外形), 'Miscellaneous Diseases' (*Chappyŏng* 雜病), 'Decoctions' (*T'angaek* 湯液), and 'Acupuncture and Moxibustion' (*Ch'ingu* 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*' (*ch'ŏnji 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),

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 1060s it is clear that the Song Dynasty officially intended to revive the *Treatise* by placing the text in the mainstream medical discourse. See Goldsmith 2009, p. 100.

¹⁵Kim 2009. *Sanghan ryuyo* (*Essentials of Cold Damage Types* 傷寒類要) is found among medical books used for educating court doctors.

¹⁶For the *Classified Compilation*'s approach to composing the *Treatise*, see Lee 2012.

¹⁷Shin 2001, p. 156.

‘sweating’ (*han* 汗), and ‘purging’ (*ha* 下). There follows an account of six etiological categories: ‘wind’ (*p’ung* 風), ‘cold’ (*han* 寒), ‘heat’ (*sŏ* 暑), ‘humidity’ (*sŭp* 濕), ‘dryness’ (*cho* 燥), and ‘fire’ (*hwa* 火).¹⁸ 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, active 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 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.

¹⁸Hŏ, *Tongŭi bogam*, ‘Chappyŏng pyŏn’ 雜病篇

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.²⁰

太陽之爲病，脈浮，頭項強痛以惡寒

太陽病，發熱汗出，惡風，脈緩者，名爲中風

太陽病，或已發熱，或未發熱，必惡寒，體痛，嘔逆，脈陽明俱緊者，名爲傷寒

The first three lines of the *taiyang* channel in the *Treatise* can be compared with those of Hō. Under the sub-title of 'taeyang hyōngchūng yongyak' (太陽形證用藥), Hō explained the *taiyang* channel by combining Li Chan's *Introduction to Medicine* with Zhang's *Treatise*. As Hō 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*)²¹

太陽膀胱本病，頭疼 脊強。小腸爲標，與心爲表裏，故發熱，冬月麻黃桂枝湯，餘月九味羌活湯。

太陽以皮膚爲標，以膀胱爲裏。熱在皮膚，則頭疼 項強，宜麻黃 桂枝湯

九味羌活湯。熱在膀胱，則口渴，尿赤，宜五苓散。(入門)

發熱 惡寒 脈浮者，屬表，即太陽證也。(仲景)

What is important here is Hō's selection of the original literature, Li's *Yixue ruwen*, which employed terms of dual manifestation. Understanding the paired relationship between

²⁰For this English translation, I referred to Craig Mitchell's version of *Shanghanlun; On Cold Damage*.

²¹Hō, *Tōngtū bogam*, 'Chappyōng pyōn' 雜病篇, 'Han' 寒 sang 上, 'Taeyang hyōngchūng yongyak' 太陽形證用藥.

organs, or reading the surface sign in connection with its inner phenomena was prioritized in Hō'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 Hō. 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 become the root. For instance, the *taiyang* channel becomes the sign and the bladder the root. The other channels are the same (*Introduction*)."²² 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.²³

Hō's emphasis on dual relationships parallels his design for the structure of the *Precious Mirror*. He suggests that the 'Internal Landscape' (*naegyōng* 內景) and the 'External (physical) Form' (*oehyōng* 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 Hō's theory of the 'essence' (*chōng* 精), 'vital energy' (*ki* 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.²⁴

Hō's organizing principles reflect in part his intention to position medicine within a philosophical framework. In the preface, Hō 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 Hō's discussions of the 'contours of interior and exterior boundaries and shapes' (*naeoe kyōngsangchido* 內外境界之圖).²⁵ At the same time, Hō 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.²⁶

Conforming to the synthetic principle of 'Three teachings in One' (*Sanjiao heyi*, 三教合一), Hō prioritized the teaching and practice of 'nourishing life or health preservation' (*yangsheng*, 養生), which was also prevalent in the late Ming period (from the late 16th to the early 17th century).²⁷ In short, Hō's language of duality conforms with his organizing framework, reflecting his desire to address diseases and health through a holistic

²²Hō, *Tongŭi bogam*, 'Chapbyōng pyōn' 雜病篇, 'Han' sand 寒 sang 上, *Yukgyōng p'yobon* 六經標本.

²³Lee elaborates Hō's organ-centered understanding of the *Treatise* and its relevance to Yi Chema's Four Constitutional Medicine. See, Lee, 2004.

²⁴Hō, *Tongŭi bogam*.

²⁵Regarding Hō's understanding of Daoism, see Shin 2009.

²⁶Hō, *Tongŭi bogam*, preface.

²⁷Chen 2008.

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,²⁸ 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.²⁹ 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'.³⁰

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 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.³¹

²⁸Shin 2001, pp. 89–92, p.180.

²⁹For Kang's family background and medical achievements, see Kim 1996, pp. 254–56.

³⁰Kang, *Chejung sin'pyŏn*, preface.

³¹The 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).

By comparison with Hō, Kang's terminology, layout, and selected prescriptions are considerably more concise and straightforward. The '*taiyang*' sub-section, 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 Hō's original, Nine-Herb Decoction with Notopterygium (*kumi kangwalt'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 Hō's theoretical terminology of dualism; nor does he elaborate Hō'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 Hō included in his 'cold' section, such as 'diagnosis' and 'differentiating patterns'. Other than Hō'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 through trained eyes; in this regard, the *Treatise* in Kang's abridged compilation reflects his confidence in mastering Hō's *Precious Mirrors*.

In his *Essential Prescriptions* (*Ŭibang hwaltu* 醫方活套, 1869), Hwang To-yōn 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 (陶弘景, 456-536) *Collected Commentaries on Classical Pharmacopoeia of the Heavenly Husbandman* (*Bencaojing jizhu* 本草經集註, 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 Hō 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 Hō's organizational principles, working with due adherence to Hō's editorial framework, his prescriptions, and his selection of original Chinese references.

Does Hō's enduring framework for the *Treatise* indicate any equivalent pattern in clinical encounters? How were illnesses understood as cold damage (*shanghan*) actually treated? A couple of medical cases in Chosŏn Korea may help in addressing those questions.³² For instance, one of the Ŭn Su-ryong's (殷壽龍, 1818-1897) 11 extant cases³³ 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), Saposhnikovia 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 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.³⁴

A case included in Yi Su-gi’s (李壽祺, 1664–?) *Miscellaneous Jottings on Medical Experiences and Tests* (*Yoksimanpil* 歷試漫筆, 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* 麥門冬) adding two *don* of ginseng.³⁵

³²For recent research about medical cases in Chosŏn Korea, see Lee 2005, Yi 2012 and Yi 2013.

³³For a brief introduction to Ŭn, see Lee 2005. Ŭn’s cases are included in his five volume anthology entitled *Tantojip* (呑吐集). Lee provides the original 11 cases in traditional Chinese and its translation into Korean.

³⁴Lee 2005, p.80-81, ‘A Successful Treatment of Cold Ache among Friend Sin Paek-wŏn’s Family Members’ (ch’i sin u paekwŏn kagwŏn hant’ong 治申友百源家脊寒痛).

³⁵I encountered this case in Yi 2013, p. 517.

Ŭn agrees with Yi that a body depleted by sexual exhaustion was particularly susceptible to the cold damage. In another case, Ŭn reports that a recently 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’yohwahaejije* 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. Ŭn 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 Ŭn observed, then, was the earlier stage of *shanghan*, ‘manifestation of yang’ (*yangjŭng* 陽證), and so he applied the principle of replenishing, prescribing medicine that protects the original *qi*.³⁶ Eventually, the patient was cured.

Clearly, Yi and Ŭn’s cases do not represent the entire landscape of *shanghan* treatments in late Chosŏn Korea. However, Yi and Ŭn’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’ (*pyŏngjŭng* 病證), while 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.³⁷ 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

³⁶Lee 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). Ŭn added a bit of bupleurum (*chaho* 柴胡), scutellaria root (*hwanggŭm* 黃芩), Saposhnikovia Radix (*pangp’ung* 防風), and angelica root (*kanghwal* 羌活).

³⁷Yi Che-ma, *Tongŭi susebowŏn*, ‘Ŭiwon non’ 醫源論. For English translation, I referred to Choi Seung-hoon trans., *Longevity and Life Preservation in Oriental Medicine* (Seoul: Kyung Hee University Press, 1996).

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 *taiyinbing*, *shaoyinbing*, *jueyinbing*, *taiyangbing*, and *yangmingbing* 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, *taiyangbing* and *yangmingbing* patterns from the *Treatise* are often found.³⁸

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 10 people belong to *taiyang*'.³⁹ 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 (*guizhifuzitang* 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 guizhifuzitang* 黃耆桂枝附子湯) or Ginseng, Cinnamon Twig, and Aconite Accessory Root Decoction (*renshen guizhifuzitang* 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 Hō. For instance, Yi's discussion about *shaoyin* people comprises the following three sub-sections.⁴⁰

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 Hō'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 Hō. Like Hō, Yi revealed his sources; the first few lines in the

³⁸Yi, *Tongt'i susebowŏn*, 'Ŭiwon non' 醫源論.

³⁹Yi, *Tongt'i susebowŏn*, 'Sasangin byŏnchŭng non' 四象人辨證論.

⁴⁰Yi's *Tongt'i susebowŏn* is composed of four volumes (卷). The first volume discusses Yi's world view 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.

‘discussion on the *shaoyin* people’ begins with ‘Zhang Ji’s *Treatise* said....’ or ‘Wei Yilin (危亦林, 1277-1347) said’.⁴¹ The remainder is also filled with Yi’s quotes from Gong Xin (龔信, active 1577-1593)’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 xinfā* 丹溪心法, 1481). Although Yi never directly mentioned Hō’s *Precious Mirror*, most of Yi’s Chinese originals were actually constructed through Hō’s lines in the cold section of the *Precious Mirror*. All of Yi’s Chinese references are already examined by Hō. Yi did not include any Chinese texts about the cold damage disorders published after Hō. Some of Yi’s sentences are much closer to Hō’s work than the Chinese originals.⁴² In other words, Yi selected sentences from major Chinese literature using Hō as a guideline.

Given Yi’s departure from—and yet reliance upon—Hō, 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 Hō 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. 1200-1264), Zhu Zhenheng, Wei Yilin, and Ming physicians like Li Chan and Gong Xin as legitimized successors of medicine.⁴³ The third most significant figure was Hō. By juxtaposing Hō 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 Hō, 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.

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.⁴⁵ 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’ (*Sŏngmyŏn 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*

⁴¹Yi, *Tongŭi susebowŏn*, ‘Soŭminsinsuyŏlp’yoyŏlbyŏngnon’ 少陰人腎受熱表熱病論.

⁴²Pak and Song, 1993.

⁴³Yi, *Tongŭi susebowŏn*, ‘Ŭiwon non’ 醫源論.

⁴⁵Chŏn’guk hanŭigwa daehak sasang ŭihak kyosil (Schools of Four Constitutional Medicine at Colleges in Korea) 2008, pp. 44-5. For a possible linkage with *wenbing* studies see, Kang et al. 2010, p. 148-50.

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.⁴⁶

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’.⁴⁷ Hŏ attempted to create a synthetic order through which the full repertoire 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.⁴⁸ 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. 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.⁴⁹

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

⁴⁶Understanding 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 (Sŏl 庶孳) 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 the social status in Chosŏn Korea, see Hwang 2005. For the latest research on Yi Che-ma, see Yi 2014.

⁴⁷Hŏ, *Tongŭi bogam*, preface.

⁴⁸For privatization of medicine, see Kim 1998.

⁴⁹Yi’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. 38-9) 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, and 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 a dialogue 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.

case of *New Compilation*, Hō'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 Hō's teachings on 'nurturing life', omitted some images, and abridged the original layout considerably. In a similar vein, Yi's 'Four Constitutions Medicine' (*Sasang ūihak* 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.⁵⁰

Wōn Chi-sang's (元持常, 1885-1962) *Newly Edited Four Constitutions of Eastern Medicine* (*Tongŭi sasang sinpyōn* 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, Wōn highly regarded Yi's interpretation of medical principles.⁵¹ In the preface, Chang Pong-yōng (張鳳永 1882-1948), Wōn's friend, pointed out that Hō'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.

Wōn'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 subcategories, respectively. All of the subcategories were titled with the term of 'four constitutions' (四象). Given this explicit aim to emulate Yi's framework, however, Wōn implicitly added his own modification. Primarily, Wōn adopted the three layers of page division, which had already been utilized in Hwang To-yōn's most popular medical primer, *Prescriptions*. For each division of row, Wōn matched the three most prevalent categories of people. On top of the three rows, Wōn 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, Wōn continued to use the six pattern manifestations as a typology of illness. In the external section, under the category of 'cold', Wōn introduced '*taiyangbing*' (太陽病), and then matched different types of prescriptions to different categories of people. Finally, Wōn included 'Prescriptions from Experience' (*kyōngōmbang* 經驗方), aiming to insert his own experience.⁵² Wōn'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 Hō Chun and Yi Che-ma line of terms and interpretations. Under the growing sense of nationalist concern and colonial contestation, Korean practitioners of traditional

⁵⁰For the inventive nature of 'Sasang ūihak' in the early twentieth century, see Shin 2006.

⁵¹For general introduction to Wōn and his text, see Ahn and Kim 2012.

⁵²Wōn, *Tongŭi sasang sinpyōn*. 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.

medicine began to combine Hō'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 1913.⁵³ 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 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* 東西醫學研究會) 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), Hō 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.⁵⁴ 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, Hō, and his own approaches as an imaginative yet continuous line of transmission and revision of medicine became obsolete. While Yi's *Longevity and Life Preservation* was accepted as an unfathomable ground for the Korean

⁵³Park 2005, pp. 304-8; Shin 2008.

⁵⁴Regarding nationalist invention of Yi Che-ma's medicine, see Shin 2006.

style of medicine, the linkage with the *Treatise*, which 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 50.⁵⁵ 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* 忠南醫藥), 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 ūiyakgye* 漢方醫藥界) relied primarily on an individual Korean doctor's personal writing.⁵⁶ However, journals published between 1916–1919, such as *Newsletter of Eastern and Western Medicine* (*Tongsŏ ūihakbo* 東西醫學報) and the *Association of Korean Medicine* (*Chosŏn ūihakgye* 朝鮮醫學界), substantialized the *Treatise* by relying on Tang Zonghai's (唐宗海, 1862–1918) *Simple Annotation and Correction of the Treatise on Cold Damage Disorders* (*Shanghanlun qianzhu buzhen* 傷寒論淺注補正).⁵⁷

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 jingui* 中西匯通醫經精義) and *Simple Annotation and Correction of the Essentials from the Golden Cabinet* (*Jingui yaolue qianzhu buzhen* 金匱要略淺注補正), were also presented to Korean audiences under the subject headings of

⁵⁵Jung 2004.

⁵⁶For instance, see *Hanbang ūiyakgye* volume 2, Yi Chun-kyu and Pae Sŏk-chong authored articles about cold damage. Only two volumes of *Hanbang ūiyakgye* were published in October 1913 and January 1914, respectively. See Jung 2004.

⁵⁷For instance, see *Chosŏn ūihakgye* (朝鮮醫學界) volume 1. Nine volumes of *Chosŏn ūihakgye* were published between March 1918 and September 1919.

‘Treatise on Internal Organs’ (*changburon* 臟腑論) 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 ūihak 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.⁵⁸ 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’.⁵⁹

Shanghanlun was central in composing Sŏng’s textbook.⁶⁰ 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 of explaining cold damage symptoms. For instance, ‘*taiyangshangpeng guijizheng*’ (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, then matched with relevant prescriptions.⁶¹ 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’ (*wenye* 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 3.

Sŏng’s compilation of *shanghan* in Volumes 2 and 3 was heavily relied on Huang Yuanyu (黃元御, 1705-1758)’s original, particularly Huang’s explanation about warm diseases.⁶² Sŏng selected more than 50% of his entire prescriptions from Huang’s text, yet for the *shanghan* section almost every formula was taken from Huang’s.⁶³ 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

⁵⁸Sŏng, *Hanbang ūihak kangsŭpsŏ*, ‘Pömye’ 凡例.

⁵⁹Sŏng, *Hanbang ūihak kangsŭpsŏ*, ‘Sŏn’ 緒言.

⁶⁰The 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.

⁶¹Interestingly, the term ‘Jueyin’ 厥陰 was not used in Sŏng’s compilation of *shanghan*.

⁶²Huang Yuanyu (黃元御, 1705-1758) 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, *the Book of Changes*), and he highlighted the holistic approach to the health and illness of the human body. See, Liu 2012.

⁶³Jo 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.

epidemics⁶⁴ parallels Korean practitioners' preference in prescribing harmonizing and replenishing prescriptions in treating cold damage disorders. Sŏng might 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 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 *the Great Dictionary of Chinese Medicine* (*Zhongguo yixue dacidian* 中國醫學大辭典,) 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.⁶⁵

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

⁶⁴Liu 2012, p.27.

⁶⁵Sin Kil-gu, 'Hanŭihak kye ŭi sae kiun', in Cho et al. 1997, pp. 205-24.

pattern identification as an organizational principle, and their work demonstrates many overlaps in composing sub-categories to explain each pattern identification.⁶⁶

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 Kanp 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* (*Kanp 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 Ky shin (湯本求真, 1876-1941) and Yakazu D mei (矢數道明, 1905-2001).⁶⁷ In particular, Yumoto was recognized for his work in inheriting and revising Yoshimasu T d 's (吉益東洞, 1702-1773) 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.⁶⁸ Inheriting but partly overcoming Yoshimasu's radical empiricism, Yumoto aimed to revise the Ancient Formula Current's (*koh ha* 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 that

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* (*banha* 半夏) for tuberculosis.⁶⁹

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

⁶⁶Pak 1984; Maeng 1996.

⁶⁷For instance, see *Hanbang ūiyak* (漢方醫藥 *Traditional Medicine*) volumes 27, 28, and 33. *Hanbang ūiyak* was published monthly by the association of traditional medicine in Ch'ungnam province between 1937-1942. The exact dates of first and last publications are unknown. See Jung 2004.

⁶⁸Daidoji 2013.

⁶⁹Sin, 'Hanŭihak kye ūi sae kiun', p. 211.

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 Constitution Medicine under the growing sense of nationalism in the early twentieth century. In colonial Korea, advocates of traditional medicine persistently 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 Ky shin, 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.

Viewed from Yamada's wording, the Korean landscape of *shanghanlun* 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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Table 1Major texts frequently referred to by Hŏ Chun¹⁹

Text title	Published time	Frequency of reference
經史證類大觀本草	Song	3370 條
醫學入門	Ming	2714
丹溪心法	Yuan	1607
得效方	Yuan	1045
醫學綱目	Ming	942
醫學正傳	Ming	518
東垣十書	Jin	505
銅人經	Song	462
萬病回春	Ming	462
直指方	Song	412
靈樞經	Han	412
傷寒論	Han	403
資生經	Song	172
俗方	Chosŏn	166
太平惠民和劑局方	Song	165
醫方類聚	Chosŏn	158
黃帝內經素問	Han	140

¹⁹Shin 2001, p. 212.

Table 2Contents of the *Shaoyin* people

少陰人腎受熱表熱病論	The discussion of the <i>shaoyin</i> people's exterior heat disease induced from the kidney and affected by heat
少陰人胃受寒裏寒病論	The discussion of the <i>shaoyin</i> people's interior cold disease induced from the stomach and affected by cold
少陰人泛論	General remarks on the <i>shaoyin</i> people

Table 3

Summary of Yi's first 15 sentences from *Sŏngmyŏnnon* (性命論, Discussions on Nature and Order)⁴⁴

Environmental Frames (Sensory Organs)	Times of Heaven (天時)	Social Relationships (世會)	Human Relationships (人倫)	Locality (地方)
	Ears (耳)	Eyes (目)	Nose (鼻)	Mouth (口)
Human Affairs (Internal Organs)	Appointed Roles (事務)	Social Acquaintances (交遇)	Clanships (黨與)	Living quarters (居處)
	Lung (肺)	Spleen (脾)	Liver (肝)	Kidneys (腎)
Wisdom (Body)	Cleverness (籌策)	Administration (經綸)	Moderation (行檢)	Generosity (度量)
	Jaw (頤)	Chest (臆)	Naval (臍)	Abdomen (腹)
Action (Body)	Discernment (識見)	Nobility (威儀)	Craftiness (材幹)	Scheme (方略)
	Head (頭)	Shoulders (肩)	Waist (腰)	Hips (臀)

⁴⁴Yi, *Tongŭi susebowŏn*, 'Sŏngmyŏng non' 性命論. The table is from Choi's translation, p.2.