

# VIETNAM IN THE PRE-MODERN PERIOD

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This chapter focusses on Chinese medicine in Vietnam between the period of Chinese domination (almost continuously from 111 BCE to 938 CE) and the end of the nineteenth century, when the French took over full control of the country in 1885. Throughout history, Vietnam was known by many names, including *Đại Việt*, *An Nam*, *Đại Nam*, and *Nam Việt*. *Việt* (Ch. *Yue* 越) refers to the main ethnic group, the Việt people (also known as *Kinh*); *Nam* (Ch. *Nan* 南) refers to the south. Vietnam has defined itself and was defined as southern in relation to its big northern neighbour, China. The name ‘Vietnam’ appears in few sources of the pre-modern era. The Chinese Qing dynasty emperor Jiaqing 嘉慶 (r. 1796–1820) imposed Vietnam as an official name on Gia Long (r. 1802–20), the founder of the Nguyễn dynasty (1802–1945), Vietnam’s last dynasty. Nevertheless, the Vietnamese court continued to refer to itself as *Đại Nam* (Woodside 1971: 120–1). ‘Vietnam’ only became commonly used for the country during the early twentieth century in nationalist circles (Taylor 2013: 398). For matters of convenience, I anachronistically refer to Vietnam by its modern name for convenience. Việt culture originated in the northern part of what is now Vietnam. During the second millennium the Việt expanded their territory southwards where they replaced former Cham and Khmer governance. It was only in the nineteenth century that Vietnam took the geographical form it has today.

The Red River delta, the northern part of what is now Vietnam and the legendary homeland of the Việt people, was inhabited from early prehistoric times onwards (Higham 1996, Kim 2015). Yet Vietnamese identity and language were shaped through interactions between earlier inhabitants and non-Han ethnic people (Yue) of southern China, who were pushed further southwards by Chinese expansion during the Qin dynasty (221–206 BCE) (Brindley 2015). The millennium-long Chinese occupation of Vietnam during the subsequent Han dynasty left strong imprints on Vietnamese culture and language. In this period Vietnam became largely Sinicised (Holcombe 2001). After its independence, Vietnam maintained a tributary relationship with China until the nineteenth century. Throughout most periods during the second millennium CE, Vietnam’s ruling elite looked up to China (Kelley 2005). They had a strong demand for things Chinese and also preferred Chinese medicine, also known as ‘northern medicine’ (*thuốc bắc*) in Vietnam.

## Medicine in Vietnam

Northern medicine was practised alongside indigenous Vietnamese medicine, or ‘Southern medicine’ (*thuốc Nam*), and various forms of religious healing (e.g. Marr 1987). Southern medicine, also known as ‘our medicine’ (*thuốc ta*) in the twentieth century (Wahlberg 2014: 53), includes various forms of folk medicine, which rely almost entirely on local medicinal products (Marr 1987: 196). Whereas northern medical literature is mainly written in Chinese (*Hán*), most texts of Southern medicine are in Vietnamese vernacular script (*Nôm*). Southern medicine is said to be less theoretical and more pragmatic than northern medicine, and also served the lower social classes (Thompson 2015). A third main category of medicine Marr distinguished, religious healing, primarily dealt with diseases caused by harmful spirits and required experts like ‘Buddhist monks, Taoist priests, sorcerers and mediums’ (1987: 172–3). The boundaries between these three main kinds of Vietnamese medicine are not clear-cut. During the anti-colonial struggle in the twentieth century, different forms of Vietnamese medicine (mainly Northern and Southern medicine) became known as ‘Vietnamese traditional medicine’ (*y học cổ truyền Việt Nam*) and ‘Eastern medicine’ (*Đông y*). These terms distinguish Vietnamese traditional medicine from Western (bio)medicine (*thuốc Tây*) (Monnais *et al.* 2012: 2–3; Wahlberg 2014). Finally, the many non-Việt ethnic groups in Vietnam practised and still practise their own forms of medicine.

### Northern (and southern) visions of the south

During the period of Chinese colonisation, the region of the Red River delta in northern Vietnam became part of Lingnan, made up parts of the modern Chinese provinces Guangdong, Guangxi, Guizhou, Yunnan, Hunan, and Hainan. In the Chinese ‘geographical imagination’, the local *qi* of this hot and humid region deviated from the annual agricultural cycles of the northern plains, the cradle of Chinese civilisation. Lingnan, notorious for its toxic miasmatic mists, served as a location where convicts were sent into exile. Many of them fell ill in this malarial ridden area and died early (Schafer 1967: 37–44, 130–34; Hanson 2011).

The term ‘miasma’ (*zhang* 瘴) features in the biography of the Han dynasty general Ma Yuan 馬援 (d. 49 CE) in the *History of the Han Dynasty* (*Hanshu* 漢書). In 42 CE, Emperor Guangwu 光武 (r. 25–55) commissioned general Ma to pacify the Yue people. After returning from a successful campaign, many of his soldiers fell ill and died of a ‘miasmatic epidemic’ (*zhangyi* 瘴疫) they contracted in the south. The miasmatic *qi* of the far south became a trope in later Chinese medical texts (Hanson 2011; Chen 2015). Although we are not sure of which disease Ma Yuan’s soldiers died (*zhang* has been associated with a wide range of diseases, including malaria, syphilis and Hansen’s Disease), Ma’s campaign became the origin story of smallpox during the Ming dynasty (1368–1644), and is recounted as such in many Chinese medical texts. After a short and failed occupation of Vietnam (1407–27), Chinese rulers refrained from further attempts to include the region in the Chinese empire. Miasmatic mist became an explanation for the political frontier or natural barrier of China. The Chinese word for ‘miasma’ is etymologically related to the word ‘barrier’ (*zhang* 障). The ‘miasmatic climate’ of Vietnam was understood as a ‘deadly “barrier” that set limits for military garrisons and Han settlements’ (Hanson 2011: 67).

Vietnamese medical authors acknowledged the specific climatic characteristics of their region. Lê Hữu Trác 黎有暉 (1724?–1791), for instance, famously argued that fevers relating to the disease category Cold Damage (*thương hàn*, Ch. *shanghan* 傷寒), belonging to the harsh winters in the Northern planes of China, do not occur in Lingnan. He further warned

his readers to be careful with signature Cold Damage formulæ, which induce sweat and harm the bodies of people living in hot and damp environments (Hoang *et al.* 1993: 23–4). Although this erudite doctor referred to complex cosmological principles, modern authors have underlined the rather pragmatic approach in the adaptation of Northern medicine in Vietnam. In the conclusion to her *Vietnamese Traditional Medicine: a social history*, C. Michele Thompson writes, for instance: ‘Almost everyone who studies Vietnamese medicine concludes that the contributions to the practice of Sino-Vietnamese medicine have been *practical* rather than *theoretical*’ (2015: 140). Furthermore, local doctors had a keen eye for the richness of the indigenous ecology, which provided necessary medicines to deal with local diseases. These adaptations have been eulogised in modern, nationalist Vietnamese historiography as evidence of the pragmatism and intelligence of Vietnamese doctors (e.g. Dương 1947–50: 1; Hoang *et al.* 1993: 23–4).

### Traces of medical history

Our views on Vietnam’s medical past prior to the nineteenth century are heavily blurred. Due to unfavourable conditions, like the hot and damp climate, prolonged periods of warfare, and the absence of large-scale commercial printing until the twentieth century, only a small number of Vietnamese texts made it to the twentieth century (Cadière and Pelliot 1904; Henchy 1998; McHale 2007; Mayanagi 2010b). Most Vietnamese medical texts date from after the short Ming occupation of the early fifteenth century. Most scholars point the finger at Ming occupiers for confiscating and destroying earlier Vietnamese texts (Dương 1947–50: 38–39; Hoang *et al.* 1993: 12; Thompson 2015: 18). Also later Vietnamese rulers controlled the production and diffusion of printed knowledge. Most notorious was Minh Mạng’s (r. 1820–41) campaign against texts written in Nôm (Thompson 2010).

Although inventories of books in official libraries were made throughout history, we have no information on the numbers of books and their contents in catalogues before the Nguyễn dynasty. Inventories like that of the Tụ Khuê library, founded under Minh Mạng, date only from the first decade of the twentieth century (Trần Nghĩa 1993: 51–2). The modern collecting and cataloguing of old Vietnamese texts was started by French colonial researchers. In 1958, the École française d’Extrême-Orient (EFEO) handed their collections over to the Vietnamese authorities, who afterwards further expanded them (Henchy 1998).

Some 400 ‘ancient’ medical texts, written in Chinese (Hán) and the Vietnamese vernacular (Nôm), of which about 150 authors are known, survived. These texts include works by Vietnamese authors, Chinese texts copied or printed in Vietnam, and imports from China. The largest collection of ancient texts can be found in the Institute of Hán-Nôm Studies in Hanoi. A good starting point to look for medical and pharmacological texts is the index to the bilingual *Di sản Hán Nôm Việt Nam: Thư mục đề yếu / Catalogue des livres en Han Nôm* edited by Trần Nghĩa and François Gros (1993: 283–4), containing works in the Institute of Hán-Nôm Studies and several French libraries. In this catalogue, C. Michele Thompson counts 366 entries of texts exclusively dealing with medicine and pharmacy, and another 166 non-medical texts which discuss medical and pharmaceutical topics. Looking at texts written by Vietnamese authors only, Thompson concludes that 40.8% of them are written in Hán, 16.4% in Nôm and 42.8% in a mixture of Hán-Nôm (Thompson 2006: 258–9). A Taiwanese catalogue, although in a different arrangement, makes the information in Trần Nghĩa and François Gros’s work available to a Chinese language readership (Liu *et al.* 2002). The most extensive catalogue of medical texts preserved in Vietnam is *Research on Vietnamese Traditional Medical Texts (Tìm hiểu thư tịch y dược cổ truyền Việt Nam)* edited by Lâm Giang (2009).

This catalogue counts 394 titles of medical works in the Institute of Hán-Nôm Studies and lists another 192 works preserved in various libraries in Hanoi, including the National Library of Vietnam. Some of the texts in the aforementioned catalogues are listed under various titles, and are counted twice; other works listed as separate texts are also preserved in larger works. We should thus be careful with counts based on indices of these catalogues as a way of obtaining a definitive number of preserved medical texts in Hanoi. A more elaborate statistical analysis of Hán-Nôm medical texts preserved in the National Library of Vietnam, and the libraries of the Institute of Hán Nôm Studies and the Hà Tây Museum can be found in an article written in Vietnamese by Nguyễn Thị Dương (2009a). The best description of the medical collections in both the Institute of Hán-Nôm Studies and the National Library of Vietnam is in Japanese by Mayanagi Makoto, who provides an extensive list of the texts divided into categories. He describes the external physical characteristics of the works and comprehensive information on their contents. Mayanagi further concludes that the majority of preserved medical texts in Vietnam consist of handwritten manuscripts, not older than the nineteenth century (Mayanagi 2006, 2011, 2012–15).

A number of medical texts have been made available online through the joint efforts of the National Library of Vietnam and the Vietnamese Nôm Preservation Foundation (Shih and Chu 2006), and can be consulted through the online catalogues on their websites (National Library of Vietnam, 30/5/2018; Vietnamese Nôm Preservation Foundation, 30/5/2018). Smaller collections of Hán-Nôm texts are held in France, the United States, Japan, the Netherlands, and the United Kingdom. Some of these collections, such as the *Southeast Asian Digital Library of the University of Northern Illinois* are accessible online and contain medical texts. Unfortunately, the Hán-Nôm medical texts online are not searchable or machine-readable.

Chinese medical texts were a sought-after commodity in Vietnam. Many texts reached the country through the Nagasaki trade (Li 2011). Other texts were brought back by emissaries as official presents. Ming loyalist refugees may have imported medical texts as well. Makoto Mayanagi's study of the circulation of books throughout East Asia in the Early Modern period provides an overview of Chinese medical texts transmitted to Vietnam. He concludes that far fewer editions of popular Chinese medical texts can be found in Vietnam than in Japan and Korea. Mayanagi lists only fifteen Vietnamese reprints of Chinese medical texts, all written in the Ming and Qing dynasties. Fifteen is a significantly lower figure than the approximate 315 Japanese and 93 Korean reprints of Chinese texts Mayanagi counts. Moreover, all these 15 Vietnamese editions of Chinese medical text date from the nineteenth century. As Mayanagi points out, we should consider the conclusions of his survey with care since many books were lost in Vietnam. References to Chinese sources in important Vietnamese medical texts, such as Lê Hữu Trác's *Intuitive Understandings of Hai Thuong's Medical Lineage* (*Hải Thượng y tông tâm lĩnh* 海上醫宗心領, 1770–86) also give clues as to which Chinese medical texts were available in Vietnam (Mayanagi 2010b).

In an essay on medicine in the collection *Essays Written during the Rain* (*Vũ trung tùy bút* 雨中隨筆), the scholar Phạm Đình Hồ (1768–1839) makes a distinction between external and internal medicine. Phạm mentions three famous family traditions of external medicine (*ngoại khoa* 外科), all sharing the same family name: Nguyễn. Most of his attention goes to internal medicine (*nội khoa* 內科), however. He writes that texts by Li Chan 李梴 (sixteenth to seventeenth centuries), Gong Tingxian 龔廷賢 (1522–1619), Zhang Jiebin 張介賓 (1563–1642), and Feng Zhaozhang 馮兆張 (seventeenth to eighteenth centuries) were the most popular medical texts at his time (Chapter 9 in this volume). Phạm further complains about a schism between medical practitioners in his day. On the one hand, there were doctors who always 'nourished and supplemented' (*tẩm bổ* 滋補); on the other hand,

there were those who only ‘attacked and dispersed’ (*công tán* 攻散). According to Phạm, the first group followed texts by Cảnh Nhạc 介實 ([Zhang] Jiebin) and Phùng Thị 馮氏 (Feng-shi, i.e. Feng Zhaozhang); the other group took *Y học* (*Yixue* [rumen] 醫學 [入門], by Li Chan 李梴 [?]) and *Hồi xuân* ([*Wanbing*] *huichun* [萬病]回春, by Gong Tingxian 龔廷賢 [1522–1619]) as examples. Although not himself a physician, Phạm criticised the irreconcilability between these two therapeutic stances, and pointed out the dangers of stubbornly sticking to one approach only. He argued for a middle position, and believed that a doctor, like a good statesman, needs to know when to reward and when to punish. In the last part of his essay, Phạm devotes attention to the most influential doctor in his day: Lê Hữu Trác (Nguyễn 1973). The names of Li Chan, Gong Tingxian, Zhang Jiebin, and Feng Zhaozhang also feature prominently in Mayanagi’s survey of important Chinese medical texts in Vietnam (compare Mayanagi 2010b).

Scattered information on medicine during the second millennium can also be retrieved from steles, genealogical books, historiography and literature, including Chinese sources. For instance, one of the earliest surviving Vietnamese histories *Abridged Records of An Nam* (*An Nam chí lược*, Ch. *Annan zhilüe* 安南志略) written in 1250 and included in the *Complete Library of the Four Treasuries* (*Siku quanshu* 四庫全書, SKQS), provides information on medicine during the Trần dynasty (1225–1400) (Đương 1957–50: 37). The fourteenth-century *Wonders Picked up in Vietnam* (*Lĩnh Nam chích quái*, Ch. *Linnan zhiguai* 嶺南撫怪) recounts legendary accounts of the origin of moxibustion (Durand 1953). Descriptions by Cristoforo Borri of Nguyễn ruled southern ‘Cochinchina’ and Samuel Baron on Trịnh-ruled northern ‘Tonkin’ offer Western views on medicine practised in Vietnam during the seventeenth century (Dror and Taylor 2006). A rich autobiographical account by the doctor Lê Hữu Trác gives valuable insights on how medicine was practised at the end of the eighteenth century (Nguyễn 1972). Also the above-mentioned essay by Phạm Đình Hồ provides general information on medicine from a Vietnamese scholarly point of view in the early nineteenth century (Nguyễn 1973).

## Historiography

French scholars, like the biomedical doctor Anatole Mangin (1887) and the archaeologist and ethnographer George Dumoutier (1887), ignited modern research on Sino-Vietnamese or Sino-Annamese medicine, as Vietnamese indigenous medicine was called during the colonial period (1887–1954). Doctors such as Henry and Vialet observed local practice and were positive about the empirical knowledge of local doctors concerning plants, but criticised their ignorance of scientific methodology (Monnais 2012: 63). Some later colonial doctors also showed an interest in the historical background of traditional medicine. The military doctor Albert Sallet (1930), for instance, wrote an essay on Lê Hữu Trác, one of the founding fathers of Sino-Vietnamese medicine. Pierre Huard, professor of surgery and anatomy and medical historian, stimulated his PhD students to write dissertations on Vietnamese traditional medicine in the period he acted as dean of *Faculté française de médecine de Hanoi* from 1947 to 1954. Dương Bá Bành’s history of Vietnamese medicine (1947–50), based on his PhD dissertation with Huard, is referred to in most of the postcolonial English and Vietnamese language scholarship discussed hereafter. One of Huard’s other students, Nguyễn Trần Huân (1921–2001), translated parts of the texts of the famous doctors Tuệ Tĩnh 慧靖 (1330–ca. 1389) and Lê Hữu Trác in his dissertation (1951). Nguyễn combined his career as biomedical doctor with philological studies of Vietnamese and Chinese texts, and published extensively on literature and Chinese and Vietnamese medical history.

An important introduction to traditional medicine in Vietnam in English is Marr's seminal essay *Vietnamese Attitudes Regarding Illness and Healing* (1987). Various Vietnamese scholars provide overviews in English as well: one of the most cited introductions is Hoang Bao Chau, Pho Duc Thuc and Huu Ngoc's 'Overview of Vietnamese traditional Medicine' in their *Vietnamese Traditional Medicine* (1993). A general introduction to the field can be found in Chu Lan Tuyet's 'An Introduction to the History of Traditional Medicine and Pharmaceutics in Vietnam' (2002). Chu's essay also contains an overview of scholarship in Vietnamese and of texts translated in modern Vietnamese. Chu also mentions the works of three doctors who authored medical texts in the Nguyễn ruled south during the eighteenth century (2002: 269). Lâm Giang's (2009) above-mentioned catalogue of Vietnamese medical texts includes introductory essays and extensive references to scholarship in Vietnamese.

Only a few contemporary scholars have gone beyond descriptive overviews of medicine in Vietnam. *Southern Medicine for Southern People*, a recent edited volume by Monnais *et al.* (2012), is an important contribution to the field. Although this volume offers a broad view on medicine in Vietnam, only the editors' 'Introduction' (2012) and C. Michele Thompson's 'Setting the Stage' (2012) discuss medicine before the nineteenth century. Thompson is one of the few scholars who has published on pre-modern Vietnamese medicine in English. Her recent *Vietnamese Traditional Medicine: A Social History* is the only academic monograph devoted on traditional medicine in pre-modern Vietnam (Thompson 2015). However, her study is mostly based on post-eighteenth-century sources and her focus is foremost on smallpox in Vietnam. Thompson emphasises the importance of Nôm texts and Southern medicine, but her book does not give a comprehensive overview of the history of Chinese medicine (or northern medicine) in pre-modern Vietnam.

Echoing Liam C. Kelley's (2006) conclusion about Confucian studies in Vietnam, the field of medical history in Vietnam in the pre-modern period is virtually non-existent. Most Western postcolonial research tends to take earlier French colonial and Vietnamese research on Vietnamese traditional medicine for granted. Shawn F. McHale warns us, however, that we have to approach the primary sources critically in order to avoid falling into the trap of a historiography of grand narratives, informed by ideological agendas such as Confucianism, Marxism, Colonialism, and Nationalism. McHale points out, for instance, how Dương Bá Bành's (1947–50: 37–8) and Hoang *et al* (1993: 11–2). Confucian portrayals of the fourteenth-century doctor Trâu Canh do not correspond to the original account in *A Short History of Annam*. McHale's case-study of Trâu Canh reminds us how history gets distorted (sometimes by mixing up two historical persons), and how constructed stories become accepted as facts (McHale 1999).

### Famous doctors

No history of Vietnamese medicine is complete without mentioning Tuệ Tĩnh and Lê Hữu Trác (also known as Mister Lazy of Hai Thuong, Hải Thượng Lãn Ông 海上懶翁). The names of these two founding fathers of traditional medicine ring a bell in the ears of the Vietnamese public, as streets, hospitals, and schools are named after them. Raised as an orphan in a Buddhist pagoda, the fourteenth-century Tuệ Tĩnh prepared for official examinations, but he chose to remain a monk and to practise medicine. In his fifties, he was sent to China as a living tributary present to the Ming emperor. At the imperial court in Nanjing, Tuệ Tĩnh wrote his famous book *Miraculous Drugs from the South* (*Nam dược thần hiệu* 南藥神效) in which he explained Southern medicine in Chinese for a Chinese audience (Thompson 2017). Another

work attributed to Tuệ Tĩnh, partly written in Nôm verses, is entitled *Master Hong Nghia's Medical Writings* (Hồng Nghĩa giác tu y thư 洪義覺斯醫書) (Mayanagi 2010a). Lê Hữu Trác, the second father of Vietnamese medicine, hailed from a family of high officials, but chose a life in seclusion in Hương Sơn. His numerous rejections of an official career earned him the nickname Mister Lazy or Mister Lazy from Hải Thượng. Lê Hữu Trác's 'medical encyclopedia', *Intuitive Understandings of Hải Thượng's Medical Lineage*, in which he synthesised and elaborated the ideas of Chinese doctor Feng Zhaozhang, is revered as the opus magnum of Vietnamese medicine (Sallet 1930; Huard and Durand 1953, 1956; Bates and Bates 2007; Mayanagi 2010a; De Vries 2017). His autobiographic *Account of the Journey to the Capital* (*Thượng kinh ký sự* 上京記事, 1784) recounts his travel and stay at the capital in 1782, where he was summoned to treat members of the ruling Trịnh family. This text not only gives insights into his medicine, but also documents daily life at the court and that of the common people, and contains a rich collection of Lê Hữu Trác's poetry (Nguyễn 1972).

Although McHale (1999) questions the Confucian motives of Vietnamese doctors during the Trần dynasty, and Thompson (2015) is sceptical about the connections between Confucianism and medicine before the Minh Mạng reforms in the nineteenth century, other scholars have highlighted the interconnection between Confucianism and medicine in Vietnam (e.g. Chu 2002; Nguyễn Thị Dương 2009). Mayanagi has pointed out that many famous doctors in Vietnamese history held the degree of 'advanced scholar' (*tiến sĩ*, Ch. *jinshi* 進士) or were related through family to the highest degree holders. Therefore, these doctors were not only trained in medicine but also in the Confucian classics (Mayanagi 2010a). Famous medical texts attributed to important scholars-cum-physicians are Chu Văn An's 朱文安 (?–1370) *Essential Explanations about the Study of Medicine* (*Y học yếu giải* 醫學要解), Nguyễn Đại Năng's 阮大能 (active during the Hồ dynasty, 1400–7), *Songs on the Swift Efficacy of Acu-Moxa* (*Châm cứu tiệp hiệu diễn ca* 針灸捷效演歌, in Nôm verses); Phan Phu Tiên's 潘孚先 (1370–1482) *Comprehensive Collection of Materia Medica and Food* (*Bản thảo thực vật toàn yếu* 本草食物纂要, 1428; the oldest book on pharmacology and dietetics preserved in Vietnam); Nguyễn Trục's 阮直 (1417–1474) *Efficacious Formulas for Protecting Infants* (*Bảo anh lương phương* 保嬰良方, 1455; the oldest Vietnamese text on paediatrics); Hoàng Đôn Hoà's 黃敦和 *Collecting Essentials for Saving Lives* (*Hoạt nhân toát yếu* 活人撮要; later expanded and supplemented by the court physician Trịnh Đôn Phác, 1692–1762); and various works on gynaecology, paediatrics, and epidemics by Nguyễn Gia Phan 阮嘉璠 (1749–1829), a *tiến sĩ* degree holder who lived through three dynasties. More comprehensive lists of doctors with information on their works can be found in Dương 1947–50; Hoang *et al.* 1993; Chu 2002; Lâm Giang 2009; Nguyễn Thị Dương 2009; Mayanagi 2010a.

### Further research

Much remains to be studied about the history of medicine in pre-modern Vietnam. A small but substantial amount of sources, written in Hán and representative of Chinese (or northern) medicine, dating back to the period between the fourteenth and nineteenth centuries has survived, but attracted hardly any attention from English-language scholars. The study of these texts in combination with other surviving sources, and in comparison with dynamics in medicine in other parts of East Asia, may yield invaluable insights into how Chinese medicine was adopted and adapted in Vietnam. Such an approach will offer more complex narratives and promises to go beyond the history of grand narratives that has dominated the field.

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