

**Scripts and Medical Scripture in Vietnam:
Nôm and Classical Chinese
in the Historic Transmission of Medical Knowledge
in Pre-Twentieth Century Vietnam**

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The Vietnamese have been subjected, during their long history, to ‘civilizing missions’ on the part of several groups of outsiders; the Chinese were the first to do this. The Chinese claim to have introduced writing, agriculture, and medicine to the Vietnamese. This trio of gifts from the enlightened to the unenlightened is, however, a self-legitimizing formula which the Chinese have applied to every geographic area they have ever conquered.¹ Agriculture was well developed in Vietnam before the arrival of the Chinese;² indeed the Han census of A.D. 2 indicates the Red River Delta as the most densely populated area south of the Yangtze River.³ From this we can infer that this region produced agricultural surpluses regularly and, from this census and from manuscripts recently unearthed in southern China, that the Việt had medical

¹ For archaeological remains of early agricultural activity in northern Vietnam see Charles Higham, “South of the Mountains” chapter 4 in *The Bronze Age of Southeast Asia*, Cambridge World Archaeology (Cambridge: Cambridge Univ. Press, 1996), 136-182. For agriculture among the indigenous non-Chinese inhabitants of the area south of the Yangtze River before the Han Chinese moved into the area and long before they came to rule it see Francesca Bray, *Agriculture*, part II of *Biology and Biological Technology*, vol. 6 of Joseph Needham, *Science and Civilization in China* (Cambridge: Cambridge Univ. Press, 1984). For medicine in this same area see Donald Harper, *Early Chinese Medical Literature: The Mawangdui Transcripts* (New York: Columbia Univ. Press, forthcoming). An excellent, English language, analysis of the script used in the Mawangdui manuscripts can be found in William G. Boltz, *The Origin and Early Development of the Chinese Writing System*, American Oriental Series, vol. 78 (New Haven, CT., 1994)

² Although the Chinese conquered Vietnam, nominally, in 111 B.C., most accounts agree that government was left in indigenous hands until the years surrounding the Wang Mang Usurpation in China (9-23 A.D.).

³ For studies of this census and its implications for Vietnam see Jennifer Holmgren, *Chinese Colonization of Northern Vietnam: Administrative Geography and Political Development in the Tongking Delta, First to Sixth Centuries A.D.* (Canberra: Australian National Univ.: 1980). See also Keith Taylor, “An Evaluation of the Chinese Period in Vietnamese History,” *Journal of Asiatic Studies* 23:1 (January, 1980) 139-64. For a detailed study, in English, of this census as a whole see Hans Bielenstein, “The Census of China during the Period 2-742 A.D.” *Bulletin of the Museum of Far Eastern Antiquities* 19 (1948); pl.II and 135-39. Bielenstein, 128-30, presents convincing evidence, from textual remains of other censuses conducted at a slightly later date, that this was indeed a census in the modern sense rather than a mere list of taxpayers.

lore well suited to local conditions. The Vietnamese appear, at this time, to have been well acquainted with agriculture and medicine, and and at least aware of writing as a tool of power.⁴

Nearly two thousand years later the French also conquered and colonized Vietnam (territorially a much expanded Vietnam) and, while the French have never claimed to have introduced the concepts of writing, agriculture, or medicine to the Vietnamese, they do claim to have ‘modernized’ all three.⁵ There are many interesting parallels between these two periods of military, political, and intellectual colonization of the Vietnamese people. My findings in medical texts at the Sino-Nom Institute in Hà Nội have led me to focus on the relationship between systems of writing and systems of medicine in Vietnam. A study of that relationship has demanded an examination of the effects of both colonial periods on the literate transmission of medical knowledge in Vietnam.

Writing, languages, and medicine in Vietnam have been intertwined, historically, in a very complex manner. In historical perspective, Vietnam presents an interesting example of a society in which there was a dynamic tension not only between languages and dialects of those languages, but between the written forms representing those languages. Within the last 2,000 years three different systems of writing have been used to represent at least two different languages and several different dialects spoken in Vietnam by the ethnic Vietnamese.⁶ Almost everything written in Vietnamese at the present time is written in an alphabetic script called Quốc Ngữ. Before the early twentieth century this was not true; prior to the twentieth-century spread of Quốc Ngữ, a great many of the texts produced by the Vietnamese were written in Classical Chinese. Lastly, sometime during the period before the Vietnamese regained their independence from China in 939 A.D. a script, now called Nôm, was developed which used and modified Chinese characters to write Vietnamese.

Today, sadly, Nôm is almost a dead language and there are only a few scholars who are fluent in Nôm.⁷ Nôm is most usually noted by scholars as having been a literary language;

⁴ Bielenstein’s contention, that the census as a whole was produced from “taxation lists” and “family registers” which were gathered from each sub-division of a district, then compiled into a report for the district as a whole, and then submitted to the Commanderie above it and so on up to the national level, presupposes individuals at the lowest level of the administration who were literate enough to record such information. At that point in time, for the area which is now northern Vietnam, the vast majority of such people would have been Vietnamese rather than Chinese. Bielenstein, 130.

⁵ For a recent study of French sponsored medical education in Vietnam which goes far beyond merely analyzing the formal introduction of western medicine to the Vietnamese see Laurence Monnais-Rousselot, “Médecine coloniale, pratiques de santé et sociétés en Indochine française (1860-1939). Une histoire de l’Indochine médical.” (Ph.D. diss. Univ. of Paris VII, 1997). For discussions of French assertions regarding their technical contributions to Vietnamese agriculture, see “Colonial Efforts in the Agricultural Sector” in Pham Cao Duong, *Vietnamese Peasants Under French Domination, 1861-1945*, Center for South and Southeast Asia Studies, Univ. of California Berkeley, Monograph Series no. 24 (Lanham, MD: Univ. Press of America, 1985) 8-22. See also David Biggs, “Civilizing Cochinchina: Constructing the French ‘Work’ in the Mekong Delta,” paper presented to the History of Science Society annual conference, San Diego Nov. 9, 1997. For French claims regarding modernization of Vietnamese writing and literature, see chapters ten, eleven and twelve in Maurice M. Durand and Nguyen Tran Huan, *An Introduction to Vietnamese Literature*, trans. D.M. Hawke (New York: Columbia Univ. Press, 1985) 107-191.

⁶ I am excluding from this discussion European languages and, for the most part, the languages of the ethnic minority peoples of Vietnam.

⁷ There are, however, still quite a number of people in Vietnam, particularly the elderly in rural villages, who can read at least the names of local deities and also local toponyms inscribed in Nôm in their local Đình Làng (village communal hall), temples and shrines. There are also some sellers of traditional Vietnamese materia medica who can

indeed most of Vietnam's pre-twentieth-century literary classics were first written in Nôm rather than in Chinese.⁸ Before going to Vietnam, I had the impression that Nôm was used only for literature and that Chinese was used to write everything else in Vietnam prior to the twentieth century. Yet within my first week at the Institute of Sino-Nom Studies I realized that the amount of materials on medicine and pharmacology created by the Vietnamese in Nôm made that writing system critical to a discussion of the history of Vietnamese medicine.

The *Di sản Hán Nôm Việt Nam – Thư mục kỹ yếu*; Catalogue Des Livres en Han Nom is a three-volume annotated bibliography of the holdings, excluding acquisitions made after 1987, in Chinese and Nôm, of the Sino-Nom Institute of Hà Nội, and of the École Française d'Extrême-Orient, the Bibliothèque Nationale, the Société Asiatique, the École Des Langue Orientales, and the Musée Guimet in France.⁹ Although the archival collections, from Vietnam, of all of the institutions noted were begun under the French, the holdings of the Sino-Nom Institute have been further enlarged under the government of Vietnam after full independence from France came in 1954.¹⁰ Counting duplicate copies of some texts there are annotations for over 16,000 items written in Chinese, Nôm, or a mixture of the two. There are also a few items with some Quốc ngữ or foreign (mostly French) words or phrases, but the bulk of the collection is in Chinese and Nôm. While quite a few of the texts held in these collections originally came from China, the majority of these works were produced in Vietnam. The items in these collections came from all regions of Vietnam, and their dates span a very broad time period. Given the size and diversity of this collection one can say that it is a body of texts that is representative, in terms of subject matter, time period, and script used, of the textual traditions of Vietnam.

The *Di sản Hán Nôm* notes 366 entries which are solely on either medicine or pharmacy; of these 186 are written in Chinese, 50 in Nôm, and 130 in a mixture of the two scripts. Many of these entries are works in several volumes, I counted entries but not individual volumes. I included in my count pharmacy, dietetics, physical hygiene, forensic pathology, veterinary medicine and all branches of what would commonly be considered medicine.

There are also quite a number, at least 161, of other texts which contain some mention or discussion of medical and/or pharmaceutical matters. To calculate this number I simply read the annotations of all of the entries in the *Di Sản Hán Nôm*. While these annotations are remarkably

read and write the names of at least some plant and mineral substances in Nôm. One such pharmacist works at an herbal medical shop on the corner of Lãn Ông and Thuốc Bắc in the Thirty Six Streets area of Hà Nội. I made these observations of people with some limited use of Nôm on numerous trips around Hà Nội and to villages in northern Vietnam between January of 1993 and May of 1995.

⁸ For example, Vietnam's most famous work of literature *The Tale of Kiều*, the anonymous epic poem Phan Trần and many of the poems of Nguyễn Trãi, Nguyễn Bình Khiêm, and Hồ Xuân Hương were originally written in Nôm although they are most commonly seen today in Quốc Ngữ editions. A work which is an informative introduction to the various genres of Vietnamese literature is Durand and Huan, *An Introduction to Vietnamese Literature*. Two excellent sources for translations of many poems by the authors I have noted are the volumes of translations by Hu, nh Sinh Thông, *An Anthology of Vietnamese Poems: from the Eleventh through the Twentieth Centuries* (New Haven, CT: Yale Univ. Press, 1996) and *The Heritage of Vietnamese Poetry* (New Haven, CT: Yale Univ. Press, 1979).

⁹ Trần Nghĩa and François Gros eds., *Di Sản Hán Nôm Việt Nam – Thư mục kỹ yếu; Catalogue des Livres en Han Nom* 3 vols. (Hà Nội: Nhà Xuất bản Khoa học Xã hội, 1993).

¹⁰ For a history of these collections see Judith Henchy, *Preservation and Archives in Vietnam* (Washington: Council on Library and Information Resources, 1998) 2-7.

thorough, and for the texts I have examined myself they are highly accurate, it is possible that some medically related topics contained in a given text were not noted by the annotators thus the number of books which contain bits on medicine or pharmacy could only be higher, not lower, than my own count. Of those texts on other subjects which contain sections on medicine or pharmacy, 85 are written in Chinese, 16 in Nôm, and 60 in some mixture of the two scripts. This use of both Chinese and Nôm within one text is generally referred to as Hán-Nôm and “it is the type of texts [sic] with the longest record of existence in the Vietnamese nation’s history.”¹¹ Of the mixed script texts it is significant that in at least half of them the section that is on medicine is written in either Nôm or Hán-Nôm rather than in Chinese.

As for the texts which are solely on some branch of medicine or pharmacy and which are written in Chinese, at least one-third of them were written in China and those can be ignored when assessing the languages that Vietnamese authors used to create medical and pharmaceutical texts.¹² Discounting those texts created in China and later imported to Vietnam and calculating only the texts solely on medicine or pharmacy written by Vietnamese authors, results in a figure of approximately 40.8 percent which are in Chinese, 16.4 percent in Nôm, and 42.8 percent in Hán-Nôm. It is easy to see that if one adds those in Nôm and those in Hán-Nôm together the result is 59.2 percent. Thus somewhat more than half of the texts on medicine and pharmacy produced in Vietnam were written in either Nôm or Hán-Nôm rather than in ‘pure’ Chinese. My initial impression was that the percentage of texts written in Nôm was even higher. This is because for the particular medical subject I wished to investigate—smallpox—the percentage of texts written in Nôm or Hán-Nôm is even higher than is the percentage of texts in Nôm and Hán-Nôm for general medical and pharmaceutical texts.

The *Di sản Hán Nôm* lists 58 entries which are specifically on smallpox. This number is impressive in and of itself as there are very few other texts listed which are on one disease and one disease only.¹³ The sheer number of works on smallpox is indicative of the serious threat to life, health, and appearance that smallpox was in Vietnam until quite recent times. Aside from works exclusively on smallpox, there are also numerous other works, both medical and non-medical, which have a section, whether just a few sentences or a number of pages, about smallpox. For reasons which are beyond the scope of this essay, all works on pediatrics and most works on obstetrics contain a section on smallpox. As for non-medical works which include text relating to smallpox, a good example is the *Bảo Huấn Hợp Biên* (Vĩnh Phú: 1876) a Buddhist text which contains, at the very end, several medical prescriptions for treating intestinal problems and smallpox.¹⁴

Of the works on smallpox listed: nineteen are in Chinese, seven are in Nôm and thirty-two either have sections divided by languages or are in Hán-Nôm. Of the works in Chinese, four were definitely imported from China and fifteen were most probably produced in Vietnam. Thus

¹¹ Nguyễn Quang Hồng, ed., *Văn Khắc Hán Nôm Việt Nam* (Hà Nội: Social Sciences Publishing House, 1992), 1143.

¹² I do not mean to imply that the presence of Chinese medical texts is not important. Here, however, I am simply discussing the scripts used by Vietnamese authors.

¹³ The *Di Sản Hán Nôm* lists a few works on typhoid, see document numbers 3667, 3668 and 3669 and one, number 3898, on leprosy. I have used the *Di Sản Hán Nôm* as a broad survey of the available literature and documents referred to by their number only are texts that I have not examined myself. All of the texts I have used myself will be noted with a full citation and listed as primary sources in my bibliography.

¹⁴ *Bảo Huấn Hợp Biên*. 寶訓合編 Vĩnh Phú: 1876. Document number 136, *Di Sản Hán Nôm*.

of books in this collection on smallpox produced in Vietnam (fifty-four), 27.7 percent were written in Chinese, 12.9 percent were written in Nôm and slightly less than 60 percent were written in Hán-Nôm or have sections in more than one script. That is to say that nearly 73 percent of the works on smallpox written in Vietnam consist entirely of, or contain within them, Nôm and/or Hán-Nôm.

Table 1. Texts Produced in Vietnam by Vietnamese Authors

| Medicine/Pharmacy 304 | Other with Mention of Medicine etc.* 161 | On Smallpox 54 |
|-------------------------------------|---|------------------------------------|
| Chinese 124/40.8% | Chinese* 85 | Chinese 15/27.7% |
| Nôm 50/16.4% | Nôm* 16 | Nôm 7/12.9% |
| Hán-Nôm 130/42.8% | Hán-Nôm* 60 | Hán-Nôm 32/59.4 |
| Total of Nôm & Hán-Nôm 180/59.2% | Total of Nôm & Hán-Nôm* 76 | Total of Nôm & Hán-Nôm 39/72.3% |

* For at least half of these texts the section on medicine is written in either Nôm or Hán-Nôm.

These figures made it obvious that an examination of any branch of indigenous Vietnamese literate traditions of scholarship on the natural world, natural physical processes, and medical knowledge of any sort, prior to the twentieth-century expansion of the use of Quốc Ngữ, required the use, in some manner, of texts written in Nôm. An examination of general structure of the majority of the texts in Hán-Nôm offers insights into the relationship between Chinese and Vietnamese traditional medicine as it was perceived by Vietnamese medical writers. For a number of these works most of the text is in Chinese but they also contain prescriptions for medicines in Nôm. There is, in general, an introduction in Chinese to the Nôm text. These introductions indicate that the reason so many medical formulas are written in Nôm is because it seemed more proper to the authors to write the names of indigenous plants in Nôm.¹⁵ Indeed in one whole genre of Vietnamese medical texts, those on botanical products used for medicine and food, in many cases these products were used as both, names of plants are almost always given in Nôm even when they are also given in Chinese and when the text on their preparation and use is in Chinese. For example, in the *Bản Thảo thực vật toàn yếu*, the handwritten text of this work is in Chinese except for the additional noting of many plant names already given in Chinese which are repeated in Nôm, apparently to avoid confusion. The name of this work indicates that it is primarily concerned with plants used as foodstuffs rather than as medicine, but dietetics are an essential part of Vietnamese medicine and many plants are used for their nutritional properties specifically to counter certain climatic or life cycle conditions.¹⁶

¹⁵ A good example of this usage of Nôm and Chinese can be found in the handwritten, early twentieth century text *Bản Thảo*. This particular work contains not only Chinese and Nôm but also some Quốc Ngữ. Another work which contains a discussion of common usages of plants for medical purposes which do not require complicated preparation, and thus are not referred to as prescriptions or recipes, and which follows the pattern of instructions and introduction in Chinese and names of plants in Nôm is the *Bản Thảo thực vật toàn yếu*. *Bản Thảo* means an herbal or book on *materia medica*.

¹⁶ [Phan Phu Tiên, comp?] *Bản Thảo thực vật toàn yếu* 本草食物算要 Eighteenth century compilation based, in part, on a fifteenth century work. Document number 114 *Di Sản Hán Nôm*.

The Vietnamese have always emphasized pharmacology above all other branches of medicine. Indeed, the Vietnamese were acknowledged as great pharmacists by the Chinese, and the geographic space which is now Vietnam was the source of many drugs which were exported to China.¹⁷ The trade in medicinal products between China and Vietnam has a recorded history dating back to the earliest days of the Chinese conquest of Vietnam.¹⁸ There is also a long history of exchange of medical practitioners between the two cultures. At least some Chinese doctors lived and worked in Vietnam and certain Vietnamese healers were sent to China as living ‘tribute.’ For example, the great physician Tuệ Tĩnh 慧靖, who is generally credited with having codified ‘southern’ medicine, was sent as a gift of sorts to the court of the Ming Dynasty (1368-1644) in China.¹⁹

Historically the Vietnamese defined their territory and to some extent their culture by using an oppositional reference to China. Things Vietnamese were labeled ‘southern’ while China and matters Chinese were labeled ‘northern.’ Traditional Vietnamese medicine provides a good example of this as medical practices and medicinal plants from Vietnam were, and are, called *Thuốc Nam* (Southern medicine) while healing therapies and drugs from China, even if administered by a Vietnamese physician, are *Thuốc Bắc* (northern medicine).

When Tuệ Tĩnh was sent to China he was already 55; he was appointed to the palace medical service of the Ming and died in China.²⁰ It was a sore point with the people of Tuệ Tĩnh’s home village that he was never allowed to return home and that his remains were never returned either. Tuệ Tĩnh’s tomb, in Nanjing, was a favorite pilgrimage site for Vietnamese visiting the area and in 1676 a scholar from Tuệ Tĩnh’s home village of Nghĩa Phú (in present

¹⁷ Good expressions of the opinion of Vietnamese practitioners and students of Vietnamese Traditional Medicine regarding the historic place of pharmacology within their medical tradition can be found in the introductory sections of reference books on Vietnamese Traditional Medicine and the reprint editions, in Quốc Ngữ, of works by Tuệ Tĩnh and Lãn Ông. See Lê Trần Đức comp. *Thân thể và Sự nghiệp Y học của Hải Thượng Lãn Ông* (Vietnam: Medical Publishing House, 1970) 5-12, and *Tuệ Tĩnh và nền Y dược cổ truyền Việt Nam*, Nguyễn Thế Vũ ed. Quốc Ngữ edition, (Hà Nội: Medical Publishing House, 1975) 5-34. See also *Tuệ Tĩnh, Nam dược Thần Hiệu* (Hà Nội: Medical Publishing House, 1993) 5-11, and Lê Quý Ngu and Trần Thị Như Đức *Danh Từ Dược Học Đông Y* vol. 1 (Huế: Thuận Hoá Publishing, 1992) 7-47. For a detailed account of specific pharmaceuticals exported from Vietnam to China during the T’ang Dynasty see Edward H. Schafer *The Golden Peaches of Samarkand: a Study of T’ang Exotics* (Berkeley: Univ. of California Press, 1963) 117-194 and *The Vermilion Bird: T’ang Images of the South* (Berkeley: Univ. of California Press, 1967) 165-247. For *materia medica* in the trade of southern and central Vietnam at a later period see Li Tana and Anthony Reid, eds. *Southern Vietnam under the Nguyễn: Documents on the Economic History of Cochinchina (Đàng Trong) 1602-1777*, Economic History of Southeast Asia Project, Data Paper Series: Sources for the Economic History of Southeast Asia no. 3 (Singapore: Institute of Southeast Asian Studies, 1993). See also chapters 4 and 6 in Li Tana “The Inner Region: a Social and Economic History of Nguyen Vietnam in the 17th and 18th centuries” (Ph.D. diss., Australian National Univ., 1996), 85-108 and 129-147.

¹⁸ See Edward Schafer, *The Golden Peaches of Samarkand: a Study of T’ang Exotics* (Berkeley: Univ. of California Press, 1963) and *The Vermilion Bird: T’ang Images of the South* (Berkeley: Univ. of California Press, 1967). See also Wang Gung Wu, “The Nanhai Trade,” *Journal of the Malayan Branch of the Royal Asiatic Society* 31, pt.2, no. 182(1958).

¹⁹ There is some slight uncertainty about the year in which Tuệ Tĩnh went to China, most probably he was sent in 1385 along with other human ‘gifts’ chosen for various skills and talents. See Lê Trần Đức, *Tuệ Tĩnh và Nền Y dược cổ truyền Việt Nam* (Hà Nội: Nhà Xuất bản Y học, 1975) 12-13. See also Hoang Bao Chau, 16-17.

²⁰ Hoang Bao Chau, 17, asserts that Tuệ Tĩnh became quite a favorite at court, received an honorific title, and saved “the Chinese Empress from post-natal complications.” Thi Huân Luyện also examines this story, “Tiểu sử của Tuệ Tĩnh” in *Nam Dược Thần Hiệu*, reprint in Quốc Ngữ (Hà Nội: Nhà Xuất bản Y học, 1993), 9. Unfortunately neither author gives their sources for this further information on Tuệ Tĩnh’s career at the Ming Court.

day Hải Dương province) recorded the text on the commemorative stele at the grave site and had it carved on another one which was erected in their home village.²¹ It can still be seen there today.

One of Tuệ Tĩnh's major medical treatises, the *Nam Dược Thần Hiệu* 南藥神效 [Miraculous Drugs of the South], was written while he lived at the Ming court. The work was designed to systematize the use of southern medicaments within the parameters of Chinese drug theory and to present 'southern' medicine to physicians at the Ming court: thus, Tuệ Tĩnh wrote in Chinese rather than in Nôm, the script which dominates his other works. Tuệ Tĩnh is believed to have sent copies of the *Nam Dược Thần Hiệu* back to Vietnam via a Vietnamese diplomatic mission, and copies of this work undoubtedly existed in the Vietnamese royal libraries prior to the Ming invasion in 1407.²²

When Ming forces invaded and occupied Vietnam (1407-27) many Vietnamese texts, including medical texts, were either destroyed or removed to China.²³ Almost all of the copies of Tuệ Tĩnh's various medical works disappeared from the Vietnamese imperial libraries during this period.²⁴ The Ming also sent several Vietnamese doctors to the Chinese court.²⁵ During their occupation of Vietnam, the Chinese were interested in more than just confiscated goods and forcibly drafted Vietnamese skilled labor. The Ming hoped to remain in control for much longer than the twenty years their occupation lasted and thus they "acted to control these strange modes of behavior [Vietnamese behavior] bureaucratically, legally, and academically."²⁶ To this end they legislated Chinese styles for clothing and hair and they attempted to regulate Buddhist and Taoist institutions, which were seen as potentially subversive, with rules similar to those imposed in Ming China.²⁷

The Ming governors of Vietnam established "sixty-nine schools of medicine and fifty-four schools of astrology" as well as schools to train Vietnamese in the Confucian classics in preparation for entering the Ming bureaucracy.²⁸ The Ming destroyed and confiscated Vietnamese books on diverse subjects such as medicine, history, and poetry and as, in some sense, a replacement they imported Chinese books carefully chosen for the schools the Chinese

²¹ Hoang Bao Chau, 17. See also Lê Trần Đức, 33-4. Sadly Tuệ Tĩnh had specified that his epitaph contain a request for anyone, from Vietnam, who came to his tomb to please carry his remains home.

²² Nguyen Kiet Chi, "Traditional Drugs of Vietnam in the Works of Tue Tinh," *Vietnamese Studies* n.s., 12 (1986), 51.

²³ Dương Bá Bành, 38.

²⁴ Hoang Bao Chau, 17.

²⁵ Dương Bá Bành, 38-9.

²⁶ John K. Whitmore, *Vietnam Hồ Quý Ly, and the Ming (1371-1421)*, Lạc Việt Series no. 2 (New Haven: Yale Center for International and Area Studies, Council on Southeast Asia Studies, 1985) 120.

²⁷ Whitmore, 116-31. See also Lê Thành Khôi, *Le Viet-Nam: Histoire et Civilization*. (Paris: Minuit, 1955), 208-9; and Frederick W. Mote and Denis Twitchett eds. *The Ming Dynasty, 1368-1644*. pt.1 of vol. 7 of *The Cambridge History of China* (Cambridge: Cambridge Univ. Press, 1988), 114, 146 and *passim*.

²⁸ Whitmore, 121. These schools were modeled on the system of public schooling in China which the founder of the Ming ordered, in 1375, to be established. See Dun J. Li, *The Ageless Chinese, a History*, 3rd ed. (New York: Charles Scribner's Sons, 1978) 301-3. The establishment of Chinese schools in areas conquered by the Chinese for the purpose of 'sinification' of the local population was standard practice from at least the Han Dynasty on and was not particular to Vietnam.

administrators had established.²⁹ These schools and the books used in them reflected the desire of the Ming to bring “some degree of control over local medical and magical practices while imparting new information and techniques.”³⁰

For the purposes of this discussion some definition of what constitutes a folk practice or folk medicine as opposed to that which constitutes established medicine is necessary. There are many variables which might be used in one specific context to label one set of health beliefs as ‘folk’ while another set of medical beliefs is defined as ‘western,’ ‘biomedical,’ ‘traditional,’ or ‘national.’ However, it appears that there is one defining point which ensures, in any cultural context, that a given bit of healing knowledge will be referred to by the ruling classes of that society as a folk practice.³¹ This point is that the majority of those who believe in and enact this procedure either do not or are not able to record their beliefs and their clinical observations in a literate format that is acceptable to the medical establishment of the polity that they belong to.³² Quite often the term illiterate is pejoratively linked to descriptions of “folk practice” even when the practitioners in question are clearly literate in their own language but illiterate in the language used by their detractors.³³

It is the possession of a recognized literate tradition which is a universal distinguishing marker for the medical establishment of a given political entity.³⁴ From this it follows that when

²⁹ Thomas Hodgkin, *Vietnam: The Revolutionary Path* (London: McMillan, 1981), 56. The Yung Lo emperor was very interested in curriculum for Chinese schools and also in standardized commentaries and compendiums to be used as textbooks. See Hok-Lam Chan, “The Chien-wen, Yung-lo, Hung-hsi, and Hsüan-te reigns.” in Mote and Twitchett, 218-21.

³⁰ Whitmore, 121.

³¹ The exact wording of this labeling today might be ‘minority medicine,’ ‘ethnomedicine,’ or ‘ethnopharmacy’ rather than simply ‘folk medicine.’

³² See for example Donn Hart’s classic study of Filipino medicine in which Hart is forced, because of the lack of texts written by Filipino healers, to rely on the recorded observations of Europeans, from the early eighteenth century on, and on his own oral interviews. Donn V. Hart, *Bisayan Filipino and Malayan Humoral Pathologies: Folk Medicine and Ethnohistory in Southeast Asia*. Data Paper no. 74 (Ithaca: Southeast Asia Program, Dept. of Asian Studies, Cornell University, 1969).

³³ See British colonial reports cited in David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. (Berkeley: Univ. of California Press, 1993): 50-4. For a succinct examination of the written textual traditions of Indian medicine see Margaret Trawick, “Death and Nurturance in Indian Systems of Healing” in Charles Leslie and Allan Young, eds., *Paths to Asian Medical Knowledge* (Berkeley: Univ. of California Press, 1992). See also Creighton’s descriptions of the British dairy farmers whom Edward Jenner acquired his interest in cowpox from. Charles Creighton, M.D., *Jenner and Vaccination; A Strange Chapter of Medical History* (London: Swan Sonnenschein & Co., 1889): 22-25 and *passim*.

³⁴ For comparisons of Ayurvedic, Chinese, and Galenic scholarly healers all of whom “rest their claims to healing power largely on knowledge which is grounded in the study of written texts.” see the essays in Don Bates ed., *Knowledge and the scholarly medical traditions*. (Cambridge: Cambridge Univ. Press, 1995): 2. See also Hymes discussion of the Chinese “ratification” of medical texts and the institutionalization of medicine as a profession dependent on literacy. Robert P. Hymes, “Not Quite Gentleman? Doctors in Sung and Yuan” *Chinese Science* 8 (1987): 34-42. See also William C. Cooper and Nathan Sivin, “Man as Medicine: Pharmacological and Ritual Aspects of Traditional Therapy Using Drugs Derived from the Human Body.” in *Chinese Science: Explorations of an Ancient Tradition*. M.I.T. East Asian Science Series, vol.2 (Cambridge, MA: MIT Press, 1973): 206-7. For an examination of conceptual paradigms contained in texts in Classical Arabic which legitimate the Greco-Islamic medical traditions in Islamic societies worldwide see Byron Good and Mary-Jo DelVecchio Good, “The Comparative Study of Greco-Islamic Medicine: The Integration of Medical Knowledge into Local Symbolic Contexts,” in Leslie and Young.

there is a major change in the social or ethnic composition of a given medical establishment or a major change in the class or ethnic makeup of the ruling class of a given State then what is regarded as “folk medicine” and what is “established” medicine may change.³⁵

Joseph Needham’s theory that Taoist natural philosophy and the Taoist encouragement of observation of nature were largely responsible for most Chinese scientific and medical discoveries remains highly controversial.³⁶ If, however, we examine the implications of Needham’s theory in light of the class structure of the medical and scientific professions in China we see that Confucians who, as a group emphasized study of texts, dominated both Buddhists and Taoists. In Vietnam however, this type of political and class differentiation, with the Confucians generally on top, was not a major force until reign of the second Emperor of the Nguyễn Dynasty (1802-1945).

None of Vietnam’s most famous doctors, before the Nguyễn, concentrated on Confucian scholarship. Tuệ Tĩnh and Lãn Ông, the two Vietnamese physicians who are generally regarded as the founders of Vietnamese medicine, had strong Buddhist and Taoist connections. Tuệ Tĩnh 慧靖 was a fourteenth-century Buddhist monk who was also a highly respected doctor and pharmacist. Lãn Ông on the other hand was known to have Taoist leanings and Taoist connections. Lãn Ông’s real name was Lê Hữu Trác but he is generally referred to as Lãn Ông (懶翁). This is a pseudonym with strongly Taoist overtones. Sometimes Lãn Ông is referred to as Hải Thượng Lãn Ông meaning Lãn Ông native of Hải Thượng.³⁷ Lãn Ông was a physician who lived and practiced medicine during the civil wars of the eighteenth century.³⁸ Lãn Ông wrote in both Chinese and in Nôm as did Tuệ Tĩnh.

The first emperor of the Nguyễn Dynasty, Gia Long (r.1802-1820), advocated and encouraged the use of Nôm by all of his court officials.³⁹ However Gia Long’s son the emperor Minh Mạng (r.1820-1840) was determined to bring the Vietnamese court into line with the standards set by the Ch’ing Dynasty of China. As part of this the K’ang Hsi dictionary was adopted, by royal proclamation, in 1820 as the standard dictionary of Chinese characters to be used in Vietnam.⁴⁰ So from 1820 on all official documents had to be written in K’ang Hsi standard characters. Further, another royal proclamation, in 1832, forbade the “use of ‘rustic

³⁵ For example the Maya had at one time a highly evolved system of writing, yet today the Maya are illiterate in their own language. This does not preclude their having a sophisticated system of pharmacology, but it does mean that their knowledge is classified as ethnobotany or folk medicine. See Brent Berlin, *Ethnobiological Classification: Principles of Categorization of Plants and Animals in Traditional Societies* (Princeton, NJ: Princeton University Press, 1992) and Ann Berlin and Brent Berlin, *Medical Ethnobiology of the Highland Maya of Chiapas, Mexico: the Gastrointestinal Diseases* (Princeton, NJ: Princeton Univ. Press, 1996).

³⁶ Joseph Needham’s list of publications is far too extensive to list here. His ideas on Taoist philosophy are mentioned in every article or monograph he wrote that I am aware of.

³⁷ Hoang Bao Chau, 20.

³⁸ For information on the life of Lãn Ông and the story of one of his journeys see Vũ Văn Đình trans. *Thượng Kinh Ký sự (Thuật lại chuyến đi về Kinh)*. (Hà Nội: Nhà Xuất bản Văn học, 1993). See also Nguyễn Trần Hoàn, trans. *Lãn Ông, Thượng Kinh Ký Sự (Relation d’un voyage à la Capitale)* Publications de l’École Française d’Extrême-Orient, vol 87, Paris: École Française d’Extrême-Orient, 1972.

³⁹ Woodside, *Vietnam and the Chinese Model*, 54.

⁴⁰ For a discussion of Minh Mạng’s simultaneous repression of Nôm and adoption of the Ch’ing Dynasty standard character set in the *K’ang Hsi* dictionary see Woodside, *Vietnam*, 54-5.

books' and 'privately assorted characters',” meaning Nôm.⁴¹ There was no easing of these rules concerning the standard form of Chinese characters for the Nguyễn royal medical establishment although private physicians certainly continued to use Nôm.

In the years after Gia Long's death the doctors who had served Gia Long in the Royal Medical Service retired and they were replaced by doctors who were encouraged to read and write only in Chinese. Minh Mạng's restrictions on Nôm led to a split, a sort of class divide, in the genres of Vietnamese medical literature which were produced from his reign on.

In China those healers who did not or could not write in 'official' Chinese have left very few texts of their own.⁴² Chang Chia Feng follows standard Chinese scholarly practice in stating that “Those who were not literate healers, or were not recognized by the former group [the ru yi], will be classified as alternative healers.”⁴³ After the Chin-Han period's standardization of Chinese characters, “only the barest snatches of vernacular ever appeared in writing, and there really were no conventions for composing anything other than Literary Sinitic” while for “the nonstandard regional languages, it is [was] still more difficult to write out unadulterated speech in characters.”⁴⁴ In contrast to the situation in China, Vietnamese medical literature in vernacular, and often regionally specific, Nôm was a socially and legally acceptable literary medium, until Minh Mạng's proscription on its use, for those who either could not or did not choose to write in Chinese.⁴⁵

We have a more extensive record of the thoughts of Vietnamese who used regional or folk medical practices than we have for similar Chinese healers. We have these records because the Vietnamese healers who used these procedures recorded their thoughts and experiences with these methods in a literate format that was recognized and accepted within the Vietnamese medical community. It is possible for us to examine these Vietnamese medical practices and beliefs in some detail largely because in Vietnam, prior to the orthographic restrictions imposed by Minh Mạng, there was an acceptable literate outlet for those healers who in China would not have been able to write in their own spoken language.⁴⁶

⁴¹ Woodside, *Vietnam*, 55.

⁴² There are a few medical texts still extant which strongly reflect regional Chinese dialects. See Zheng Jinsheng's discussion of the influence of the Hangzhou dialect on one such text in “The Collation and Annotation of the Rare Book *Lǚ Chanyan Bencao*: A Medical Literature Research Project.” See also Paul Buel's discussion of Uighur and other central Asian elements buried in the written Chinese of the *Yin-Shan Cheng-Yao*; Paul D. Buel, “The *Yin-Shan Cheng-Yao*, A Sino-Uighur Dietary: Synopsis, Problems, Prospects” both in Paul U. Unschuld ed., *Approaches to Traditional Chinese Medical Literature; Proceedings of an International Symposium on Translation Methodologies and Terminologies* (Dordrecht: Kluwer Academic Publishers, 1989).

⁴³ Chang Chia Feng, 33.

⁴⁴ Mair, “Modern Chinese Writing,” 203.

⁴⁵ For an extended discussion of the place of Nôm within Vietnamese medical literature please see chapter 4 “Transfer and Transmission.”

⁴⁶ The written language of China was not, from the Han Dynasty (202 BC-220 AD) up to very recent times, the spoken language of the majority of the population which inhabited the territory ruled by China. Discussions of this point can be found in almost any scholarly work on the Chinese writing system. See for example William G. Boltz, *The Origin and Early Development of the Chinese Writing System*, American Oriental Series, vol. 78 (New Haven, CT., 1994); John DeFrancis, *Visible Speech: The Diverse Oneness of Writing Systems*. (Honolulu: Univ. of Hawaii Press, 1989); and Victor Mair, “Buddhism and the Rise of the Written Vernacular in East Asia: The Making of National Languages” *The Journal of Asian Studies*. 53, no.3 (August 1994): 707-51; and “Modern Chinese Writing” in *The World's Writing Systems* Peter T. Daniels and William Bright eds. (New York: Oxford Univ. Press, 1996).

My research on smallpox indicates that texts written in Nôm reflect a substratum of Vietnamese medical knowledge and traditions which continued to thrive and evolve under an overlay of Chinese importations. In certain situations these texts reveal Vietnamese ideas which conflict with certain medical theories imported from China. This information and the statistics discussed previously clearly challenge several commonly held assumptions about Vietnamese Traditional Medicine and about Nôm. For example, it is generally thought that Chinese was the dominant language for literate transmission of medical theories and practices in Vietnam prior to the twentieth century introduction of training in western medicine. While many of the most influential texts in the Vietnamese medical corpus were indeed written in Chinese clearly in terms of sheer numbers and in terms of availability to the general population texts in Nôm and Hán-Nôm are as important as Chinese.



For the medical context, see Hui-Lin Li's discussion of the collection of ethnobotanical knowledge for use in an early Chinese materia medica of southern China and Vietnam; Hui-Lin Li, *Nan-fang ts'ao-mu chuang: a Fourth Century Flora of Southeast Asia, Introduction, Translation, Commentaries* (Hong Kong: The Chinese Univ. Press, 1979): 8-20. See also Chang Chia Feng's discussion of folk prescriptions and beliefs regarding smallpox as transcribed by "professional" physicians, 97-8.