



Asian Medicine Newsletter



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International Association for the Study of Traditional Asian Medicine

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ICTAM IV - TOKYO

19 - 21 August 1994

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The Fourth International Congress of the International Association for the Study of Traditional Asian Medicine will be held in Tokyo from the 19th through the 21st of August, 1994.

Among the program's highlights will be the awarding of the 1994 A. L. Basham Medals. This recipients are Professors Patricia and Roger Jeffery (University of Edinburgh) and Professor Shigehisa Kuriyama (Emory University). Following presentation of the medals, the recipients will lecture on their special subjects.

Twelve individual workshops have been planned, on topics ranging from research on pre-modern Asian medicine to the application of modern techniques in traditional medical practices. In addition, there will be special lectures by Charles Leslie, K. Yamada, K. Nishino, and Yasuo Otsuka.

The Congress schedule appears elsewhere in this newsletter.

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1994 A. L. Basham Medals

The International Association for the Study of Traditional Asian Medicine in 1989 decided to establish an Arthur L. Basham Medal in honor of the great Indologist and co-founder of IASTAM. Two medals are awarded every five years, on the occasion of the International Congress, to outstanding scholars in the study of traditional Asian medicine, one of the recipients being an Asian one a Westerner.

It is the goal of IASTAM to encourage scholarly work in any of the subdisciplines of the field, on the social and intellectual history of Asian medicine, the social and cultural anthropology of medicine in Asia, personality and culture of practices and practitioners, and other related topics. The A.L. Basham Medal was awarded for the first time in 1990 to Professor Yamada Keiji of the Research Institute for Humanistic Studies of Kyoto University in Japan, and Professor G. Jan Meulenbeld, M.D., retired professor of Indology at the University of Groningen, Netherlands. The award took place in Bombay on the occasion of the third ICTAM.

This year, the A.L. Basham Medal Award Committee, consisting of Charles Leslie, Paul Unschuld, and F. Zimmermann, has selected Professors Patricia and Roger Jeffery (University of Edinburgh) and Professor Shigehisa Kuriyama (Emory University), to receive the medals in 1994. This award will be presented to Patricia Jeffery, Roger Jeffery, and Shigehisa Kuriyama this summer in Tokyo. The ceremony will be part of the fourth International Congress on Traditional Asian Medicine, August 19-21. The recipients have been invited to Tokyo by Professor Yasuo Otsuka, Chairman of the ICTAM IV Organizing Committee, and they will deliver special lectures on this occasion.

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Patricia and Roger Jeffery

Basham Medal Winners

One of the two A.L. Basham Medals in 1994 has been awarded jointly to Patricia Margaret Jeffery and Roger Jeffery, both teaching in the Department of Sociology, University of Edinburgh.

Patricia Jeffery received her Ph.D. in the Social Sciences from the University of Bristol in 1973. She is currently a Reader in Sociology at the University of Edinburgh and the author of two books, including *Migrants and Refugees: Muslim and Christian Pakistani Families in Bristol*, Cambridge: Cambridge University Press 1976. However, a good number of her publications have been authored jointly with her husband, Roger, including their 1989 book reviewed below, *Labour Pains and Labour Power*, for which they were nominated for the Basham Medal.

Roger Jeffery received his Ph.D. from the University of Edinburgh in 1985. Currently a Senior Lecturer at Edinburgh University, he is the author of *The Politics of Health in India*, published by the University of California Press in 1988. This book was reviewed in the IASTAM newsletter in March, 1989. From 1974, Roger Jeffery has published numerous important articles in the sociology of medical policy-making in India.

For more than ten years now, Patricia and Roger Jeffery have been collaborating with each other on the study of women, childbirth, midwifery, and *nasbandi* (sterilization), in rural North India. Their first joint publication on this topic is a most important research note on "Female Infanticide and Amniocentesis," *Economic and Political Weekly* (Bombay), XVIII nos. 16-17, 1983: revised and

extended version in *Social Science and Medicine* Vol. 19 no. 11, 1984: 1207-1212. They have two jointly-authored books forthcoming, one on women's lives and life stories, and another one on gender, class, and ethnicity in rural North India. Their current research interests include deforestation and environmental issues.

Book Review

P. Jeffery and R. Jeffery, *Labour Pains and Labour Power: Women and Childbearing in India*. London: Zed Books and Delhi: Manohar, 1989, xii+292 pp. Zed Books Paperback ed: ISBN 0 86232 486 6, price 9.95.

Francis Zimmermann

India: One-fifth of the world's maternal deaths each year. Blunt statistics are the point of departure for this poignant report on childbearing in two north Indian villages, which demonstrates the dramatic impact of women's subordination on female reproductive health and the survival of young children, especially girls. A seven-page account of a delivery provides a literary overture, "Muni Gives Birth." The story of Muni's delivery is paradigmatic, because it is constructed from several deliveries documented during fieldwork, and turned into what some readers might be willing to call *an ethnographic text*.

"Stars glint in the clear sky and a mango tree behind Muni's house is lit by flickering and darting fireflies . . . Adults are chatting on beds in the courtyard, children lying in their midst. Sleeping outside, catching the rare wafts of cool air, provides a welcome respite from the searing daytime heat. Only Muni is inside, alone in the stifling stillness of her house." (pp. 102)

Muni worked all day, although the labour pains were beginning to hurt. Contractions then became stronger. Her mother-in-law has come with the *dai* (traditional birth attendant). She will be delivering the baby, which happens to be another girl.

"Aah!"

"Well, girls are all right, too, you know."

"Muni's fate is bad! That 'prostitute-widow' of a dai has produced another girl."

The issues raised in passing in this story are dealt with in more detail later. For example, Muni's mother-in-law reluctantly gives the dai ten rupees. To the complaining midwife, she says: "It would be different for a boy" (p.6). As we shall learn later, "a dai getting Rs. 25 plus about five kilograms of grain for delivering a boy would probably be given Rs. 15-20 plus the grain for a girl" (p. 141). and in some cases only Rs. 10.

The sociological analysis is embedded in ethnography. A number of line-drawings by Catherine Robin, which are evocative of everyday life and of the maternal bond, tend to reinforce the literary impact of ethnographic descriptions and of the villagers' emotional comments. The authors are skillfully interweaving their analysis with the women's own voices. In that respect, the book is like *Death Without Weeping* (Berkeley: 1992), a book by Nancy Scheper-Hughes on infant deaths among very poor Brazilians.

The whole book is constructed on a series of gentle shifts to and fro between private settings and wider social and economic contexts. "We began this book with Muni giving birth in the apparent privacy of her small village home. But the childbearing careers we described in the chapters that followed are tied into much wider social relationships, most obviously connected with domestic structures, class position and ethnicity" (p. 215). Agrarian relations in north Indian cannot be understood if women and their activities, including biological reproduction,

and the "private" act of childbearing, are divorced from the wider household politics. This is why the very personal act of childbearing is both described in great ethnographic detail and placed within the wider contexts of kinship, the household economy, the provision of health services and the class system.

Two particular qualities should recommend this book to IASTAM members. First, the traditional art of midwifery is extremely well documented, with a wealth of information on the bodily techniques, ethnophysiology and the management of the body's wasters (the cord, the placenta, etc.), diet, and food classification. Second, the modest and committed attitude of the researchers is worth mentioning. It is a dense monograph, packed with facts and ideas, well-researched, well-written, but at the same time it is the account of a personal experience and a testimony written out of friendship and care. Distancing themselves from the classic format of "village studies," in which local settings were objectified in holistic tableaux, the Jefferys have been at great pains to clarify their research strategy and let the people in Bijnor District (UP) speak for themselves.

AAA Meetings -- Atlanta

The annual meeting of the American Anthropological Association will be held in Atlanta, Georgia, November 17 - 21. As usual, there will be several panels relevant to the interests of IASTAM members.

Of some interest may be the roundtable discussion to be chaired by Charles Nuckolls on psychiatry, culture, and DSM (the official text of the American psychiatric establishment). The roundtable will be sponsored by the Society for Medical Anthropology. Those interested in participating may sign up in advance or register at the meetings. There is no particular agenda, although some of the discussion will focus on the recently published fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

For future reference, please consider the possibility of organizing panels on Asian medicine for later AAA conferences. The IASTAM newsletter will be happy to publish your panel proposals.

Basham Medal Winner

Shigehisa Kuriyama

One of the two Basham Medals this year has been awarded to Dr. Shigehisa Kuriyama, Assistant Professor in the Institute for Liberal Arts (Emory University USA) and Visiting Associate Professor at the Internal Research Center for Japanese studies in Kyoto.

Shigehisa Kuriyama obtained his Ph.D. in the History of Science from Harvard University in 1986, with a dissertation on *The Varieties of Haptic Experience: A Comparative study of Greek and Chinese Pulse Diagnosis*. Since 1989 he has been teaching at Emory University in Atlanta. His book, *Embodied Differences: A Comparative Study of Conceptions of the Body in Classical Greek and Chinese Medicine*, is to appear from Zone Books. From 1983, he has published on the history of Chinese and Japanese medicine.

Kuriyama participated in the 9th International Symposium on the Comparative History of Medicine East and West, 1984. His contribution, published in the proceedings, prefigures his dissertation and gives the gist of his argument on "Pulse Diagnosis in the Greek and Chinese Traditions," in Y. Kawakita eds. *History of Diagnosis*, Osaka: The Taniguchi Foundation, 1987. The enigma that motivates this essay is that of a contradiction between historical relativism and the existence of universals of medicine. In Kuriyama's opinion, it is not enough to say that the various medical traditions reflect cultural differences when the human body is just one. "In what sense do medical traditions diverge? The habitual dichotomy of biology and culture would have us situate the divergence in culture, in different ways of thinking about the unique and universal body... We take the body as a given fact" p. 64. This given fact, however, is an artifact. By scrutinizing in what sense Chinese and Greek sphigmology (pulse diagnosis) diverged, Kuriyama hopes to de-

-tain some insight into the fabric of apparently given facts in medicine. Even in those medical traditions that extol the truth value of perception, statements of fact are constructed on the basis of perceptual education. Different medical traditions have followed different possible "paths into the body" (p. 60). For example, the *Nan ching* does not reveal any connection between pulsation, the movement of the blood, and the beating heart, while it points to the connection with breath. "While the *Nan ching* is by no means a text of Taoist yoga, its analysis of inspiration and expiration, and the primacy of the so-called inter-renal pulse (*shen chien chih tung*) all evidence the unmistakable imprint of techniques of breath control on the development of medical theory. The path of embodying change (adopted from the Chinese) led away from an anatomic, cardio-centric interpretation of the pulse (adopted by the Greeks)" (p. 60).

Another important paper is "Between Mind and Eye: Japanese Anatomy in the Eighteenth Century," in C. Leslie and A. Young eds. *Paths to Asian Medical Knowledge*. This is in a sense the very same argument as before, on the intimate relationship between visual perception and technical education. Seeing is a learned skill. Kuriyama describes the role of European medical illustrations and the new representational techniques, introduced through the translation of Dutch anatomical books, in the transformation of Japanese medicine. The new style of perspective drawing and chiaroscuro enabled Gempaku, the Japanese physician and translator, to see anatomical features in dissection that he had not seen before. This kind of ethno-epistemological approach to medical history, which entails studying the relationship between texts and practice, the Word and the Eye, would also be a valuable path to other Asian medical traditions, and their encounters with anatomy. One can observe a similar integration of Western anatomical charts into modern Ayurveda, and there is a fundamental polarity between the disciple's own Perception and his guru's authoritative Word in the Sanskrit *nyaya* texts.

The last paper I would like to mention, "Visual Knowledge in Classical Chinese Medicine," was presented at a symposium on the comparative epistemological study of scholarly traditions in medicine (Montrea, 1992). It will appear in D. Bates ed. *Epistemology and the Scholarly Medical Traditions*, Cambridge forthcoming. The theoretical stance of classical medicine is put into perspective. Kuriyama plays once again on the polarity of the Word and the Eye, on the two sides of medical knowledge. The Greek anatomical vision was shaped by the assumptions and concerns of Greek psychology. By contrast, the Chinese developed a mystique of insight and physiognomy, so to say, which the author reveals through elaborate analysis of the theory of colors and complexions. In both traditions, visual knowledge is directed toward intentionality. But the differences in how Greek and Chinese physicians looked at the body, as an external object, derived in large measure from differences in how they conceived and experienced themselves from within, as persons. The core issue, in the epistemology of scholarly medical traditions, is not that of anatomy or physiology, but that of intentionality and the construction of the person.

F. Zimmermann

Election of New Officers

The current president, Francis Zimmermann, and the other officers of the association will soon be leaving office.

Please submit your nominations for their successors to Francis Zimmermann or to Charles Nuckolls, editor of the newsletter.

If you wish to be involved in the management of the association, or you have suggestions, please do let us know. Your participation is welcome.

The 4th International Congress on Traditional Asian Medicine (ICTAM IV)

CONGRESS SCHEDULE

I. Special Lectures

Professor Charles Leslie (University of Delaware)

Professors Patricia and Roger Jeffery (University of Edinburgh)

Dr. Shigehisa Kuriyama (Emory University)

Professor Keiji Yamada (Int'l Research Center
for Japanese Studies)

Mr. Kozo Nishino

II. Presidential Lecture

Dr. Yasuo Otsuka (Oriental Medicine Research Center of the
Kitasato Institute)

III. Scientific Program

A. Topics for Oral and Poster Sessions

1. History of Traditional Asian Medicine

a. Middle East

b. Southeast Asia

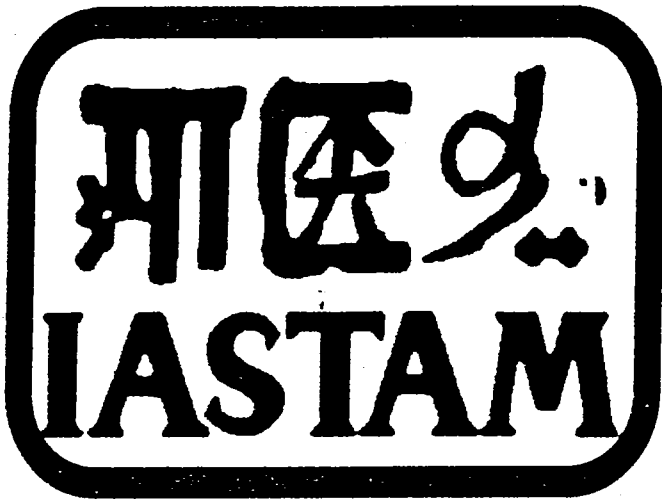
c. East Asia

(continued on page 67)

From the Editor

Charles W. Nuckolls

Over the past few months questions have been raised about the editorial policy of this newsletter. Some feel that this policy is too liberal and that it leads to the appearance of articles which might not meet the scholarly standards of peer-reviewed journal. Others feel that as a newsletter, and not a journal, it is the obligation of the editor to publish whatever might be considered newsworthy to the general membership or one of its constituencies. It is time for me to set the record straight and state as a matter of policy that the newsletter will publish anything and everything that could be of interest to students of Asian medicine, without bias and without the application of rigorous rules of acceptability. In this way we insure maximum access and participation. At the same time, the editor reserves the right to reject submissions or require revision when articles do not meet this criterion, or when such articles are obviously erroneous, insulting, or badly written. We encourage debate and welcome controversy. Our goal is to stimulate interest in Asian medicine and to provide a forum for cooperation between students. There will be moments when the reader feels that standards have been imposed too stringently or not stringently enough, but this, I submit, is indicative of the health of the newsletter. When readers lose interest, they will not bother to voice either their objections or their praise.



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For a Debate on Asian Medicine

A perennial debate within Asian medicine is not so much how to define the subject but whose definition should be considered most important. For a long time the participants in this debate have been classicists and social scientists, those who study texts and those who study people. The first group is protective of its domain because it was first onto the field, long before the other existed or had developed the methods appropriate to its task. The second group, as the new kid on the block, has always felt that texts play a secondary role in the study of culture, and that the primary focus should be on practice. That the debate is futile and misconceived is as true as it is unfortunate, but that does not get rid of it. The real question is: Do we permit the situation to continue or do we address it openly and try to resolve it? Of course the issue is no longer as simple as the debate between "classicists" and "ethnographers." Applied scholars, for whom classicists and scientists are alike in their detachment from the real world, now demand recognition. Claire Cassidy's remarks elsewhere in this newsletter put the issue in the foreground. I suggest we take it seriously and address it openly, even if in the short run it means dispensing our attempt to create a unified image of ourselves. In fact, in the long run, such a debate might help us to create such unity. I urge the readers to make their views known.

Who are YOU?

In future issues, the newsletter will resume publication of short biographies of its members.

Please send some information about yourself, your interests, and your research program.

In a future issue we shall publish a directory of members according to their interests.

Congress Schedule, con't.

A. Traditional Asian Medicine as a Socio-Cultural Phenomenon
(The anthropological Perspective)

1. Religion, Philosophy, and Traditional Asian Medicine
2. Figurative Language in Traditional Asian Medicine
3. Socio-Cultural Specificity of Traditional Asian Med.

B. Traditional Asian Medicine in Contemporary Context

1. The Current Situation of Traditional Medicine in Asian Countries (legislation; economic situation; institutional training; manpower)
2. Traditional Asian Medicine and Primary Health Care (political directives; health delivery systems)
3. The Spread of Traditional Asian Medicine to the Other Parts of the World (the socio political context)
4. Individual Therapeutic Methods of Traditional Asian Medicine
5. Traditional Asian Pharmaceuticals (drug herbs; cultivation and production; clinical research)
6. Traditional Asian Medicine and Public Health, Environmental Issues
7. Traditional Asian Medicine and Health Care

Workshops

W1 *"Research on pre-modern Asian Medicine"*

Professor Paul Unschuld (University of Munich); Dr. Donald Harper (University of Arizona)
Dr. Hermann Tessenow; Dr. Sheng Jinsheng (China Ins't for the History of Medicine &
Literature, Academy for Traditional Chinese Medicine); Dr. Barbara Volkmar (University of
Munich); Professor Michio Yano (Internat'l Research Center for Japanese Studies); Keiji
Yamada (Int'l Research Center for Japanese Studies)

W2 *"Social sciences in traditional Asian medicine"*

Kyoichi Sonoča (Toyo University)

W3 *"Classical history of Asian Medical systems"*

Dr. Rahul Peter Das (Hamburg University)
Professor Christian Oberlander (University of Tokyo)
Professor Wataru Miki (Shizuoka Seika Junior College)
Dr. Makoto Mayanagi (Kitasato Institute)
