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Health Care and Daoism

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Abstract

Almost all historical studies of pre-modern Chinese medicine are about classical physicians and their work. Nevertheless, the classical art's role in the health care of China as a whole was practically negligible. The great majority of the population of China before modern times—rural, illiterate, and poor—had no access to elite practitioners. Most depended instead on care within the family, on healers who employed mostly local drugs, or on ritualists of the popular religion—and to a much smaller extent on Buddhist or Daoist masters, whose resources were also mainly ritual. Ritual and religious healing are effective because their symbols and performances convey powerful meanings to patients. That is why they survived in ancient times, and why they flourish today in competition with modern medicine. Popular therapies succeeded in China (and elsewhere) mainly because their power over meanings affected people and the relations between them. That in turn influenced health. Daoists were in no sense unique in treating illness. Most of their methods were adapted from those of popular religion and Buddhism, which in turn drew on Daoist practices. This paper tentatively surveys the role of Daoist masters in health care, which changed greatly over the centuries. Its conclusions are very tentative. The history of health care in China is poorly developed. A great deal more research in this field is needed to understand the diverse roles of Daoism.

Keywords: medicine, health care, Daoism, ritual

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Medicine is about what doctors and their associates do to restore and maintain health. Health care includes not only medicine but what everyone else does for that purpose. I would like to explain how our understanding benefits when we focus on health care rather than only on medicine. That will also tell us something about the contributions of Daoist masters and popular curers, who normally depended on ritual rather than drugs, to health care through the centuries.

Usually, when we think of the history of medicine in China, we think of classic writings by great physicians. The histories written in modern times summarize what was in such books. Historians never answer certain questions that I think you will agree are important: How far did the practices of all therapists depend on classical writings? To what extent did great physicians affect the health of the public?

Great physicians—or even mediocre ones—could not treat millions of patients. Poor farmers were the overwhelming majority of the population until the end of the 20th century. How many of them could afford to hire elite doctors with classical educations? How many such physicians would be willing to travel in the countryside to provide care for the poor? In fact, there were never enough people trained in classical medicine to care for any significant part of China's enormous population. It is only natural to ask, while the medical authors were expounding classical concepts and explaining treatments, what kinds of people were doing almost all the work? That question shifts the topic from medicine (what physicians do) to health care (what anyone does to maintain or restore health).

Health Care

In every society that evolved highly educated doctors, it was impossible before very recent times for them to treat everyone. In most European countries even in 1850, in the United States in 1920, and in many parts of the world up to today, graduates of medical schools—there were not many—provided a miniscule portion of the needed care. Anyone could deliver therapy for money. A diploma, or even a license, was not essential. Since the medical associations could not deliver all the health care that was needed, it was impossible for them to establish a monopoly that they could enforce.

The situation in China until the late 20th century, with a wild assortment of curers and healers trying to cope with the illnesses of a large population, was simply typical of poor countries. The literati physicians frequently labeled their lower-class competitors and even

other educated practitioners "quacks" (*yongyi* 庸醫) but they had no way to put any number of them out of business.[1]

Once we begin exploring the overall picture of health care before modern times, we see in one culture after another that therapy for an individual's medical disorders began with the individual, and that the family provided the second level. Only if care within the family failed did they consult outsiders.

Let me give a pertinent example. One summer, when my wife and I were in Cambridge, England, for the summer, I woke up one morning, stood up, and promptly fell flat on my face. This seemed very odd. As soon as I stood up again, the same thing happened. My obvious first response was to ask myself what was wrong. I had no idea; the only thought that occurred to me was "if this is permanent, it's going to be awfully inconvenient!"

If it had been a headache, I would have diagnosed it and taken an aspirin. It would no doubt have been cured by individual self-therapy. Since it was not a headache, the next step was family consultation. Once my wife saw me lying on the floor, she was eager to help. Since she had no idea what the trouble was, she telephoned a friend. She found out that an odd virus was having the same effect on a number of friends, and that if we waited forty-eight hours it would go away. That information relieved our anxiety. No medicine was needed, and neither of us even thought of seeing a physician. Within a day, as the symptoms began to fade, we were confident that no therapy would be necessary. That was the end of that.

My point is that everywhere, in almost all circumstances, the physician is only one resort, and seldom the first. In the real world even today the norm is many varieties of health care besides self-care, family care, and biomedical therapy. Consulting knowledgeable neighbors or friends is just one example. In ancient China, every village, no matter how isolated or poor, contained people who did what they could to cure sickness and injury outside their own families. Some did it as a form of community service, some did it to increase their incomes, and some did it as a kind of charity to earn merit for a better rebirth.

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[1] For a good discussion of competition in 16th century Chinese medicine, see Joanna Grant, *A Chinese Physician: Wang Ji and the Stone Mountain Medical Case Histories,* Needham Research Institute Series (London: Routledge Curzon, 2003).

Early Chinese therapy was remarkably diverse. Some of it involved drugs, locally gathered or bought on the market. Many families understood how to use diet to prevent disease or promote recovery. Some treatments involved "moxibustion" (*aijiu* 艾灸), massage, acupuncture, or other kinds of manipulation.

Most frequent for serious disorders was ritual therapy of one kind or another, often religious. When the children of poor people got sick and family care did not succeed, the parents might consider a doctor or lay healer if there were one nearby, and if they could afford one. They were more likely to take sick children to the local temple.

Efficacy

From a strictly biomedical point of view, all of this is wasted effort, or even superstition (*mixin* 迷信), and none of it is worth knowing about. Some physicians emphasize that only clinical tests can prove therapeutic value, and there is no such proof that the methods of even the most celebrated ancient physicians succeeded.

But that is not my concern here. I am not suggesting that ancient incantations (*zhoujin* 咒禁) or amulets (*fu* 符) be tested in modern university clinics. Like my colleagues in the history of medicine, cultural history, and medical anthropology, I am simply asking what part ritual played in Chinese culture at various times in the past. Large-scale randomized, double-blind clinical trials cannot answer that question, because they are usable only in the extremely narrow domain of modern medicine. They can throw light only on the physical, chemical, and biological effects of therapies. We need other tools to study what was effective in other times and other places.

A good place to start is the insights of medical anthropologists, who have studied therapy in a great variety of cultures. Particularly rich is the analysis by Daniel Moerman,[2] based on his field experience and his knowledge of research in medicine and the social sciences. He makes it clear that efficacy in health care—the ways patients respond to therapy—

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[2] Daniel Moerman, *Meaning, Medicine and the "Placebo Effect*," Cambridge Studies in Medical Anthropology (Cambridge; New York: Cambridge University Press, 2002), 16–21.

means several distinct things.

What Moerman calls the autonomous response is the patient's ability to recover spontaneously from abnormal conditions. The distress due to a peak in blood pressure will ordinarily, before long, subside as the pressure becomes lower. All living systems tend toward spontaneous balance. This response, for the modern physicians with whom I have discussed their work, makes patience the most effective resource for everyday problems such as colds, ordinary flus, and common digestive problems.

Second is the patient's specific response to biological, chemical, or physical intervention. It is on this sort of response that public spokesmen for medicine base its claim to be scientific. They assume that the therapist is a qualified physician in a modern medical setting. Although many clinical trials take place in poor countries, such studies normally ignore their subjects' economic circumstances, their assumptions about illness, and even the hygienic conditions of their everyday lives.

Finally, what Moerman calls the meaning response includes all "the biological consequences of knowledge, symbol, and meaning." Understanding it involves studying everything that can affect the body's recovery, from the physician's persuading the patient that the problem is curable, to the moral support of people around the patient, to the color of the prescribed pills.[3] Many doctors believe that such matters affect the patient's feelings about illness, but can have no effect at all on biological realities. But many careful studies have shown that meaning indeed affects physical states.[4]

The analytic power of medical anthropology and sociology comes from systematically studying ailment and cure in a very wide range of cultures distributed in space and in time. This broad perspective shows that a great deal of the conventional wisdom is wrong. Across the social and cultural spectrum, patterns of belief vary greatly among patients and practitioners. Patients' experience of illness is not uniquely medical; it is

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[3] Ibid., 4. This formulation is analogous to, but more clearly thought out than, the valuable analysis of doctor-patient relations into "technology, caring, and values" in Lynn Payer, *Medicine & Culture: Varieties of Treatment in the United States, England, West Germany, and France* (New York: Henry Holt, 1988), 9.

[4] Moerman, *Meaning, Medicine and the "Placebo Effect*," chapters 8 and 10.

part of their experience of life as a whole. People respond to therapists, whether cardiologists or priests, in ways that are part of their responses to other people in general, and in particular to people with powerful knowledge or people whose status differs notably from theirs. These are some social dimensions of the meaning response.

Physicians today treating their patients, however they may present themselves, are not scientists. In the clinic they are not manipulating laboratory animals, but interacting in complex ways with other human beings who happen to be suffering. The effectiveness of doctors' medicines often matters less than the practitioner's social, moral, or spiritual influence.[5] In any system of health care, a practitioner who knows how to encourage all three kinds of response is more likely to help patients than one who cannot. Even in the absence of effective drugs, a skillful healer can make good use of the body's ability to heal itself, and of the powerful meanings of ritual.

Let us look again at my own experience of family therapy, which I mentioned earlier, and think about parallels elsewhere. Let us say that a poor woman in a Chinese village five hundred years ago woke up too weak to do her daily tasks, and had no idea why. Drawing on what she had learned growing up and what others told her, she would almost certainly believe she was possessed by a spirit that had entered and taken control of her body. She needed help. If the people around her could not provide it, what help she could get depended on what therapists were nearby, and which her family could afford. If the woman's family called a spirit medium—usually the most plentiful and cheapest kind of healer—he would determine what the offending spirit was. Perhaps it would turn out to be the ghost of a dead relative, angry because his family had not properly cared for him. If the woman's family members were affluent enough to call a physician, and one happened to live nearby, he might prescribe a medicinal formula to dislodge possessing spirits. Formulas to cure "spirit possession" (*zhu* 注, 疰) were usual in medical books, even those published by the government, up to the 18th

[5] See the overview in James B. Waldram, "The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues," *Medical Anthropology Quarterly,* 14. 4 (2000): 603–625.

century.[6]

The two kinds of healers would treat the patient quite differently. Nevertheless, in both instances the ritual components of the therapy would establish the competence of the healer in the patient's mind. Their meaning transformed her from a helpless victim to someone protected by authority—the medium's access to the spirit world or the doctor's knowledge of effective drugs. Once she was convinced that the curer could drive out the possessing spirit, her autonomous response was likely to return her body states to normal, either quickly or slowly. Her recovery depended first on the meaning response and then on the autonomous response. The specific response to the doctor's prescription may or may not have also played some role.

To sum up, therapy can be effective in more than one way. In historical studies, the biomedical focus on physical and chemical manipulation is too constricted to be adequate for evaluation. On the other hand, we cannot answer the question of efficacy wholesale. We can only gauge the response of patients to the gamut of ancient healing one case at a time. But that is a great deal better than ignoring the question.

Ritual

Ritual, magical, and religious healing work because of their meanings to patients. All are kinds of what anthropologists call symbolic therapy. That is why they survived alongside other therapies in ancient times, and why they survive today in competition with modern medicine. Popular therapies succeeded in China (and elsewhere) mainly because they affected relations between people. That in turn influenced health.

There is no reason to believe that the most ancient remedies were highly effective for acute emergencies, in which the autonomous and

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[6] For an imperial publication, see Shen Fu 申甫 et al., *Sheng ji zong lu* 聖濟總錄 (General Record of Sagely Benefaction), issued 1122, reprint of Yuan critical edition of 1300 (Taipei: Huagang Chuban Youxian Gongsi, 1978). For a very popular late textbook that took possession seriously, see Wang Kentang 王肯堂, [*Liuke*] *Zheng zhi zhunsheng* [六科]證治準繩 (Standards of diagnosis and therapy), completed and printed 1608 (Beijing: Renmin Weisheng, 1991–1993).

meaning responses are likely to matter less. No physician or anyone else, anywhere in the world, could do a great deal for life-threatening diseases and traumas a century ago. The growth of medical technology—almost entirely since the 1950's—has made those the areas of medicine's greatest power today. Exploiting this new power over acute disorders has left biomedicine much less able to manage chronic illness, in which the major problem is not to cure but to sustain as much as possible of the patient's reduced physical, mental, and social functioning.

Chinese healers before modern times were part of a society that, despite incessant change, valued human relations. They usually knew their patients. What they did was not primitive psychotherapy. It did not usually depend on a private relationship between a therapist and a patient. Most treatment of disease took place either at the patient's home or in a public place (whether temple or clinic). There were always other people watching, listening, and commonly joining in the conversation. It was normal for the patient's family to be present and involved—in fact, sometimes a parent or husband was there *instead of* a sick child or wife. Healers used ritual not only to change the patient's understanding, but also to involve and focus the support of people around the patient, to resolve bad personal relations and other sources of stress that affected health.

In other words, therapists were in touch with the patient's social and spiritual environment to an extent that is unthinkable for today's physician in China, who is likely to work in a clinic with a very large clientele. Pre-modern healers, because they were likely to know their patients, their families, and their living conditions, had great advantages in dealing with chronic disability, despite their limitations in controlling acute disorders. Modern medicine's weakness was their strength, and vice versa.

It is impossible in a few pages to fully explain this framework of health care before modern times. Let me just offer one example in which the theme of sickness as learned social behavior is easy to see, namely the disorder called "dizziness and nausea with abnormal blood loss after childbirth" (*chanru xue yunmen* 產乳血運悶). *Origins and Symptoms of Medical Disorders* (*Zhu bing yuan hou lun* 諸病源候論, 610) describes and explains this illness in classical terms, concentrating its attention on the dynamic balance of yin and yang vitalities in the circulatory system:

> The manifestations of [this] dizziness and nausea are worry and inner tension to the extent that the patient's *qi* seems about to expire. The result

> is not only dizziness and nausea but tension, sensations of fullness and anxiety. … One should note the extent to which the woman has bled, in order to anticipate whether dizziness after childbirth is likely. If feelings of upset and tension persist unabated, they may kill the patient.

As the author goes on, we can recognize that he sees the ultimate cause as wrong behavior:

> If a woman violates the prohibitions concerning the direction she should face when sitting or lying down during labor, dizziness will usually result. … When her direction violates a prohibition, this will usually bring on dizziness and nausea, and there may be either too much or too little bleeding. On account of this, where childbirth takes place, and whether she lies down or sits up, must be appropriate to the season and the direction, to avoid infringing the prohibitions according to the Five Phases (*wuxing* 五行). Violations will generally lead to disaster.[7]

This behavior, although Chao describes it in technical language, looks very much like violation of a taboo. The author has related it to the cyclical sequence of compass directions and seasons according to Five Phases cosmology—east governs in spring, south in summer, and so on. Dizziness, nausea, and changes in blood flow, as any modern physician knows, are affected by stress and anxiety. If a woman in labor were suddenly warned by her mother-in-law or her midwife that she was facing in the wrong direction, and thus might have contracted a dangerous disease, the results naturally might be heightened anxiety and, ultimately, the symptoms of the disorder.

But what rituals were used to deal with it, and what symbolic themes did they embody? We have a clue in a book of two generations later, Sun Simiao's 孫思邈 famous *Revised Formulas Worth a Thousand* (*Qianjin yi fang* 千金翼方, 689).[8] This book contains what was

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[7] Chao Yuanfang 巢元方, *Zhu bing yuan hou lun* 諸病源候論 (Origins and symptoms of medical disorders), completed 611 (Beijing: Renmin Weisheng, 1955), 43: 230b.

[8] Sun Simiao 孫思邈, *Qian jin yi fang* 千金翼方 (Revised formulas worth a thousand in gold, ca. 689) (Beijing: Renmin Weisheng, 1955), 29: 22b–23a, which cites the disorder as *chan yun* 產運. For another clue, see Li Shizhen 李時

originally a manual by a Daoist master for preventing and driving out spirits that cause "disease" (*Jin jing* 禁經). If we read this excerpt thoughtfully, its directions for preventing dizziness after childbirth can teach us something about the significance of such a ritual:

> Take seven cloves of garlic. On the first day of the first month, facing due east, have the wife recite [the following spell] once; then have the husband also chant it once. One at a time, the husband swallows a clove of garlic and seven sesame seeds. Then he walks due east and repeats the formula a full seven times. …
>
> I tread the mainstays of the sky,[9] roam the Nine Realms.
> Hearing of your difficulty in childbirth, I come in search,
> To dismember and slaughter the inauspicious,
> Replace them by every happiness.
> To mother and child, long life in mutual regard.
> Impermissible [for shades] to tarry long.
> Quickly, quickly, by lawful order.[10]

The prospective parents repeat the words of a being who roams the universe, a god. The last two lines send the unwanted demons on their

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珍, *Bencao gangmu* 本草綱目 (Systematic materia medica), published 1596, reprint of 1930 edition (Beijing: Commercial Press, 1959), 52: 100; cf. William C. Cooper, & Nathan Sivin, "Man as a Medicine. Pharmacological and Ritual Aspects of Drugs Derived from the Human Body," in *Chinese Science: Explorations of an Ancient Tradition*, ed. Shigeru Nakayama & Nathan Sivin (Cambridge, Mass: MIT Press, 1973), 238–239.

[9] *Tiangang* 天剛 = 天罡.

[10] On the celestial mainstays, the cosmic meridians that bind the stars together, see Edward H. Schafer, *Pacing the Void: T'ang Approaches to the Stars* (Berkeley: University of California Press, 1977), chapter 12. The Nine Realms are archaic divisions of China. The point is that the god summoned by the exorcism ranges freely through sky and earth. On the Daoist provenance of the *Jin jing*, see Nathan Sivin, "On the Word 'Taoist' as a Source of Perplexity. With Special Reference to the Relations of Science and Religion in Traditional China," in *Medicine, Philosophy and Religion in Ancient China: Researches and Reflections* (Aldershot, Hampshire: Variorum, 1995), chapter 6, 312, note 18.

way, invoking the authority of the celestial bureaucracy's laws and statutes (*lüling* 律令). Again, the ritual transforms the client from a potential victim of dangerous possession, isolated and passive, into a person who recites the words of powerful authority to drive away menacing demons.[11]

A simple consequence of this ritual seems to me highly pertinent. It focuses the husband's concern on the dangers his wife will face in childbirth, and the formula he repeats lets him express his concern. If he does this sincerely, that would be likely to reduce the level of stress within the household.

Traditional customs did not encourage husbands to think about their pregnant wives' anxieties. Some no doubt showed that they cared, and others did not—for instance, to avoid offending the husband's parents in whose house they lived. There was very little in Chinese social practice to make the husband more attentive to his wife when she needed it, except rites like this one. I have not found a ritual for treatment, but it is equally likely that it encouraged the people around the patient to calm her worry and thus her vertigo.

The Role of Daoism

The preventive ritual that I have just summarized comes originally from the manual of a Daoist of the Heavenly Masters movement (*Tianshi dao* 天師道). Preventing and curing illness was an essential part of every organized religion, not only in China but throughout the pre-modern world. You might say that health care was the cutting edge of religious organization. In other words, because in traditional societies illness usually had a spiritual dimension, dealing with it was likely to be an important concern of those who provided for religious needs, no matter where or when. Daoists were in no sense unique in treating illness. Most of their methods were adapted from those of popular religion or Buddhism. They in turn drew on Daoist practices.

There were a few therapies that laymen tended to identify with Daoist masters, whether or not they were the only ones that practiced

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[11] For a classical discussion of this theme see Claude Lévi-Strauss, "The Effectiveness of Symbols," in *Structural Anthropology* (NY: Basic Books, 1963), 186–205.

them. There were also the thunder rituals, which popular exorcists began using as long as two thousand years ago. Daoists took up these rituals on a large scale beginning in the 12th century.[12] Another example comes from much earlier, beginning in the 4th century, and may have been unique to Daoist masters.

At the time, imperial law held everyone in a family line responsible for misdeeds of any member. For instance, the penalty for a very serious crime was not only extermination of the culprit's entire clan, but destruction of his ancestors' bones. The legal responsibility of offspring could also apply to judgments in the infernal courts where the dead were judged. Spirits in purgatory resented being wronged, and loved to bring lawsuits. Daoists often explained a patient's pain and suffering as the result of a lawsuit against a dead ancestor.

In the first couple of centuries of the Heavenly Masters, up to about 400, diseases were manifestations, not mere outcomes, of one's own sins. One could recover only by confessing them in forms prescribed by ritual. There was no room in this conception for drugs or other therapy. It was the norm in the theocratic state of the Heavenly Masters Taoists in West China between the third and fifth centuries.

Regulations of the Hidden Capital (seventh century), one of the earliest surviving bodies of community rules, still considered all illnesses in this light. But Six Dynasties documents of the Three Caverns movement—an apocalyptic offshoot of the Heavenly Masters in south China—prescribed oral petitions for overcoming disease. By the 4th or early 5th century, the same movement was using acupuncture, moxa, and drugs. Daoist masters of other traditions were soon using materia medica. About 500, Tao Hongjing 陶弘景, the founder of the Shangqing tradition, edited and expanded the founding canon of pharmacognosy and recommended its contents for medical use.[13]

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[12] See, among other sources, Edward L. Davis, *Society and the Supernatural in Song China* (Honolulu: University of Hawaii Press, 2001).

[13] DZ 1290, *Shen zhou zhi bing kou zhang* 神咒治病口章; see *Taishang dongshen dongyuan shen zhou zhi bing kou zhang* 太上洞神洞淵神咒治病口章 (Oral petition for healing medical disorders, of the divine incantations of the cavern abyss tradition, in the Taishang dongshen division), 31b. For *Shen zhou jing* 神咒

Disease could also result not only from one's own sins but from those of one's dead father or another relative. Daoist masters, as experts in the celestial bureaucracy, took on the responsibility, as Michel Strickmann put it, "to fight the charges, dispute the allegations, and, if possible, file a counter-suit." Or they could simply, through ritual, annul ancestral crimes.[14]

Diagnosis and treatment meant that the priest and patient worked together to search the family's history and find an ancestor who might have been responsible for some crime. Patients could not accuse their own ancestors of crimes, but a Daoist master had the authority to voice such unspeakable thoughts. This ritual, Strickmann has suggested, may have served some of the purposes of psychotherapy. But it is important to remember that in China therapy involved families rather than isolated individuals, and that the result usually involved untwisting tangled relationships of a family or of neighbors.[15]

Although some historians have claimed that Daoists were pioneers in scientific and medical experimentation, these judgments depended entirely on vague definitions of Daoism that have nothing to do with what members of a Daoist order actually did over two thousand years.[16] Certain Daoist adepts used medical knowledge for their own purposes, but claims that they were more innovative than laymen have been based on sentiment, not evidence.

The aim of masters and their disciples was religious cultivation. Therapy was a way to share the power that cultivation gave them. In

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經, see DZ 335, *Taishang dongyuan shenzhou jing* 太上洞淵神咒經 (Scripture of divine incantations of the cavern abyss tradition), 6b. The topic is discussed in Christine Mollier, *Une apocalypse taoïste du Ve siècle. Le livre des incantations divines des grottes abyssales*, Mémoires de l'Institut des Hautes Études Chinoises, 31 (Paris: L'Institut, 1990), 138. The topic is also discussed in Tao Hongjing 陶弘景 (456–536), *Bencao jing ji zhu* 本草經集注.

[14] Michel Strickmann, *Chinese Magical Medicine* (Stanford: Stanford University Press, 2002); DZ 1290, *Shen zhou zhi bing kou zhang,* 32b–33a.

[15] Strickmann, *Chinese Magical Medicine*, 13–23.

[16] For details see Nathan Sivin, "Taoism and Science," in *idem*, "On the Word 'Taoist' as a Source of Perplexity," chapter 7.

hindsight, we can see that what they received in return was esteem and livelihood for themselves, and increased appeal for their religious order.

Conclusion

A great deal of what used to be written about early medicine in Europe was devoted to what theories and what therapies deserved credit from the viewpoint of modern biomedical knowledge. Historians gave up that approach nearly half a century ago, since it was useless for understanding ancient medicine and its role in the culture of its time. In order to understand the reasons for change, what matters is to reconstruct how physicians in each period understood the human body, health, illness and therapy, and how they responded to intellectual, cultural, and social change.[17] As I have explained, that change is what has shifted historians' focus from medicine to health care.

Questions of the modern scientific content of ancient medicine are still more common in writing about China than inquiries into what kinds of health care were important, and what role religious curing played. Our understanding of health care as a whole is primitive. It is time to improve it. The tools of the social sciences are well polished, and available for every curious person to use. Over ten thousand medical treatises survive from imperial China, and there are a great many religious sources on curing. If more people begin studying the whole range of Chinese health care, we may in another ten or twenty years begin to make sense of its evolution, and of the role of Daoism, popular religion, and other religious phenomena, in it.

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[17] For a first contribution of this kind, see Asaf Goldschmidt, *The Evolution of Chinese Medicine: Northern Song Dynasty, 960–1200*, Needham Research Institute Series 8 (London: Routledge, 2009).

醫護管理與道教

席文

摘 要

對古代醫學所進行的歷史研究，幾乎都是關於傳統醫師及其工作的。然而，整體看來，傳統醫學在中國醫護管理中的角色簡直微不足道。古代的大部分中國百姓—農民、文盲和窮人—並不具備請醫師治病的經濟條件，他們更多地依靠家庭醫護，或是那些使用地方藥物的醫療者，或是精通儀式之民間宗教人士，也有較少部分人依靠主要提供儀式服務的僧伽或道士。

儀式以及其他宗教治療之所以有效，是因為它們的象徵和表演，向病人傳達了強而有力的意義。這就是它們得以從古代延續至今、甚至面對現代醫學的挑戰仍具活力的原因所在。民間療法在中國(以及其它地方)的成功，主要是由於它們在意義上的力量影響着人們及人際關係，這也相應地影響了人體健康。在治療疾病方面，道教並非一枝獨秀，其運用的許多方法也借鑒了民間宗教與佛教，反之，後二者也吸收了道教的技術實踐。

本文探討道士在醫護服務中所擔當的角色，而這種角色在幾個世紀間經歷了重大轉變。論文的結論也是嘗試性的，對於中國醫護服務歷史的挖掘研究尚未完備，我們須要對這個領域作出更大量的研究，以了解道教在其中扮演的不同角色與作用。

關鍵詞：醫學、醫護管理、道教、儀式