Acquisition and Dissemination of Anti-Epidemic Medical Prescriptions During the Outbreaks in the Qing Dynasty of China

Xi-Yang Liu
Institute of Chinese Social History, School of Marxism, Ocean University of China, Qingdao 266100, Shandong, China

Abstract
During the epidemics in the Qing dynasty, many medical professionals, nonprofessionals, and social organizations collected and sorted medical prescriptions related to infectious diseases. These people also compiled, published, disseminated, and consulted related medical formularies. The above historical event can be viewed as the construction and dissemination of medical knowledge. They edited and published medical formularies on infectious diseases with lower cost and in flexible ways by taking the initiative and giving full scope to creativity. Diverse anti-epidemic medical prescriptions from these medical formularies can be used for infectious diseases in the event of the outbreaks. However, the therapeutic effects of classical prescriptions and folk recipes cannot be regarded as the same. The wide circulation of anti-epidemic medical prescriptions and medical formularies was essentially a process of epidemic prevention resource allocation. Not only did it enable many nonprofessionals to participate in epidemic prevention and control, but it also enhanced awareness, knowledge, and capacity for epidemic prevention at the individual level. At the same time, due to the uneven quality and individual differences in the physical fitness and condition of the prescriptions and formularies, they had the capacity of causing inconveniences to the readers or patients.

Keywords: Anti-epidemic medical prescription, epidemic prevention, epidemic control, Qing dynasty

Introduction
The pneumonia epidemic caused by the novel coronavirus that is currently running wild around the world has aroused worldwide attention. As the epidemic has spread to all sectors of society, its knowledge has emerged in a short period of time regarding various kinds of infectious diseases, epidemic prevention and control, and daily health care. This knowledge has penetrated into the daily lives of the ordinary people through verbal and written publicity such as texts, pictures, videos, and other media, and through various channels including medical and health institutions, social relief and charity organizations, networks, TV stations, mobiles, and broadcasts, as well as leaflets. People are concerned about the daily update of the epidemic and spare no effort in “suppressing” or “avoiding” the virus. If the interruption of virus transmission is our response to “the exterior” of the outbreak, then people’s study, debate, criticism, dissemination, acceptance, sublation, and other activities constitute “the interior.” Throughout the history of human beings struggling against the infectious diseases, every outbreak of infectious diseases and every means of prevention and control have been accompanied by the formation, transmission, application, and discussion of infectious disease knowledge. The nature of the knowledge itself, its mechanism of formation, way of the transmission, scope and extent of application, all these jointly influence and even determine the effect of the epidemic prevention and control. They also represent what resources human beings can use to fight against infectious diseases, what experiences and lessons can be learned from this process of fighting, and what preparations can be made for the prevention or mitigation of possible future infectious diseases.

Corresponding author: Dr. Xi-Yang Liu, Institute of Chinese Social History, School of Marxism, Ocean University of China, Qingdao 266100, Shandong, China. E-mail: xyliu115@163.com
ORCID: 0000-0002-9884-6439

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPmedknow_reprints@wolterskluwer.com
The Qing dynasty was one of those dynasties with the highest frequency of various infectious disease outbreaks in China’s history. From the perspective of public health management and charity relief, during the numerous epidemics, the routine measures included isolation, quarantine, and the creation of specialized infectious disease relief institutions and medical services. In addition, numerous medical professionals, nonprofessionals, and social organizations collected and sorted medical prescriptions related to infectious diseases. They also compiled, published, disseminated, and consulted related medical formularies. How did such activities work, what role did they play, and what implications do they have for our understanding and response to the epidemic today?

**Brief Introduction to the Publication and Dissemination of Anti-Epidemic Medical Formularies in the Qing Dynasty**

Throughout the history of infectious diseases in the Qing dynasty, the central government took some prevention and treatment measures from time to time during most of the epidemics, but nothing was established in the terms of building up a relatively complete, institutionalized, regular, and systematic response mechanism. For this reason, the local governments’ disease abatement measures were limited as they deployed various social forces in different places to take up the slack, resulting in these forces playing a central role. Historically, it was normal for the members of society to fight the epidemics independently, relying on the local resources.\[1\] The characteristic of “a small government and large society” was clearly reflected not only in the collection and sorting of medical prescriptions for infectious diseases but also in the compilation, publication, and dissemination of medical formularies. After querying hundreds of medical formularies on infectious diseases and the different versions of these in the catalogs of ancient classics including *Zhong Guo Yi Ji Tong Kao* (《中国医籍通考》Comprehensive Textual Research of Chinese Medical Works), *Zhong Guo Yi Ji Xu Kao* (《中国医籍续考》Supplement to Comprehensive Textual Research of Chinese Medical Works) and *Zhong Guo Zhong Yi Gu Ji Zong Mu* (《中国中西古籍总目》Comprehensive Table of Contents of Chinese Medical Books), it became readily apparent that the central government of the Qing dynasty seldom organized the compilation and publication of medical formularies for infectious diseases. However, there were enthusiastic advocates, supporters, and practitioners of such activities from all sectors of the society, and these people were from the local governments, government-run book publishing agencies, medical relief institutions that were either government-run or private, or government-supervised and privately-run. There were also various kinds of nongovernmental charitable organizations, guild halls, bookshops, and bookstores, as well as philanthropists, officials, scholar-officials, and doctors, among whom the members of the gentry and doctors were the most active. However, these institutions, organizations, groups, and individuals were basically independent of each other when carrying out their activities, and there were no uniform guidelines, norms, and standards. When an epidemic occurred, they were all integrating relevant knowledge and sharing it in various ways. This situation provided ample space for social forces to exert their own initiative and creativity. As a result, they edited and published distinctive medical formularies on infectious diseases with lower cost and in flexible ways. However, there were also disadvantages to this low level of organization, among which were insufficient coordination and standardization, resulting in serious homogenization of the medical formularies.

In terms of the actual publishing, the number was relatively limited of the medical formularies for infectious diseases published by official institutions such as the local governments, the government-run bookstores, and the medical aid agencies. The total number of medical formularies for infectious diseases published by them in the entire Qing dynasty was no more than 20, and they consisted basically only of works written by celebrities.\[2\] This is evident in the official published medical formularies for dealing with smallpox and laryngology formularies for dealing with respiratory infections. Smallpox is a fierce and highly infectious disease. In the Qing dynasty, smallpox once ran rampant, affecting everyone from the emperors to the civilians, and it became the terror of neighborhoods.\[3\] Before Emperor Jiaqing, inoculation was the main method used to prevent and control smallpox in China. However, after the introduction of Western vaccinia into China in the early years of Emperor Jiaqing, it was soon recognized and promoted by many local governments and officials due to its numerous advantages. The earliest book on the introduction of vaccinia, *Yin Dou Lue* (《引痘略》Discussion on Pox Inoculating), was published and popularized by the official publishing agencies in many places during the reign of Emperor Guangxu.\[4\] The practice of smallpox prevention in the late Qing showed that there were some imperfections in *Discussion on Pox Inoculating*, and its therapies were not universal. From the Jiaqing period to the latter years of the Qing dynasty, there were a lot of newly published medical formularies which supplemented and improved the book *Discussion on Pox Inoculating* according to the actual situation in different places, however, these books did not receive official attention.

In contrast, the medical formularies for infectious diseases compiled and published by nongovernmental charity relief organizations, members of the gentry and the common people, as well as many doctors, were not limited to celebrities and their works but varied and far exceeded those books published
by official agencies.\(^5\) It may even be said that in the severe epidemic situation or critical condition of patients, any medical prescriptions that might prevent or cure infectious diseases may be mined and spread, even if it was by means of incantations and “miraculous prescriptions” obtained by means of praying or sacred rituals. There was then the idea that applying sesame oil to the nostrils when one approached or was in contact with those infected could prevent infection, and this idea had been mentioned or modified from time to time and even spread widely after it was included in the medical formulary *Chuan Ya Wai Bian* (《串雅外编》Outer Treatise on Folk Medicine) which was compiled by Zhao Xuemin (赵学敏), a doctor from Hangzhou, China.

To gain in the race against time and to expand the scope and effect of dissemination, the compilers, publishers, and disseminators of epidemic prevention medical formularies would generally reprocess the collected and sorted medical prescriptions, so as to make them become specialized, simple, and popular. In general, this goal was mainly achieved through the following three ways. First, the compilers arranged medical prescriptions of the same type or nature or similar efficacy which were scattered in different medical books together as far as possible. Medical prescriptions suitable for practical use by the public were also included with emphasis on reference, comparison, and choice. Many medical formularies for infectious diseases compiled in the Qing dynasty followed this pattern. Second, the medical prescriptions in these medical formularies would be poetized or visualized so as to be easily remembered, understood, and spread by the public. Third, the medical formularies were miniaturized and manualized, so that people could read, absorb, and carry them easily. These actions undoubtedly contributed greatly to the spread of knowledge about infectious diseases. With the increasing frequency of people’s access to and use of these medical formularies, the knowledge of diseases, the body, drugs, and even the compatibility of prescriptions were imperceptibly transformed into a part of people’s knowledge reserve, thus improving the ability of individuals to resist the risk of infectious diseases independently, on the whole. However, there were many problems such as being repetitious and miscellaneous in content, with an imbalance between specialization and popularity, resulting in the proverb “it is easy to get prescriptions but hard for them to be miraculous in effect.”

### Application of Anti-Epidemic Prescriptions

The prevalence of infectious diseases and the publication and dissemination of various medical formularies for epidemic prevention made it very common for people to copy prescriptions for epidemic prevention, to refer to medical formularies, or to dispense drugs and take medicine under the instructions in these medical prescriptions. Different groups, such as the government, doctors, and the public, had their own characteristics in the application of anti-epidemic medical prescriptions. The effects of different types of anti-epidemic prescriptions on infectious diseases are different and cannot be easily used for comparison.

Of course, for the same infectious disease, no matter whether the medical prescriptions were officially recognized or promoted, or whether those prescriptions were the products of folk wisdom, their effects cannot be treated as the same. Although the credibility of classical prescriptions from celebrities was high and often popular, they could not be guaranteed to be 100% effective. During the reign of Emperor Qianlong (AD 1793), a plague broke out in Beijing. People consulted the works of famous medical experts Zhang Jingyue (张景岳) and Wu Youke (吴又可) in the late Ming dynasty and tried the medical prescriptions they used, but the effect was not good. However, a doctor from Tongcheng city, Anhui Province, cured the official Feng Yingliu’s concubine with a heavy dose of Shi Gao (石膏 Gypsum Fibrosum). The news spread far and wide, and many people began to use this prescription and achieved good results. People were very puzzled about this, and Ji Xiaolan (纪晓岚), a senior bachelor, also sighed: “Liu Wansu (刘完素) wrote *Su Wen Xuan Ji Yuang Bing Shi* (《素问玄机原病式》Explanation of Mysterious Pathogeneses and Etiologies Based on the Basic Questions), Zhang Congzheng (张从正) wrote *Ru Men Shi Qin* (《儒门事亲》Confucians’ Duties to Their Parents). They were both representatives of the Cold-Cool School, but they did not dare to be so. This is really something never heard before.”\(^6\) Not only that, all kinds of folk “secret ancestral formulas,” “proved recipes,” “peculiar prescriptions,” and “folk recipes” often came under suspicion and criticism by the elite class, especially medical professionals. However, many cases in all kinds of medical or nonmedical literature showed that these folk prescriptions had a significant effect in treating infectious diseases and helped in epidemic prevention. In the late Qing dynasty, for example, there was a prevalence of diphtheria (acute respiratory infectious disease caused by *Corynebacterium diphtheriae*). In the reign of Emperor Guangxu (AD 1882), Li Jifang (李纪方), a doctor from Hengshan, Hunan Province, compiled his grandfather Yin Shenwei’s (尹慎微) “esoteric empirical prescriptions” and wrote the book *Bai Hou Quan Sheng Ji* (《白喉全生集》Life-Saving Manual of Diphtheria). Many people consulted this book and succeeded in curing quite a number of patients with diphtheria, therefore. After that, this book was reprinted repeatedly with woodblock printing.\(^7\) Another example was a famous doctor of laryngology, Chen Kunpei (陈坤培) in Changshu, Jiangsu Province. His medical prescriptions were very effective, but he did not tell anyone about them. Later, Yan Youyan (严幼岩), his son-in-law, got
this book, and Yu Yanghao, Yan’s neighbor who used to be a prefectural assistant governor, happened to read the book. Originally, the book’s author was named Yang Longjiu (杨龙九), and few people knew that. Yu Yanghao said “the book was with a palm size, with small characters as silkworm, rotten, and broken paper”. Wang Jinghua (王景华), who revised this book, said “the text was inaccurate and the names of the prescriptions were strange, just like the work of a bell healer.” That is to say, there were many confusions in the book and the names of the prescriptions were strange, just like the work of a folk doctor. From 1901 to 1902, a severe laryngological disease broke out in Suzhou and its surrounding areas. Yu Yanghao applied the medical prescriptions in this book to save people and achieved an impressive effect. Hence, he invited two people to revise the book and funded the republication and promotion of the book.[8]

In terms of the sources of knowledge, most of the anti-epidemic medical formularies that were newly published during the epidemic period came from four sources: ancient and modern medical books, hereditary medical prescriptions, experience-based prescriptions that were passed down from mouth to mouth among the people, and newly created medical prescriptions. For epidemic prevention and control, the former three are existing medical resources, and the fourth, the so-called “innovation”, is not a subversive revolution, but an “inherited innovation.” Usually, when an infectious disease breaks out, people’s first reaction is to find therapies that have worked in the past years. However, both professionals and nonprofessionals, when referring to some medical prescriptions or formularies, they will have the problem of “path dependence” to varying degrees. That is to say, they will intentionally or unintentionally stick to some medical prescriptions which they think are “standardized” and “universal” and have a lower perception of and sensitivity to different or new diseases. For example, during the late Qing dynasty, Zhang Shaoxiu (张绍修), a doctor from Liuyang, Hunan Province, became famous for his expertise in treating laryngeal disease (acute respiratory infections), and the medical formularies he compiled Shi Yi Bai Hou Jie Yao (《时疫白喉捷要》Essentials of Epidemic Diphtheria) were widely circulated. Many people, including doctors and patients, memorized some of the prescriptions and spread them among their relatives, following them for prevention and treatment in laryngeal disease outbreaks.

However, many people did not improve after taking the medicine in accordance with the prescriptions, and some patients’ symptoms were even aggravated. That was because people did not realize that at the beginning, although Lanhousha (scarlet fever) and diphtheria were laryngeal diseases, their symptoms were very similar to one another. Zhang’s prescription was specialized for treating diphtheria and laid particular stress on the use of cold-natured drugs, so for other throat infectious, Lanhousha was not so effective.[9]

“Inherited innovation” mainly refers to the modification of herbs and dosages on the basis of the original medical prescriptions, so as to form a new medical prescription in the face of new infectious diseases or symptoms, which was a common response method at that time. For example, during the reign of Emperor Guangxu, there was an infectious disease outbreak in Hubei province. Many doctors believed that the disease was cholera with the symptoms of “dysentery followed by vomiting and cold spasm limbs.” Therefore, they treated the patients with bitter cold and aromatic drugs or acupuncture therapy, but these methods did not achieve significant effects. Tian Zonghan (田宗汉), a medical gentry from Hanchuan, Hubei Province, insisted that “dysentery followed by vomiting” was not the typical symptom of cholera. He advocated treating Fu Yin (伏阴 abnormal cold in summer) as a way to deal with the epidemic. He imitated some of the medical prescriptions seen here and there in Shang Han Lun (《伤寒论》Treatise on Cold Damage) and Jin Gui Yao Lue (《金匮要略》Essentials from the Golden Cabinet) by modifying and testing them, and his method proved to be effective. Later on, these medical prescriptions of his were collected into a book he wrote with the title Yi Ji (《医奇》Medical Expectation). In 1888, an epidemic broke out one after another in Provinces of Guangdong, Fujian, Jiangsu, Zhejiang, Hubei, and Hunan. Most of the then doctors still tried to deal with it with the way of treating cholera, but the result was ineffective. On the contrary, Tian Zonghan treated the patients with his own method and rescued many of them. To promote this therapy, the local gentries and elders donated money to publish Tian’s medical formulary.[10]

Status and Functions of Anti-Epidemic Medical Formularies in Epidemic Prevention and Control

In terms of the epidemic prevention and control, anti-epidemic medical formularies are important medical resources. At the macro level, the compilation and dissemination of a large number of prescriptions for infectious diseases and the publication and circulation of anti-epidemic medical formularies during the epidemic period increased the supply of medical resources, expanded the scope of assistance, and helped promote the socialization of medical resources. These made it possible for many nonprofessionals to play a real role in epidemic prevention and control. For example, in the reign of Emperor Qianlong (1779), Shi Cheng (施诚), the prefect of Henan Province, published the Xuan Yuan Yi Dian (《轩辕逸典》Scattered Classics of Xuan Yuan) by
an unknown author, which mainly included the treatment of smallpox. Liu Yaokui’s uncle from Yangzhou City bought a hand-copied version of the book from a bookstore, and he valued it greatly after reading it. Soon after that, two babies of a servant in the Liu family were infected with smallpox. However, “for fear of damaging their reputation, famous laryngologists all refused to treat them.” Desperately, Liu Yaokui’s uncle “chose a prescription based on syndrome differentiation and treated them,” and the two babies were saved.\footnote{11}

In some areas with scarce quality medical resources and severe epidemic conditions, such activities also created conditions for nonprofessionals to give full play to their advantages. They could often provide more concise and reliable knowledge through their own efforts and even make up for the deficiencies of professionals. For example, in the late Qing dynasty, Zhou Xingnan (周兴南), a member of the gentry in Juxian county, Shandong Province, was concerned about the situation that the local doctors were helpless when laryngeal disease was prevalent. Although he had “neither studied medicine nor known anything about it,” he single out the highlights both from Zhong Lou Yu Yao (《重楼玉钥》Jade Key to the Secluded Chamber) and Bai Hou Zhi Fa Ji Biao Jue Wei (《白喉治法表表微》Exploration on Treatment of Diphtheria and its Diaphoretic Contraindication) and put these highlights together to form a book entitled Zhi Fei Zhai Yan Hou Ji Fang (《知非斋咽喉集方》Collected Reflective Prescriptions on Throat) for the local people to refer to.\footnote{12}

The widespread dissemination of anti-epidemic medical formularies also promoted the integration and cross-regional flow and allocation of limited and high-quality medical resources, which was able to solve the social problem of an insufficient and unbalanced distribution of medical resources, to a certain extent, so that timely and effective medical prescriptions could be used in the prevention of epidemics and control affairs in epidemic areas. For example, in the late Qing dynasty, a larynx epidemic first arose and spread in the southern region, and then, it found its way into the northwest region. In the 2\textsuperscript{nd} year of Emperor Guangxu (1876), a laryngological epidemic broke out in Huangzhong county, Qinghai Province. Huang Bingqian (黄炳乾), who served as an aide to the local officials, had come to Huangzhong County just before this epidemic broke out. He had learned from the famous laryngologist Zhang Shaotu (张绍修) in the south. Hence, he dictated to the local gentry some medical prescriptions from Essentials of Epidemic Diphtheria written by Zhang while providing also the secret recipes and acupuncture therapies he had collected himself. They “followed these prescriptions” and “got effect instantly.” Three years later, he compiled and published a medical formulary named Shi Yi Bai Hou Jie (《时疫白喉捷要合编》Coedition Essentials of Epidemic Diphtheria) in Wuwei County, Gansu Province, which textualized the medical prescription for the treatment of diphtheria and this formulary reached the northwest region.\footnote{13}

A large number of simple, popular, and practical medical formularies were published since the middle of the Qing dynasty, and medical knowledge, including anti-epidemic prescriptions, gradually entered the daily life of the public. By diving into the details of daily life and taking these various kinds of medical works or formularies from the perspective of the readers, it could be learned how people contacted, knew, and accepted them differently. It cannot be denied that many people benefited from the widespread dissemination of these medical works or prescriptions and relied on them to save their lives out of the infectious diseases. For example, during the reign of Emperor Shunzhi, Li Wenhuang (李文煥), an official who was leading troops in battle in Hubei Province, suddenly received a letter from his family which said that several of his children and grandchildren had contracted smallpox. Fortunately, his family cured them by referring to a prescription book on smallpox. Later, Li Wenhuang referred to other pox-related medical formularies, selected theories of famous doctors and effective prescriptions, and compiled a new medical formulary named Jian Song Tang Jian Yi Dou Zhen Liang Fang (《建松堂简易痘疹良方》Jiansongtang Simple Effective Prescriptions for Pox) and soon published it.\footnote{14}

During the reign of Emperor Daoguang, Li Furong (李敷荣), an official in charge of education affairs in Haifeng County, Guangdong Province, gave the book (Dou Ke Jiu Jie Lun, 《痘科救劫论》Treatise on Curing Pox) he compiled to an official surnamed Zhang. Later, the official’s son Zhang Shigu “reads this book repeatedly for the sake of his children who suffered from pox” and followed the guidance in this book to treat his neighbor’s children who were infected with smallpox. He successfully cured many children of the disease.\footnote{15}

Some people even formed a habit of always carrying medical prescriptions or formularies when going afar. In the early Qing dynasty, Ni Hanchu (倪涵初), a doctor in Shaoxing of Zhejiang Province, had had a lot of experience in treating infectious diseases such as dysentery and malaria. He compiled a book of medical prescriptions named Jing Yan Li Nue Liang Fang (《经验痢疟良方》Experience Prescriptions in the Treatment of Dysentery and Malaria) and this book was very popular. Cheng Lesheng, a scholar in Huizhou county who lived in the late Qing dynasty, said “as long as he is taking the province-level imperial examination he carries this book.” In the reign of Emperor Guangxu (1893), Cheng suddenly contracted dysentery while taking the imperial examination. He was suffering diarrhea and could hardly finish the examination. He hurried to buy medicine and took it according to the prescriptions
he brought with himself and achieved quick effect. After returning home from the examination, he donated money to reprint the book.\[16\]

Such cases were too numerous to name one by one. It can be seen that at the micro level, after medical prescriptions or formularies for epidemic prevention were accepted in daily life, they played an important role in helping people make a timely and effective response to infectious diseases. People's awareness and knowledge of epidemic prevention and their ability to prevent epidemics were enhanced in this process.

However, occasionally, if the medical prescriptions or formularies for the prevention or control of infectious diseases became easily available to the common people, they might somehow cause inconveniences to the laymen readers or patients. On the one hand, there were numerous medical prescriptions and formularies for infectious diseases; on the other hand, their qualities were uneven, with each having their own emphasis in content. Many people did not know how to identify or choose, let alone applying them in practice. It was a dilemma and people were at a loss. Both the “silent” of prescriptions and the “phonic” of doctors were influencing people’s decision-making all the time. Textual knowledge was relatively fixed, while clinical diagnosis and treatment of doctors were flexible. People were often torn between whether to believe the medical prescriptions or the doctors. For example, although the medical formularies generally tell the readers the correspondence between symptoms and prescriptions, there are many similarities in terms of symptoms of diseases, so the readers are often not sure about how to distinguish and prescribe the targeted medicine. In the reign of Emperor Daoguang (1845), once, the nephew of the famous Neo-Confucianist Li Tangjie had a fever. Based on the medical book Yi Fang Ji Jie (《医方集解》Medical Formulas Collected and Analyzed) written in the early Qing dynasty by Wang Ang (汪昂) from Xuning of Anhui Province, he diagnosed that his nephew was infected with malaria. The next day, he consulted medical formularies and tried to comply with its prescriptions, but finally “went to see the doctor for fear of other reasons.”\[17\] Some readers recklessly followed the prescriptions in the medical formularies, resulting in misdiagnosis and mistreatment. As a result, some people complained that “they were misled, not by doctors, but by the medical books and miraculous prescriptions.”\[17\]

Conclusions

After the panic buying of Ban Lan Gen (板蓝根 Radix Isatidis) during the SARS period in 2003, people from all walks of life discussed its nature, efficacy, major function, and usage. The recent outbreak of the COVID-19 has caused another panic buying of Shuang Huang Lian Oral Liquid (双黄连口服液). People also reviewed its composition, antiviral effect, and science popularization toward the difference between “suppression” and “prevention” from the perspective of professionals. Both are typical cases of integration and interaction among the public, medical prescriptions knowledge, and social culture. Although such activities of discussion, review, and science popularization stopped in a short time, their influence on people has just begun.

The end of one period of history means the beginning of another. The meaning of each period is often carried across time and space and is not transient. Looking back at the history of infectious diseases in the Qing dynasty, various kinds of diseases rose and fell, one after another, but people continued to learn, discuss, disseminate, and practice the related knowledge, which was accompanied by compiling, printing, and spreading anti-epidemic medical formularies. These practices actually were an integral part of epidemic prevention and control. Such practices, as a whole, show that epidemic prevention and control are never a single medical activity, let alone the patent of medical personnel, but it is a social action involving complex knowledge construction and dissemination.

Despite the differences in the quality of anti-epidemic medical formularies and the efficacy of the prescriptions, the dissemination of these formularies and prescriptions, in addition to have positive effects on epidemic prevention and control, is not devoid of certain disadvantages. People basically hover between trust and suspicion while applying them. However, perhaps, it is in the process of balancing the advantages and disadvantages of belief and suspicion that all kinds of prescriptions and formularies related to infectious diseases have emerged. The public has been playing a role in such activities, and these historical facts indicate that although medicine is becoming more professionalized with a wider “boundary,” superior medical resources are relatively limited and unbalanced, which is contradictory to people’s eternal pursuit of physical and mental health. However, this contradiction is what has been pushing the nonprofessionals to explore, acquire, discuss, criticize, accept, spread, and apply, and even add new knowledge about the infectious diseases. Predictably, as long as there are diseases, there will be requirements and hopes for dispelling and preventing them. This contradiction will compel professionals and nonprofessionals, elites, and the general public to participate in the process of production and reproduction of medical knowledge, including knowledge of infectious diseases.

Therefore, faced with the severe infectious diseases, the central and local governments, social forces, and professionals and nonprofessionals should share their knowledge, enhance mutual trust, strengthen cooperation, and establish a linkage mechanism. Only in this way can they make full use of each
other’s advantage, and integrate high quality and effective resources in ancient and modern, at home and abroad. People can be guided with a unified action, authoritative channel, and a variety of forms in a timely and targeted way; thus the situations, departments operate independently or each person offers a different version, can be avoided. Each of us should stay clear-minded and avoid both incautious acceptance and total repudiation. It is the key to combining various resources, increasing professional knowledge, and improving the ability to judge and identifying various kinds of information.

Translator: Guo-Qi Shi (石国旗)

Funding
This study was financially supported by the National Social Science Foundation of China (No. ZDA175); the Humanities and Social Science Foundation of the Ministry of Education (No. 20YJC770021).

Ethical approval
The author has no ethical conflicts to disclose.

Conflicts of interest
None.

References
1. Yu XZ. Medical undertakings against epidemic diseases south of the Yangtze River during the Qing dynasty – Reactions of state and society to pestilence during the Qing dynasty. Hist Res 2001;6:45-6.
2. Liu XY. Study of the Mass Medical Readings and Social and Cultural Changes in Qing Dynasty: focus on Medical Formularies [Ph D Thesis]. Tianjin: Nankai University; 2018. p. 208-13.
3. Du JJ. The influence of smallpox on the public administration and the corresponding measure undertaken by the early Qing dynasty. Seeking Truth 2004;31:134-41.
4. Dong SX. Discussion on Qiu Xi and the spread of vaccinia in China. Soc Sci Guangdong 2007:134-40.
5. Liu XY. Study of the Mass Medical Readings and Social and Cultural Changes in Qing Dynasty: focus on medical formularies [Ph. D dissertation]. Tianjin: Nankai University; 2018. p. 206-31.
6. Ji Y (Qing dynasty). Yuewei Cottage Notes. Listen to without Taking it Seriously. Vol. 18. Shanghai: Shanghai Classics Publishing House; 1980. p. 458.
7. Li JF (Qing dynasty). Life-saving manual of diphtheria. In: Fu W, Yue Z, Shipei S, editors. Quoted from Supplement to Comprehensive Textual Research of Chinese Medical Works Laryngology compiled by Liu Shijue. Beijing: People’s Medical Publishing House; 2011. p. 1032-3.
8. Yang LJ (Qing dynasty). Secret Book on Laryngology. Prefaced by Yu Yanghao. Postscripted by Wang Jinghua. Yu’s Edition in Changshu during the Reign of Emperor Guangxu. Changshu: Yu family; 1902.
9. Huang WH (Qing dynasty). Systematic Analysis of Diphtheria. Prefaced by Fangnei Sanren. Edition of Chengqi Bookstore in Nanchang during the Reign of Emperor Guangxu. Nanchang: Cheng Qi Shu Wu（承启书屋）; 1902.
10. Tian HZ (Qing dynasty). Medical Expectation on Summer Cold. Tian’s Family Collected Edition during the Reign of Emperor Guangxu. Hanchuan: Tian family; 1888.
11. Anonymous (Qing dynasty). Scattered Classics of Xuan Yuan. Edition of Liu Yaokui in Hanjiang during the Reign of Emperor Daoguang. Hanjiang: Liu family; 1826.
12. Author’s Preface. Quoted from Comprehensive Textual Research of Chinese Medical Works. Treatise on Prescription No.9. Vol. 4. Shanghai: Shanghai College of Traditional Chinese Medicine Publishing House; 1993.p.4864.
13. Huang BQ (Qing dynasty). Coedition Essentials of Epidemic Diphtheria. Edition in the Reign of Emperor Guangxu. Huangzhong: unknown; 1886.
14. Li WH (Qing dynasty). Jiansongtang Simple Effective Prescriptions for Pox. Edition of Jinghuaitang in Longfu during the Reign of Emperor Jiaqing. Longfu: Jing Huai Tang（景槐堂）; 1806.
15. Li FR (Qing dynasty). Treatise on Rescuing Pox. Prefaced by Zhang Shigu. Edition in the Regin of Emperor Daoguang. Licheng: Zhang family; 1846.
16. Ni HC (Qing dynasty). Empirical effective prescriptions for dysentery and malaria. In: Lesheng C, editor. Quoted from Comprehensive Textual Research of Chinese Medical Works. Treatise on Prescription. Vol. 4. Shanghai: Shanghai College of Traditional Chinese Medicine Publishing House; 1991.p. 2812.
17. Li TJ (Qing dynasty). Li Tangjie’s diary Part three. In: Li DL, Yu B, editors. Collections of Generations of Diaries. Vol. 42. Beijing: The Academy Press; 2006. p. 364-5.

How to cite this article: Liu XY. Acquisition and dissemination of anti-epidemic medical prescriptions during the outbreaks in the Qing dynasty of China. Chin Med Cult 2021;4:71-7.