

# Newsletter

Number 9 November 1986

Centre d'Etudes de l'Inde et de l'Asie du Sud EHESS, 54 bd Raspail, 75006 Paris, France



## International Association for the Study of Traditional Asian Medicine

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### Munich SYMPOSIUM

Fifteen papers were presented at the FIRST INTERNATIONAL SYMPOSIUM ON TRADITIONAL CHINESE MEDICAL LITERATURE, organized by Prof. Paul U. Unschuld, President of IASTAM, at the Institute for the History of Medicine, University of Munich, W. Germany, August 25-29, 1986. Several afternoon sessions were also devoted to the discussion of texts. Although each of the participants represented a different approach to interpreting and rendering ancient Chinese medical texts, they spent together a week of fruitful exchanges in a very harmonious atmosphere.

*The Proceedings of the Symposium will be published by D. Reidel Publishing Co. (Dordrecht/Holland) in 1987.*

SEE REPORT IN P. 7 TO 13

### important books reviewed

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### Co-editors

All our energies are applied to the task of strengthening the Newsletter, to make it into a useful tool and to establish a forum for the discussion and review of recent publications and meetings. Plans are on the way for a more ambitious Journal but, given the necessary funds and the large number of collaborators to be mobilized, a first issue cannot be scheduled to appear before 1989. Meantime, the Newsletter will serve as a prototype, to help building an audience and to establish an homogeneous albeit interdisciplinary field of studies.

Two co-editors are joining Francis Zimmermann in the venture: Dr. (Mrs.) Catherine Despeux, a scholar of Chinese medical history, and Dr. Fernand Meyer, MD., already an officer of IASTAM and a scholar of Tibetan medical anthropology.

Moreover, this issue of the Newsletter is published with the financial help of the French CNRS, through RCP 798 "Histoire des Techniques et des Sciences en Chine, au Japon et en Corée".

See more details in page 3.

Next issue will be Number 10 to be published in May 1987

## Primary Health Care

Judith Justice

*Policies, Plans, & People*

*(Culture and Health Development in Nepal)*

Berkeley/Los Angeles/London: University of California Press, 1986

ISBN 0.520.05424.5 202pp.

*Practitioners among us, members of IASTAM, as well as historians and anthropologists are concerned in the planning of health policies and the activity of international funding agencies. Either we may try to locate a suitable function for traditional medicine within a given nationwide system of health care, or we may try to discover the hidden causes that too often render health programs unsuitable for the local conditions and cultures. In both cases, in pursuing both goals - which are compatible, both within the scope of IASTAM, provided we mean social science research, not propaganda -, we do not study Asian medical traditions as simply anti-quarians would do, that is, for their curiosity value! Asian medical traditions are part and parcel of a health system, they should be set back in the more general context of Culture and Health Development policies. This is the reason why a review of Judith Justice's book is right in place in IASTAM Newsletter.*

Why do health care programs often fail to achieve their long-term goals in developing countries? Using Nepal's rural health program as an example, she shows how the failure to take cultural factors into account, as the planning process moves from international policy making to national planning and finally to the delivery of services at the village level, has too often resulted in ineffective programs.

"Primary Health Care evolved as a concept from the social experiments being carried out in China, North Vietnam, and Cuba, especially the Chinese model of the 'barefoot doctor'...", in the 1970s (p. 59). Elsewhere (for instance, in Nepal) at that time another approach predominated: the 'vertical' (disease-specific) health programs to control smallpox, malaria, leprosy, tuberculosis. "But since then the international health agencies have been promoting Primary Health Care as the solution to the health problems of developed as well as developing countries. The rhetoric and jargon of Primary Health Care are prominent in many re-

cent articles and books on rural health in the Third World, as well as in policy statements and other documents from the international agencies" (p. 61). One may question the efficacy of such a rhetoric. Moreover, health policies are suffering from a striking fickleness. "Policy changes came too fast and frequently for the Nepali system to absorb them. Within a decade, international policy shifted from vertical approaches, to integrated basic health services, to community participation, to primary health care. By mid-June 1979, the focus of international policy was already shifting away from primary health care toward infant diarrheal-disease control - in effect, a new vertical program. Conferences and reports on infant survival were then receiving priority attention" (p. 62). Nothing followed but confusion at the village level.

Judith Justice does not tell us enough about the role of traditional medicine in the global health care system, but one suspects (1) that the official health policies have gone against traditional medicine, by systematically substituting functionaries for local healers, (2) that these policies have failed, and (3) that traditional doctors have still a card to play. "Nepalis willingly used both traditional and modern medicine. It often appeared that only planners and government health practitioners perceived conflict between different medical systems. Interviews with patients in Chittre and other districts showed that those who did seek treatment at health facilities chose the facility because of location and quality of care rather than type of medical system. If the Ayurvedic clinic was close by, the patient went there rather than to the health post... Traditional healers are part of the local community, whereas most government health workers come from urban areas outside the community and have a higher social status. [Most of them] disenchanting with the isolation and discomforts of rural life [are essentially] interested in finding a way to transfer out. [Not so good a mood] for encouraging community involvement" (p. 95-6). Traditional medicine might be more akin than health bureaucracy to the PHC philosophy!



# Newsletter

International Association for the  
Study of Traditional Asian Medicine

Our three Co-Editors represent three different cultural areas and three different approaches:

• Madame (Dr.) Catherine DESPEUX teaches Chinese at the National Institute of Oriental Languages (INALCO), and she is in charge of the section on Medicine in a research group on the History of Science and Technology of China, Japan and Korea, directed by Professor Jacques Gernet at the Collège de France\*. This group has given us direct financial support to print this issue of the Newsletter.

Write to:

Dr. Catherine Despeux  
RCP 798  
Collège de France  
11, place Marcelin Berthelot  
75231 Paris Cedex 05  
France

• Dr. Fernand MEYER, MD., a medical anthropologist at the CNRS [Centre National de la Recherche Scientifique], does research on Tibetan medicine. He is a member of the research group on Ethnoscience based at the Muséum d'Histoire Naturelle, and the Editor of the Bulletin d'Ethnomédecine.

Write to:

Dr. Fernand Meyer  
Laboratoire d'Ethnobiologie  
Muséum National d'Histoire Naturelle  
57, rue Cuvier  
75005 Paris, France

• Dr. Francis ZIMMERMANN, a Sanskritist and a researcher at the CNRS (Philosophy Dept.), is attached to the Center for South Asian Studies of the EHESS [Ecole des Hautes Etudes en Sciences Sociales], where the Newsletter also is based. The EHESS has given us financial

support for the mailings of the Newsletter.

All mail regarding IASTAM and the Newsletter should be addressed to:

Dr. Francis Zimmermann,  
Publications Editor of IASTAM

Centre d'Etudes de l'Inde  
et de l'Asie du Sud,  
Ecole des Hautes Etudes  
en Sciences Sociales

54, boulevard Raspail  
75006 Paris, France

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## Medicine & Landscape

IASTAM's intellectual field should not be comprised of the mere juxtaposition of different cultural areas ignoring one another. That is why we refuse to divide the 16 pages of the Newsletter into fixed domains enjoying fixed allotments of printing space under the exclusive responsibility of a specialized editor. On the contrary, the Newsletter should depict an interdisciplinary field, the cross-cultural fertilization of research, a variegated landscape, where Sanskritists can learn about Japan, and vice versa. Moreover, we would like to give "Medicine" an extensive meaning, to include all the related natural sciences and techniques such as Pharmacy, Botany, Agriculture, and all the ethnosciences of Asia, that is, traditional sciences that are embedded in Asian soils, since - as one may say - Asian medicine is closely related to Asian landscapes. It is the reason why, for example, a review of Augustin Berque's marvelous new book on Japanese landscapes (next page) is right in order. It is just because of this variegation that writing the Newsletter gives pleasure to its editors.

Francis Zimmermann

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\*A CNRS [Centre National de la Recherche Scientifique] project, RCP [Recherche Coopérative sur Programme] no. 798, on "Histoire des Techniques et des Sciences en Chine, au Japon et en Corée".

Let us mention a few other members of RCP 798, who research into Medicine, Pharmacy and the Natu-

ral Sciences: Francesca BRAY, Christian MALET, Georges METAILIE, Frédéric OBRINGER, Elisabeth ROCHAT DE LA VALLEE (who is the new Treasurer of IASTAM-Europe), Françoise SABBAN.

## In the Vedas

Kenneth G. Zysk

*Religious Healing in the Veda,  
With translations and annotations of  
medical hymns from the Rgveda and the  
Atharvaveda and renderings from the  
corresponding ritual texts*

Philadelphia: The American Philosophical  
Society, 1985 (Transactions of the American  
Philosophical Society, Volume 75, Part 7, 1985)

ISBN 0 87169 757 2 xviii-311pp.

From the Preface: "Our aim is to understand the particular group of demonic beings and forces which were considered to have brought about disease and the religious rites by which these malady-causing demons were evicted and kept away. The hymns employed in the rites are the principal sources of information and have been translated in their entirety. An examination and a translation of later ritual prescriptions provide continuity in the tradition and offer a basis for comparison with the practices found in the earlier hymns. The selection of hymns is based on the data which they contain rather than exclusively on the traditional classification of the charms offered in the *bhaisajya* (medical) section of the *Kauśika Sūtra* (25-36). [...] The work is divided into two major sections: the first examines the various diseases which afflicted the Vedic people and the treatments used to cure them. Translations of the particular hymns devoted to the eradication of specific maladies and symptoms and to the consecration of the medicines are offered in their appropriate places. The classification of internal and external diseases and medicines has been suggested by the hymns themselves [pp. 12-102]. The second section encompasses the textual annotations to the individual hymns [pp. 103-256]."

Apart from various indices, a short glossary of plant-names, and an exhaustive "specialized bibliography" [pp. 277-290], a very useful appendix is devoted to a critical bibliographic history of the most significant studies on traditional Indian medicine in western languages ["Bibliographical Essay", pp. 261-276].

The hymns translated and annotated here were selected and classified on an empirical basis. It is interesting to note the outstanding predominance of internal diseases - the exemplar being 'yákṣma' (consumption) or 'takmán' (fever) -, and the relatively unimportant position of medicines in the panoply of healing methods (where charms predominate, surgery being occasionally mentioned). The table of

contents illustrate this implicit valuation of internal diseases caused by demonic entities:

### I. Internal Diseases

A. related to yákṣma and/or takmán [pp. 12-48]

B. not closely related to them (e.g. ascites, insanity, worms...)[49-71]

II. External Diseases (wounds, fractures, blood-loss, skin disorders) [72-89]

III. Medicines (water, 'jalaṣá' [? urine], simples) [90-102].

Curiously enough, a reader of Benveniste and Dumézil would recognize in this table of contents a trifunctional division (charms in I, surgery in II, medicines in III), which was apparently not among the conscious intentions of the author.

continued in page 6

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## Fûdo

Augustin Berque

*Le Sauvage et l'Artifice,  
Les japonais devant la nature*

Paris: Gallimard, 1986

ISBN 2 07 070677 X 315pp. FF 140

A tentative translation of this typically artful title would be: "Wildness and Artfulness. Japanese attitudes in the face of Nature." Nature, i.e. the natural scenery, landscapes, milieus, hills and waters, herbs and trees, the cycle of the seasons, and much more than that, the values of natural life, the idealization of our natural roots. In the face of Nature, Japanese attitudes are ambivalent. On the one hand, the surrounding landscape is ignored, either neglected or devastated. On the other hand, the highest cultural values are invested in the art of gardening, and in the philosophy of *fûdo*, a Japanese word for "milieu, climate, temperament".

Augustin Berque is a professional geographer turned linguist and anthropologist. Written in a superb literary style, this book is from someone who truly fell in love with Japan. It deconstructs and recreates from inside the Japanese apperception of the natural world. What does this book have to do with medicine? Everything indeed, as soon as you are willing to admit that medicine is a meteorology, an ecology, an art of gardening ourselves and our soil!



# Newsletter

International Association for the  
Study of Traditional Asian Medicine

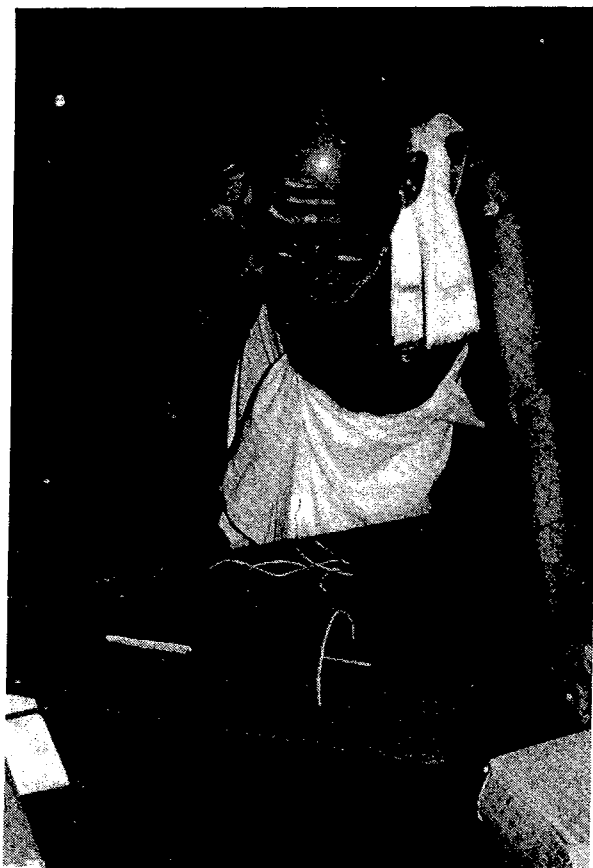
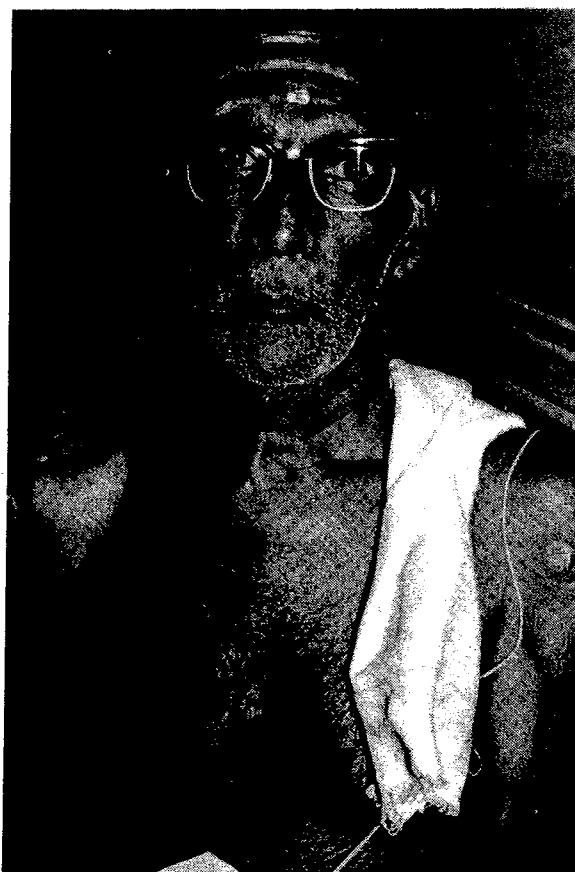
## OBITUARY

Vayaskara  
N. S. MOOSS

I am very sad to announce the death of Ashtavaidyan Vayaskara N.S. Mooss, on September 5, 1986 in Kottayam, Kerala, South India. Born on November 6, 1912, Dr. Mooss was a Nambudiri brahmin belonging to one of the famous Ashtavaidya lineages of Ayurvedic physicians. He first studied Sanskrit under his father and Pandalam Krishna Variyar (1859-1932), a famous scholar (See K. Kunjunni Raja, *The Contribution of Kerala to Sanskrit Literature*, Madras, 1958, p. 267). Although they were very orthodox, these noble brahmin families have traditionally been open and receptive to English education, and young N.S. Mooss went to the Church Missionary Society High School and later to the C.M.S. College, where he could develop his taste for English and his aptitude for botany and the natural sciences, while he was learning Sanskrit and Ayurveda privately through the *gurukulavāsa* system of education.

In 1936, his father gave him permission to launch a Journal, which was sponsored by the Maharajah of Travancore: *Vaidya Sarathy, An Anglo-Vernacular Monthly Medical Journal* (XIII vols. publ., Kottayam, 1936-1948). A printing press was imported from Germany, just before the war, which is still working today. Dr. Mooss started publishing bits by bits in each issue of the journal an edition of the *Kairalī* commentary on the *Aṣṭāṅghṛdayasamhitā, Uttara-sthāna*, each time printing a few hundred copies more, which were bound together afterwards and made up the first book from the Vaidya Sarathy Press. Author, editor, proof-reader, press manager: Dr. Mooss did everything himself for the fifty books or so he published in Sanskrit, Malayalam, and English. Marvels of ingenuity, in decyphering manuscripts or identifying medicinal plants, and millions of hours of solitary but quiet work went into a series of Ayurvedic books that will

continued next page



Pictures taken by Dr. Mitchell Weiss 1981

last for ever. In the late 1970s, N.S. Mooss's achievements were being recognized in the West and he was corresponding with all the best scholars, or receiving them in his study, lending his manuscripts and his unrivalled knowledge of Ayurveda with an exquisite modesty. Alas, his son had died at the age of twenty. But his daughters gave him grandsons who, one may hope, will keep alive the values of Sanskrit culture to which Dr. Mooss was so passionately dedicated. Dr. Mooss truly is to me the most venerable and inspiring incarnation of the learned tradition of India, and a very dear friend and Guru. I studied Ayurveda with him in 1974, 1976-78, and sporadically between 1981 and 1984. But we had common projects still on their way: first of all, an edition of the *Ārḍyā*, which I hope to complete and bring out within the next few years. A small tribute will be paid to the memory of my Guru in a forthcoming book devoted to the classical tradition of Ayurveda in Kerala.

Francis Zimmermann

Books by Vayaskara N.S. Mooss can be ordered for by writing to:  
The Vaidya Sarathy Press  
Vayaskara  
Kottayam, Kerala State 686 001  
India

Let us mention at least a few titles:

[Special] *Ayurvedic Treatments of Kerala* [1944], 3rd. ed. augm., 1983  
*Ayurvedic Flora Medica*, 2nd ed., 1977  
*Single Drug Remedies*, 1976  
*Indu's Paribhāṣā or Discourse on Pharmaceutics*, ed. & transl., 1979  
*Gaṇas of Vāhata*, ed. & transl., 1980  
*Vāhata's Aṣṭāṅghrdayasaṃhitā, Kalpa-sthāna*, ed. & transl., 1984

But N.S. Mooss was best known for his truly admirable editions of Vahata's Medical Collection, and some of its medieval commentaries, especially: *Vāhata's Aṣṭāṅghrdayasaṃhitā* with the *Saśilekhā* commentary by Indu, Six vols., 1963-1978. All available except Vol. I which should be obtained by all means, however. Essential to a Sanskrit library!

Recently published:

*Madanādinighantu*, 1985; announced in *IASTAM Newsletter*, no. 8 (June 1986).

*Abhidhānamañjarī* [1st ed. 1946] has been reprinted; I shall provide a short index before it is bound.

KENNETH G. ZYSK Religious Healing in the Vedas

To do Kenneth Zysk full justice, we should cite at least a sample of his erudite and exhaustive annotations. This is a philological tool, thus offered to the students of Ayurveda and the Vedas, that is bound to become a text-book, but in a very specialized field. It will help to homogenize this field, which has until now been split into two camps: the philologists, and the historians of medicine. Each and every translation, commentary or reference offered by K. Zysk will be checked, challenged, elaborated upon either by Vedic scholars or by a few medical historians who have access to the Sanskrit texts. Both groups of interested scholars will like to argue about the way K. Zysk selected the hymns he studies, or the way he has delimited his subject: "religious healing". Some would like to say that, in the Vedas, everything is religious, and everything has connections with healing, and that the Vedic corpus of texts should have been tackled as a whole. [For a structuralist approach to the nexus of ideas/myths/hymns/rites/etc. connecting religion and healing: See Charles Malamoud & Jean-Pierre Vernant, eds. *Corps des Dieux*, Paris: Gallimard, 1986.] But K. Zysk had good reasons, practical reasons, to focus on philological problems in the nomenclature and the identification of internal diseases, or diseases which, although they are intruded upon the body by demonic attacks, yet prefigure the later Ayurvedic conception of internal diseases, exemplars of which are Fevers and Consumption.

Just a few lines about *takmān*, a disease-demon [and a syndrome] which bears a very close resemblance to malarial fever. "The chief symptom which the *takmān*-victim exhibits is a hot-cold fever-syndrome. He also suffers from severe headaches, pounding in the eyes [ ] thirst, and redness and soreness of the joints. He is often jaundiced, coughs [ ] *takmān* has a special connection with the yellow color of jaundice [ ]". I skip the detailed references, and the difficult terms (left untranslated, but with discussions and hypotheses). And this is too short to be fair to the meticulous exposition offered by K. Zysk: a medico-philological monograph which is hitherto unparalleled.



# Newsletter

International Association for the  
Study of Traditional Asian Medicine

*The First International Symposium  
on Traditional Chinese Medical  
Literature, An IASTAM Meeting held in  
Munich/W. Germany, August 25-29, 1986*

## The Symposium Agenda

### • PRESENTATION OF PAPERS

Wolfgang BAUER (Munich) "Chinese Studies and  
the Issue of Fachprosa Research"

MA KANWEN (Beijing) "Classical Chinese  
Medical Literature in Contemporary China"

Akira AKAHORI (Kyoto) "The Interpretation of  
Classical Chinese Texts in Contemporary  
Japan: Achievements, Approaches and  
Problems"

Jutta KOLLESCH (Berlin) "Ancient Greek and  
Latin Medical Texts and the Issue of their  
Reception"

Erhart KAHLE (Würzburg) "The Philological  
Rendering of Arabic Medical Texts into  
Modern Western Languages"

Francis ZIMMERMANN (Paris) "Terminological  
Problems in the Process of Editing and  
Translating Sanskrit Medical Texts"

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Paul ZMIEWSKI (Taipei) "Rectifying the Names:  
Suggestions for Standardizing Chinese  
Medical Terminology"

Elisabeth ROCHAT DE LA VALLEE (Paris) "Obstacles  
to the Translation of Classic Chinese Medical  
Texts into Western Languages"

Paul UNSCHULD (Munich) "Terminological Problems  
Associated with, and Experiences Gained in,  
the Process of Editing a Commentated Nan-  
ching Translation"\*

ZHENG JINSHENG (Beijing) "The Collation and Anno-  
tation of the Rare Book Lu Ch'an-yen pen-  
-ts'ao"

Paul D. RUELL (Seattle & Bellingham/Washington)  
The Yin shan cheng yao, a Sino-Uighur  
Dietary. Synopsis, Evaluations, Problems"

Jürgen KOVACS (Taipei) "Linguistic Considerations  
on the Translation of Chinese Medical Texts"

CHANG HSIEN-CHEH (Taichung) "The Pen-ts'ao pei-yao.  
A Modern Interpretation of its Terminology"

Ute ENGELHARDT (Munich) "Translating and Inter-  
preting the Fu-ch'i ching i lun. Experiences  
Gained from Editing a T'ang Dynasty Taoist  
Medical Treatise"

Constantin MILSKY (Paris) "In Search of a Trans-  
lation Strategy for the Terms of Chinese

Traditional Medicine"

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- DISCUSSION OF TEXTS (afternoon sessions)  
Huan-ti nei-ching (E. Rochat de la Vallée)  
Nan-ching (P. Unschuld)  
Yin shan cheng yao (P. Buell)  
Yin hai ching wei (J. Kovacs)  
Fu-ch'i ching i lun (U. Engelhardt)  
Chen ch'iu chia i ching (C. Milsky)

## Munich SYMPOSIUM

This meeting organized by Prof. Paul U. UNSCHULD, President of IASTAM, was not meant to be a symposium on Chinese medicine in general, but on Chinese medical LITERATURE, and furthermore, not on the history of medical literature, but on the various processings to which texts are to be submitted by their editors, commentators, and translators, before they become readable and reliable. All participants were scholars pursuing textual studies, who addressed the various problems arising from our current philological procedures in the collation of manuscripts, and in the edition, annotation, and translation of classic texts. It was, in a sense, a symposium on Chinese medical PHILOLOGY, but with certain qualifications. In the opinion of quite a few participants, the terminological problems encountered in the study of Asian medical texts are related to the logical frame of mind of the Asian doctor, or to the logical structure of the Asian medical discourse. Terminological problems, here, extend beyond the field of Philology, and to address a number of important issues like, for example, that of polysemy in the names of diseases or drugs, we must enter the field of EPISTEMOLOGY.

Paul Unschuld's nice and truly inspired idea was to invite scholars of Greek, Arabic, and Sanskrit medical texts, and to make them contribute to this inquiry into the Sinologists' problems and methods, thus giving the symposium a comparative dimension. The first day was devoted to this cross-cultural approach. Comparison appears to be very fruitful,

continued next page

Berkeley-Los Angeles-London: University of  
California Press, 1986. viii-760pp. I.S.B. Number:  
0.520.05372.9. Review to appear in the next issue.

\*Paul U. UNSCHULD, Nan-Ching. The Classic of  
Difficult Issues, Translated and Annotated,

continued from page 7

especially between Chinese and Sanskrit. Following Paul Unschuld's suggestion, and to meet the comparative goals of IASTAM, the main part of the present report will (tentatively) parallel Ma Kanwen's paper on Chinese texts with F. Zimmermann's paper on Sanskrit texts. From the manuscripts of these two papers (which are still in the process of being revised), we are extracting a few significant passages akin to the central preoccupations of the Munich Symposium participants, that is, terminological problems in editing, annotating, and translating classical texts.

This report may not be quoted without permission. All extracts from papers presented at our IASTAM meeting in Munich are being printed here for private circulation to the members of IASTAM.

Ma Kanwen  
On Chinese Texts

[ ] Since most of the ancient works were written on bamboo strips or silks and were passed through many hands and spread from place to place, different copies of a same work were made, and mistakes such as miswritten characters, omissions, etc. happened. So, during the reign of Emperor Han Chen in 26 BC., the government organized a group of medical officials headed by the court physician Li Zhuguo to collate and revise the royal collections for medical books preserved at the Mi Fu, the national royal library. This was the first time for collating and revising medical books sponsored and organized by a government in the history of Chinese medicine. Later on, more and more medical books were collated and revised not only by official organizations but also by private efforts. Scholars such as Wang Shuhe of the 3rd cent. AD., who rearranged and collated the Shanghan Zabing Lun (Treatise on Febrile Diseases Caused by Cold and Miscellaneous Diseases)

### 傷寒雜病論

[were the first philologists...]

In the Ming and Qing periods, many physicians and scholars devoted themselves to the work of annotating, collating and revising medical classics. [ ] Unfortunately, in the later part of the last century and at the beginning of our century, with the tendency to negate the [value of] traditional Chinese medicine, [its] study fell

into a deplorable state, and very few Chinese medical classics were then collated and printed [ ] The founding of the People's Republic of China opened broad vistas for the study and development of traditional Chinese medicine [ ] A large number of books dealing with its various branches have been published [ ] At a conference on collating and publishing medical classics sponsored and organized by the Ministry of Public Health in 1982, plans were worked out to publish 686 texts, out of which 11 were listed as key works: Su Wen, Ling Shu, Huang Di Nei Jing Tai Su, Nan Jing, Mai Jing, Shen Nu Ben Cao Jing, Zhong Zang Jing, Shang Han Lun, Jing Gui Yao Lue, Zhen Jiu Jia Yi Jing, Zhu Bing Yuan Hou Lun. Among the classics to be collated, annotated and published, there are not a few rare ones that have not been published for several hundred years, since their [first] coming out, such as Young Shi Jia Cang Fang\* written by Young Tang (1178), Wei Shi Jia Cang Fang\*\* by Wei Jian (1228), Huo You Kou Yi\*\*\* by Zeng Shi Rong (1294), Zu Ji\*\*\*\* by Shi Pei Ran (1640), etc. [ ]

- |      |       |    |     |
|------|-------|----|-----|
| *    | 楊氏家藏方 | by | 楊俊  |
| **   | 魏氏家藏方 | by | 魏峴  |
| ***  | 活幼口議  | by | 曾士榮 |
| **** | 祖劑    | by | 施沛然 |

To train personnel capable of editing, annotating, collating and revising Chinese

I was about to write this report, when I received from Co-Editor Catherine Despeux a copy of one of her recent books, which appears to be a French translation of the classic text mentioned by Ma Kanwen as the one revised by Wang Shuhe. A most interesting encounter:

Shanghanlun, Le traité des "coups de froid" de Zhang Zhongjing

Traduction de CATHERINE DESPEUX

PARIS: Editions de la Tisserande [1 bis, cité des Fleurs, 75017 Paris], 1985 202pp.

Presentation: The author, Zhang Zhongjing (150-219), and his main commentators; a few introductory pages on Chinese pharmacology; a summary of the treatise. Translation, with detailed notes and several indices (of ingredients, of recipes, of pulse symptoms, and a general index including names of diseases). A nice book, carefully written and well-produced, a review of which will appear in one of our next issues. F.Z.



medical classics, special courses were run by the China Institute for the History of Medicine and Medical Literature attached to the China Academy of Traditional Chinese Medicine [ ]

◇

Promising scientific results have been obtained through exploring the treasure house [of classical texts]. For instance, a researcher of the Institute for Chinese Materia Medica of the China Academy of Traditional Chinese Medicine, in seeking for new anti-malarial drugs had come across a passage in the Zhou Hou Bei Ji Fang (A Handbook of Prescriptions for Emergencies) written by Ge Hong (c. 231-341 AD), which aroused her attention:

"Take a handful of sweet wormwood, soak it in a Sheng (about a liter) of water, squeeze out the juice and drink it all" for treating malarial fever [Vol. 3,

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Zhi Han Re Zhu Nue Fang 16]. She began to wonder if soaking the sweet wormwood had been done to avoid the high temperature of boiling or brewing, which might have destroyed the antimalarial properties it contained. She and her colleagues set out to extract it with ether instead of boiling water or alcohol, and to make new chemical analyses. Using their sample on mice infected with malaria (*Plasmodium berghei*), they found that the malaria parasites disappeared. Subsequent clinical use with humans in case of malignant and tertian malaria also had good results. Later on they isolated an effective monomer against malaria and got a pure white crystal which they named Qing Hao Su, which was then put into clinical tests in 6,000 cases and proved effective on all types of malaria, with quicker results and lower toxicity than chloroquine and other drugs [ ]

◇

There are many problems associated with the collation, annotation and revision of Chinese medical classics. [What is at stake is] how to improve the quality of the [philological] work, so that the Chinese medical classics can be of better service to the exploration, study and development of traditional Chinese medicine as well as the welfare of the people [ ]

Most of the classic texts were written without punctuations, which makes them difficult to read. They were often copied and recopied by many hands. There is a

saying that, after a book has been copied three times, characters like 魚 will become 魯, and 虛 become 虎.

It is only through high quality collation work - which includes contrasting or comparative collation, rational collation, etc. - that mistakes such as omissions, disarranged and miswritten characters, typographical errors, wrong annotations, wrong punctuations, etc., made either in the past or in the present age, can be corrected.

The bulk of Prof. Ma Kanwen's contribution comprises detailed examples of this kind of philological work: corrections through collation. Only a few samples can be printed here.

#### DISARRANGEMENTS. Case 3

In Su Wen (Shang Gu Tain Zhen Lun 1, Vol. 1)

the passage: 七八肝氣衰,筋不能動,天癸竭,精少,腎臟衰,形體皆極; 八八齒髮去

is an example of obvious disorder or disarrangement of the original bamboo strips as judged from the literary style and the context of the passage. The style is not coherent with the context; the first sentence is too long while the second is too short, and, if we look to the context, we see that the female menopause problem is the one discussed, so it is illogical that a male physiological problem is dealt with. Let the whole passage be rearranged as follows: 七八, 肝氣衰,筋不能動; 八八,天癸竭,精少, 腎臟衰,形體皆極,則齒髮去. 腎者主水...

And it is now rational not only in its literary style, but also according to logic.

#### WRONG ANNOTATIONS

A striking mistake is that dealing with the problem of Tong Jia 通假 or Tong Jie 通借. Tong Jia is a special learning of ancient Chinese scholars dealing with phonology. Tong Jia means that characters of the same sound can be interchangeable; characters of the same sound can be used to take one another's place in a phrase, an expression or a sentence. Hence it is also called Tong Jie which literally means borrowed, in common. Without the knowledge of Tong Jia, mistakes are unavoidable in the work of collation, annotation and revision of Chinese medical classics, even among well-known scholars like Yang Shang Shan and Wang Bing. MISTAKES dealing with Tong Jia, Case 1

In Su Wen (Si Qi Tiao Shen Da Lun 2, Vol. 1), in the passage:

道者. 聖人行之, 愚者佩之

the character 佩 was explained as 佩戴 "wearing" by Yang Shang Shan, and as 佩服

"admire" by Wang Bing. Both of them were outstanding scholars and physicians who really did valuable work on the Su Wen and Ling Shu and exerted great influence on the study of Nei Jing among the later generations. Both, however, got it wrong when explaining the character 佩.

Their mistakes had been accepted for many generations, when Hua Shou 滑壽 of the Yuan

Dynasty pointed out that 佩 should be understood as 恃 or 背. Later, Hu Shu

胡澍 of the Qing Dynasty pointed out that 佩 should be pronounced as 倍, which according to the Sho Wen Jie Zi 說文解字 means go against or run counter to.

[Hundreds of examples are adduced, to illustrate various kinds of mistaken characters, sentences, and how to correct them.]

◇

[The final section of Ma Karwen's paper deals with 'Problems associated with the translation of Chinese medical classics into foreign languages'. First, the translator should select a good edition of the Chinese text.]

Once some wrong annotations or commentaries rendered by scholars of the past or present have been adopted, the translation inevitably will produce more misunderstandings. For instance, the wrong commentary offered by Wang Bing in Su Wen for the passage:

道者,聖人之行,愚者佩之

which I have cited in the preceding section of this paper has been adopted in the English translation of the Nei Jing by Dr. Ilza Veith [Huang Ti Nei Ching Su Wen] The Yellow Emperor's Classic of Internal Medicine, Chapters 1-34 (Berkeley: California Press, 1949), p. 105, who translates as: "Tao was practiced by the sages and admired by the ignorant people" ['admired' instead of 'thwarted' or 'gone against!'].

The second problem related to translation is how to stick to the genuine meaning of the text. The third is that translators sometimes are lacking knowledge of Chinese history, philosophy, or literature. The fourth problem is that translations sometimes are incomplete. [Various illustrations are provided. A closely related question is that of the polysemous characters that are too often

translated, as ch'i for example into "vital energy", etc.] It seems better to transliterate them with suitable notes, rather than translating them [thus saying ch'i, and not "vital energy"]. Since the accurate translation of terms of traditional Chinese medicine or the standardization of their translation still needs concerted efforts, I think that cooperation between scholars and medical workers of China and other countries of the world is also needed.

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extracted & condensed by F.Z.

### Zimmermann On Sanskrit Texts

[From texts to discourse]

The Collections of Suśruta and Caraka have never been edited properly. Although they represented tremendous achievements of Indian scholarship when published one century ago, the editions available in print will have to be recast some time on the basis of new manuscripts and modern philological tools. We are not ready yet for this arduous task; terminological problems have to be dealt with first. The logical consistency of technical terms is essential, when we want to establish a reliable text; this has been shown recently by Priya Vrata Sharma [Carakasamhitā, Text with English Transl., Varanasi: Chaukhambha Orientalia, 1981, Vol. I, pp. xvi-xxii], the first scholar in recent times to provide us with a list of quite convincing emendations of the currently accepted text of the Collection of Caraka. Another expert in that kind of philological work is Ronald E. Emmerick. Hundreds of decisions are made in his edition of the Siddhasāra [Wiesbaden: Franz Steiner, 1980, Vol. I: The Sanskrit text], to select "correct readings", and to emend wrong ones. Whereas, for example, most of the manuscripts say [3.31.9] that barley cures meda "obesity", wrong reading, the editor restores the correct reading: barley cures meha "urinary disease", on the basis of what he calls the tradition (i.e. what Caraka, Suśruta say about barley); his choice is dictated to Emmerick by parallels and concordances with other classic texts. A graphic mistake of ढ 'da' for ह 'ha' is corrected on mere philological grounds. I think, however, that we should go one step further. What kind

of a tradition is it, that allows "errors" to creep upon so easily? One may wonder whether distinguishing "correct" readings from wrong ones does not amount to ill-treating a fundamentally polysemous discourse, where several readings, all valid, may be superimposed to one another in a given technical term. Therefore, facing all kinds of terminological problems, not only those of a purely textual nature but also those related to the modes of thought involved, we should address ourselves not only to the philological task of establishing reliable texts, but also to the epistemological task of dissecting, deconstructing, cross-examining their logical structure.

This paper is more limited indeed, than the vast program thus outlined! I would like to present a few remarks on five kinds of terminological problems (in editing and translating Sanskrit medical texts) that arise from the nature of the language itself: 1) How to deal with a fundamental distinction between terms for objects (roughly speaking, names of drugs, diseases, etc.) and terms for ideas (adjectives, and others); 2) problems of rhetoric related to the superabundance of metaphorical terms (or terms that deceitfully seem to be metaphorical without being so); 3) how to tackle the plurality of levels of language, and especially, the linkage (or diglossia) between Sanskrit and the vernacular; 4) how to account for stylistic features like versification, or the interplay of synonyms; 5) changes through time, obsolescence of some terms, emergence of new names [See G. Jan Meulenbeld, "The surveying of Sanskrit medical literature", Proceedings... on Priorities in the Study of Indian Medicine, Groningen, 1983, pp. 31-120, spec. p. 38 f.]\*.

◇

[Terms for objects, terms for ideas]

[ ] This is not a linguistic distinction between names and adjectives, although it amounts to it in the final analysis, but a logical distinction between terms with referents that are objects of the natural world (e.g. amṛtā, the plant *Tinospora cordifolia*), and terms with referents that

are ideas, inferences (e.g. amṛta "immortal", abhiṣyandin "which produces fluxions"). The distinction is not an absolute one; it is context-sensitive. Objects are ideas, and ideas are objects. Names are often made from adjectives, and we could translate amṛtā as "The Immortal": the name connotes the hardness of the aerial roots of *Tinospora cordifolia*. Adjectives are often made from names [ ] However, these two kinds of terms will exert different functions in the medical texts. Both kinds of terms are submitted to a huge process of language inflation. There are many many "names" to designate one and the same object (a drug, a disease, a bodily part or process), and many many "adjectives" to convey one and the same idea [ ]

We should not be mistaken in translating an "adjective" as if it were a "name": e.g. abhiṣyandin most often means "which produces fluxions" (which is the idea of a physiological process, an inference put forward in the course of a diagnosis), and sometimes means "one who suffers from conjunctivitis" (which designates a disease thus objectified). The modern reader, or the translator, should avoid objectifying terms that are not so in the original discourse [ ] We should also find ways of conveying to the modern reader the wealth of names and the cognitive value of this 'polyonymous' style of terminology. In my opinion, any attempt to standardize our translations and to reduce all polyonyms (names mutually substitutive to designate one and the same object) to only one English, French, or Latin translation comes totally off the point [ ]

◇

[Illusory metaphors]

The metaphorical connotation, in quite a few technical terms, which, for that reason, most translators use to keep untranslated, is an illusion. [For example,] dosa, which is the most common term for naming the humors, the three humors of Ayurvedic medicine - wind, bile, phlegm -, generally means "defect, fault" in Sanskrit. [Compare Sydenham's phrase: "the peccant humors".] When entering the medical field, when becoming a technical term, the Sanskrit word dosa underwent a change of meaning AND of referent, to

\*Reviewed in IASTAM Newsletter no. 5, August 1984, p. 8.

## Manuscripts of a Han tomb at Mawangdui

Mawangdui Hanmu boshu, Wenwu chubanshe,  
Beijing, 1985

馬王堆漢墓帛書

In 1973 a number of manuscripts and wooden slats, partly related to medicine, were discovered inside tomb number Three of the Mawangdui site, about 10 km from Changsha (Hunan). As the tomb is known to have been closed in 168 BC, and some of the manuscripts are dated from -294 to -227, these documents would date back to the Qin or East Han period. Since the discovery was made, several studies on these manuscripts have been published, most of them in the Wenwu review. 文物

All the documents related to medicine are being made available in the present publication, which includes reproductions of the 11 manuscripts and of the 4 groups of wooden slats, followed by their transcript into modern Chinese, and notes. The list of the titles given to these documents is as follows:

### MANUSCRIPTS

- 1 Moxibustion book of the eleven lower and upper member vessels
- 2 Moxibustion of the eleven yin-yang vessels (A)
- 3 Methods of spymology
- 4 Death prognosis based upon yin and yang pulses
- 5 Prescriptions for 52 illnesses
- 6 Abstinance of cereals and absorption of pneuma
- 7 Moxibustion of the eleven yin-yang vessels (B)
- 8 Illustrations of daoyin postures
- 9 Recipes for nourishing the vital energy
- 10 Various therapeutical recipes
- 11 Book of obstetrics

### BAMBOO SLATS

- 1 Ten questions
- 2 The art of yin-yang union
- 3 Various recipes of interdicts
- 4 Remarks about the supreme way in this world

(Chinese titles are given at the bottom of this page) ◇

These documents have been partly presented to westerners by Michael Loewe's paper "The manuscripts from tomb number Three", in R.P. Kramers ed. China. Continuity and Change, Papers given at the 27th Congress of Chinese Studies [Aug. 31-Sept. 5, 1980], Zürich, 1982. Moreover, one of these manuscripts has been studied and translated into English by Donald Harper, The Wu-shih-erh ping fang. Translation and Prolegoma, Thesis on microfilm, Michigan, 1982. These are

priceless documents for the study of Chinese medical history. They give us a better understanding of the formation of some theoretical points in Chinese medicine, and they show that techniques described in the texts several centuries later were already known in the East Han period.

The two documents on Moxibustion of the eleven vessels are similar to chapter 12 of the Lingshu, while presenting a more archaic state of the system. The part that treats of death prognosis based upon pulses (the manuscript is in very bad condition) corresponds to the end of that same chapter 12 of the Lingshu. 靈樞  
Besides, the text on the diagnosis based on pulses has been nearly fully reconstructed from another version discovered among the wooden slats of Zhongjia shan in the area of Jiangling (Hubei): see article in Wenwu, no. 1, 1985, pp. 9-15.

The obstetrical book refers mostly to interdicts to be observed during pregnancy. It is nearly similar to Prescriptions in Obstetrics (Xu Zhicai suiye yangtai fang)\* by Xu Zhicai, physician of the Six Dynasties, a lost work but quoted in A Thousand Golden Ounces Remedies (Qianjin yaofang)\*\* by Sun Simiao. It already expounds the different evolution phases of the embryo. It mentions a reckoning process to determine and decide the sex of the child to be born. This detail is also found in the wooden slats discovered in Yunmeng: see, by Rao Zongyi, Yunmeng Shuihudi Qin jian, part on ren zi\*\*\*, Hong Kong, 1982.

The other documents deal with various processes for nourishing and maintaining vital energy: abstinance from cereals, breathing processes, and the propitious times for nourishing oneself with energy according to the season, the lunation, the hour of the day (These parts resemble the Linyang zi mingjing\*\*\*\*). Bed techniques are also dealt with, including how to cure sexual diseases, how to keep potency, to increase one's energy and to join yin and yang.

Catherine Despeux

### Transliterations

- ◇ Zubi shiyi mai jiu jing 足臂十一脈灸經  
Yinyang shiyi mai jiu jing 陰陽十一脈灸經  
Maifa 脈法

