

Essay Review

The Territory between Life and Death

VIVIENNE LO 羅維前*

Li Jianmin, 李建民 *Sisheng zhi yu* 死生之域 (*The Territory between Life and Death*), Taipei, Academia Sinica, 2000, revised in 2001, 435 pages incl. illustrations (fine binding edition, ISBN 957-671-703-5; ordinary edition 957-671-704-3).

Li Jianmin's richly illustrated book is the first monograph wholly devoted to *mai* 脈, which he identifies as the most fundamental unit of the body for early Chinese medical theorists, and a primary measure for its health. Questions concerning how the concept of *mai* emerge in historical and technical literature have important implications for our understanding of the development of classical Chinese theories of health and acupuncture theory and practice. *Sisheng zhi yu* 死生之域 is a seminal work which draws together some 1,500 primary and secondary sources that bear upon our understanding of *mai* at a critical phase in the late Warring States and early imperial period (circa fourth to second century BCE); for the first time Li Jianmin gives a three-dimensional account of the complex arts and technical culture within which the concept first developed, and with which it is inseparably intertwined. Thus the task of this review article is to summarize his findings for those who do not have access to new trends in Chinese scholarship.

His title is taken from the entry for

“Immortals” in a section of the bibliographical treatise of 漢書 (History of the Former Han) that catalogues an eclectic selection of technical and medical arts, known as *fangji* 方技 (remedies and skills).¹ The relevant sentence reads: “protect the genuine in life and roam around searching for what is outside of it . . . equalize the territory between life and death” (emphasis mine).² Here are books on the physiology of the body, its *xue* 血 (blood) and *mai* 脈, which are also aimed at clarifying distinctions between life and death and the roots of all illness.

The underlying argument of Li's book is that the *mai* themselves are the technical ground that form that “territory between life and death”, and through which immortality might seem a tangible goal. The pursuit of immortality in early China took many forms, some of which are documented in the *Hanshu* bibliography: from massage and therapeutic movement to alchemy, sex and drug-taking, all in varying degrees constituted paths to long life, and the avoidance of decay.

* Vivienne Lo, The Wellcome Trust Centre for the History of Medicine at University College London.

I am very grateful to Lois Reynolds for her editorial expertise.

¹ *Hanshu* 漢書 (History of the Former Han, compiled 58–76 CE) *juan* 30, Ban Gu 班固 (32–92), Beijing, Zhonghua, 1996, pp. 1701–1780.

² *Ibid.*, p. 1779.

In the last decade, *Maixue* 脈學 (the study of the *mai*) has fascinated historians of early Chinese medicine. Some translate *mai* as “vessel”, others “channel”, sometimes “pulse”. But when *mai* comes fused, as it often is, with other Chinese terms the problems multiply. *Jingmai* 經脈, together with *jingluo* 經絡, fundamental concepts common in the canonical treatises of Chinese acupuncture theory, *Huangdi neijing* 黃帝內經 (the Yellow Emperor’s Inner Canon), have been translated “conduit”, “meridian”, “circulation tract” and “vessel” as well. Then there are the *dongmai* 動脈, literally the “moving” *mai*, not to be too closely associated with the “pulses” of Western medicine, and finally *xuemai* 血脈 (blood *mai*) or *baimai* 百脈 (one hundred *mai*), which more simply refer to the “blood vessels”. Yet the divisions of structure and function differentiated in the English renderings of *mai* as “vessel” and “pulse” may be an artefact of translation—of the inseparable development of anatomy and theory of blood circulation in the Western medical traditions and the challenge has been to give a positive account of the *mai*.³ Li Jianmin has now gone a long way towards meeting that challenge.

It is commonplace understanding that the acupuncture body is a microcosm of the known universe, a metaphor for structures that early Chinese found in Heaven and Earth. In Li’s words the *mai* are “a field of temporal spaces” that act as a pivot of many different worlds; at once analogous to the rivers of China, to astronomical movements, to rivers of blood and channels of communication, patterns against which human disharmony with different

environments could be judged. What Li adds to the field is a close examination of how, when and where that body was constructed. He reassesses assumptions about periodicity; finds geographical variation in the interpretation of the *mai*, as well as three different stages of development differentiated by the influence of theories about the movement of heavenly bodies, the priorities of early Chinese forms of self-cultivation and the development of a numerological body with which one could calculate physiological movement and circulation.

Maixue is not a new field, and Li’s study is one of the latest in a long tradition of scholarship, including a substantial pre-modern corpus of critical study. The earliest may even date to *Nanjing* 難經 (Canon of Difficulties), an innovative and systematizing *circa* second-century Chinese work, written to elucidate many of the problems and inconsistencies that existed in the *Huangdi* corpus.⁴ The latter body of writings comprises several compilations of small texts dealing with separate topics, which may reflect the thinking in a distinct medical lineage. It is now thought by most European and American scholars that the texts were set down at the earliest in the second century BCE, but possibly in the first centuries CE. Collectively, they represent the kind of debate through which classical medical concepts matured.

Scholars working in the last century have tended to imagine a collective accumulation of knowledge about the body developing into an empirically-based medical system. For example, in *Celestial lancets* Lu and Needham imagine a golden age of “empirical” medical activity at the

³ Shigehisa Kuriyama, ‘Varieties of haptic experience: a comparative study of Greek and Chinese pulse diagnosis’, PhD diss., Harvard University, 1986, pp. 58–100.

⁴ Paul Unschuld, *Nan-Ching: the classic of difficult issues*, Berkeley, University of California Press, 1986. The combined treatises of the *Huangdi neijing lingshu* 黃帝內經靈樞,

Huangdi neijing suwen 黃帝內經素問 and *Huangdi neijing taisu* 黃帝內經太素 are generally considered to contain the core theory of traditional Chinese medicine. Nathan Sivin, ‘Huang ti nei ching’, in Michael Loewe (ed.), *Early Chinese texts: a bibliographical guide*, Berkeley, SSEC and IEAS, University of California, 1993, pp. 196–215.

foundation of classical theory, a scientific spirit that was ultimately stifled after the Tang period (618–907) when “abstraction trampled over empiricism” in the hands of those more learned in astrological calculation than practical medicine.⁵ A cherished view was that the replacement of *bian* 砭 (stone lancets) and other crude stone implements with finely drawn metal needles was the catalyst that stimulated a new age of medical sophistication.⁶ Li Jianmin and others represent a growing number of scholars who prefer not to emphasize continuities in Chinese technological culture and favour a differentiation of the historical layering of medical knowledge and experience. There is now considerable doubt about the narrative of “trial and error” in the discovery of acupuncture channels and loci, and it has become a matter of academic rigour to find new ways of re-framing the essential questions.

The core of Li’s thesis is that the development of *mai* was motivated by the pervasive culture of *shushu* 數術 (literally, numbers techniques), the art of “calculation”. *Shushu* is a peculiarly Chinese notion of “numbers” used in the computation of “celestial patterns” at the foundation of the astro-calendrical traditions. Different forms of *shushu* culture pervade all aspects of life in early China, and in Han times embrace types of divination using *Yinyang* 陰陽 and the

wuxing 五行 (five phases), the “turtle and milfoil”, physiognomy, the determination of auspicious times and places, as well as types of exorcism, omenology, etc.⁷ Once associated with the numerological sequences of *shushu* calculation, the routes and channels around the body defined as *mai* open out into Li’s “field of temporal spaces”: each of the *mai* has designations relating Yin and Yang (Great Yin *mai*, Great Yang *mai*, Lesser Yin *mai*, etc.), terms that can refer to the dark and sunny aspects of a mountain, but equally describe the phases of the sun and moon—thus creating the essential spatio-temporal framework for the body to become a vessel for circulating *qi* and blood.

Where Lu and Needham refer to a “characteristic noise or redundancy”, which always accompanies the growth of systematic classifications in all cultures, more recently historians tend to concentrate their attention on the elements of medical practice that did not succeed in becoming part of a canonized tradition. Li Jianmin is at the forefront of research into lost traditions of the late Warring States and early imperial medical cultures and the doctors and diviners that worked with their theories. He is well known for his work on the early literature on remedies, on human dissection as spectacle, and the history of the occult arts, such as seduction, or ideas of contagion through demonic influences.⁸ His work follows in the wake of those

⁵ Lu Gwei-Djen and Joseph Needham, *Celestial lancets*, Cambridge University Press, 1980, p. 141.

⁶ Lu Shouyan 陸瘦燕, *Lu Shouyan Zhenjiu lun zhu yian xuan* 陸瘦燕針灸論著醫案選 (Lu Shouyan’s Selection of Acupuncture Cases), Beijing, Renmin weisheng, 1984, p. 1.

⁷ See Michael Loewe, *Divination, mythology and monarchy in Han China*, Cambridge University Press, 1994, and Marc Kalinowski, ‘Les Instruments astro-calendériques des Han et la méthode liu ren’, *Bulletin de l’Ecole Française de l’Extrême Orient*, 1983, 72: 309–419.

⁸ Li Jianmin, ‘Suibing yu changsuo: chuantong yixue dui suibing de yi zhong jieshi’ 祟病與場所：傳統家庭醫學對祟病的一中解釋

(Demonic Illnesses and ‘Place’: One Explanation of Family Medical Attitudes to Demonic Illness), in *Hanxue yanjiu* 漢學研究, 1994, 12 (1); ‘Furen meidao kao—chuantong jiating de chongtu yu huajie fangshu’ 婦人眉道：傳統家庭的衝突與化解方術 (The Art of Charming for Women: Traditional Family Conflict and Magical Techniques), in *Xinshixue* 新史學, 1996, 7 (4); ‘Zhongguo gudai “jinfang” kaolun’ 中國古代禁方考論 (Examination of ancient Chinese ‘restricted remedies’), in *Zhongyang yanjiu yuan lishi yuyan yanjiu suo jikan* 中央研究院歷史語言所集刊, 1997, 68 (1); ‘Wang Mang yu Wang Sunqing—ji gongyuan yi shiji de renti kubo shiyan’ 王莽與王孫慶——記公元一世紀的人體剝刺實驗

scholars such as Li Ling, Sakade Yoshinobu and Donald Harper who have pioneered research into all those elements of medicine considered superstitious, and therefore irrelevant, by the last generation of scholars.⁹ Recent debate has centred on how, where and when philosophy and the technical arts came to be based upon these systems of astrological calculation. In a well-known reference to Yi He 醫和, the Physician He, we have a recurring theme of Heaven above, represented by the number six, and by Earth below five, “the six *qi* 氣 [Yin, Yang, Wind, Rain, Obscurity and Brightness] which descending generate five flavours, emit as the five colours, and find fulfilment in the five sounds”.¹⁰ The numbers are restated in *Guoyu* 國語 (Dialogues of the State: fifth to fourth centuries BCE), 天六地五, 數之常也 (Heaven being six and Earth being five is the rule in calculation). Here are the initial seeds of many numerological correlations concerning *qi* and Yin and Yang which are ultimately integrated into different systems at the foundation of this concept of *mai*. Eventually the same sequence can be found in the linking of bowels and viscera to the channels through the *wuzang liufu* 五臟六腑 (five viscera and six bowels) system.

On the face of it, the *shushu* calculations may look like a numbers game, but as Li explains, they are at once both functional in daily medical practice and inherently powerful, in that they contain a way of ordering the mysteries of the universe. He places the focus for this medical innovation firmly in the anachronistic concept of a

tianguan 天官 (Bureau of the Heavens), thought to be responsible for imperial ceremony, and idealized in *Zhouli* 周禮 (Ceremonies of Zhou: second century BCE?). If the ruler does not carry out the imperial rites according to the changes of season, the people will become ill with *liji* 癘疾, seasonal epidemics (*li* sometimes refers to a leprosy-type illness) or ulcerous swellings. More reliable records relating to the actual administration of Han ritual affairs refer to an Office of the Grand Astrologer, *Tai shi ling* 太史令, responsible for generating the *shushu* categories in the bibliographical treatises of *Hanshu*.¹¹ Li points out that the *fangji* 方技 (remedies and skills) category is modelled on the observances of a Bureau of Heaven, linking iatromantic skills of the physician (prognosis and prediction of the course of an illness) with the numerological sequences thought immanent in the natural world. If it were possible to establish rules about the movement of the sun and moon, and the courses of rivers and waterways, the rules would also apply to physiology, and in the case of the *mai* navigating routes around the body through which blood and *qi* flowed.

The ‘Jingmai’ 經脈 treatise of the *Huangdi neijing lingshu* is the *locus classicus* for the twelve channels of acupuncture that remain in the modern repertoire of traditional Chinese medicine (TCM), and link to the viscera and bowels. Different treatises follow which focus on separate constructions of the body channels such as “Jingshui” 經水 linking body channels to the waterways of China.¹² Adding to the transmitted canons, newly excavated

(Wang Mang and Wang Sunqing—Recording a First-Century Experiment in Human Dissection) 新學史 *Xin Shixue*, 1999, 10 (4).

⁹ Li Ling 李零, *Zhongguo fangshu kao* 中國方術考 (An Examination of Chinese Technical Arts), Beijing, Renmin Zhongguo, 1993; Sakade Yoshinobu, *Chūgoku shisō kenkyū—iyaku yōseikagaku shisō hen* 中国思想研究—医薬養生・科学思想篇 (Study of Chinese Philosophy: Volume of Medicinal Regimen/Scientific Thoughts), Osaka,

Kansai Daigaku shuppan bu, 1999; and Donald Harper, *Early Chinese medical literature: the Mawangdui medical manuscripts*, London, Kegan Paul International, 1998.

¹⁰ Translated in Angus Graham, *Disputers of the Tao*, La Salle, IL, Open Court, 1989, p. 325.

¹¹ See Goh Thean Chye, *The history of the Chinese Astronomical Bureau*, MA thesis, Kuala Lumpur, University of Malaya, 1967. Microfilm: Rochester, Eastman Kodak Co, 1969.

¹² See note 4 above.

manuscripts, as well as images and artefacts, have changed the nature of research into the history of Chinese medicine in both early and medieval periods. Four manuscripts excavated at Mawangdui tomb 3 (buried 168 BCE) and Zhangjiashan tomb 247 (c. 186 BCE) in Hunan and Hubei respectively (the former kingdom of Chu 楚), describe eleven *mai* “channels” that chart the course of diverse physical phenomena.¹³ These channels have been related to blood vessels, muscular somatography, various types of illness, as well as sensory experiences of the body, including pain, passion and pleasure.¹⁴ Modern scholars, both in China and abroad, were excited to find in the manuscripts what appeared to be early versions of the *jingmai* channels of the *Huangdi neijing* lineage. Indeed, the Zhangjiashan manuscript, *Maishu* 脈書 (Book of *mai* c.186 BCE) is the earliest treatise to set out both principles and practice of acupuncture, if we assume that the art involved piercing the body to normalize a flow of *qi*. But the excavated texts do not link the channels to the viscera and bowels, and have no mention of acupoints or formal circulation of *qi*.

Until recently, a pervasive assumption was that the three *Huangdi neijing* compilations that make up the *Huangdi* corpus (*suwen*, *lingshu*, *taisu*) date to the Warring States and form part of the testimony to a critical transformation of medical ideas due to the work of distinctive medical lineages, rather than evidence of further and separately distinctive medical developments through

the Han.¹⁵ But we must be cautious of dating the excavated manuscripts in their relationship to an unconfirmed dating of the *Huangdi* corpus. Li sets out four critical questions: first, he asks why the tomb owners should collect antique texts; second, he makes the point that it is inappropriate to confuse popular and scholarly works on the *mai*, when it is clear that texts of varying sophistication were simultaneously in circulation; third, he emphasizes the danger in trying to trace lineal developments when there is evidence of many systems of *mai*; and finally he argues that the relative sophistication of the diagnosis seen in Sima Qian’s 司馬遷 (?145–?86 BCE) biography of the Han physician Chunyu Yi 淳于意, co-exists in the Western Han period with a cruder practice exemplified in household medical books excavated from the Chu graves—thus emphasizing medical pluralism.¹⁶

Li provides a labyrinth of charts and references laying out the many different constructions of channel theory which vary in the number of channels, their titles and routes. In his analysis, for example, are the ten lines drawn on a small wooden lacquered figurine (c. 118 BCE) excavated from a late Western Han tomb near Mianyang in Sichuan. One line which traverses the head laterally is unique, with no known analogue in any other source.¹⁷

Li describes a sudden breakthrough around the time of transition between the Zhou and Qin periods (late third century BCE), concurrent with the establishing of the first empire. It is certainly at this time that we find the emergence of a new technical

¹³ For a description and translation of all the manuscripts, see Harper, op. cit., note 9 above.

¹⁴ See Vivienne Lo, ‘The influence of nurturing life culture on early Chinese medical theory’, in Elisabeth Hsu (ed.), *Innovation in Chinese medicine*, Cambridge University Press, 2001, pp. 19–50, *idem*, ‘Crossing the *Neiguan* 內關 “Inner Pass”—A *neiwai* 內外 “Inner/Outer” distinction in early Chinese medicine?’ in *EASTM*, 2000, 17: 15–65.

¹⁵ Yamada Keiji 山天慶兒, ‘The formation of the Huang-ti Nei-ching’, *Acta Asiatica*, 1979, 36: 67–89.

¹⁶ *Shiji* 史記 (Historical Record) Beijing, Zhonghua shuju, 1996, 105 ed., pp. 2751–83. For a discussion of Chunyu Yi’s pulse diagnostics, see Elisabeth Hsu, ‘Pulse diagnostics in the Western Han’, in Hsu (ed.), op. cit., note 14 above, pp. 51–91.

¹⁷ Vivienne Lo, ‘Spirit of stone: technical considerations in the treatment of the jade body’, *Bull. SOAS*, 2002, 64 (3): 124–6.

language, containing all kinds of theories concerned with *mai* underpinned by the framework established by the arts of *shushu*, and different categories of medical practitioners. In traditional histories the origins of acupuncture are intricately worked into the legend of Bian Que, a cult figure associated with a human headed bird. His name, together with the Yellow Emperor and the mysterious Baishi 白氏, “Mr White”, are all listed in the titles of medical literature in the *Hanshu* bibliographical treatise. Apart from mythical figures, Li also identifies scholar physicians in the service of elite households, *yi* 醫, as well as other figures known as *wu* 巫 and a group known as *fangshi* 方士. The epithet *wu* is commonly rendered in English as “shaman” or “spirit medium” and refers to those who specialized in techniques such as incantation designed to communicate with the gods and spirits, as well to aid such skills as divination.

Shuowen, a first-century lexicon, states, *wu zhu ye* 巫祝也, “the *wu* are ‘invocators’”.¹⁸

One of the strengths of Li Jianmin’s study is his analysis of the geography of *mai*: he maintains that the knowledge systems of the *wu* and *yi* differ. One theory places the origin of acupuncture and moxibustion in the Yellow River cultural area of central China, particularly in the Eastern territories of Qi 齊, around modern Shandong, and *materia medica* in the lower reaches of Yangzi river, while decoctions were thought indigenous to the Jiangnan region around modern day Shanghai. Li Jianmin finds that these idealized models are not corroborated by material evidence; the tomb texts on the *mai*, for example, were discovered in the former southern kingdom of Chu 楚, in the lower reaches of the Yangzi valley, whereas the lacquer figurine was found in south-west China at the edge of the foothills of Tibet.

Li emphasizes the differences between *yi*

and *wu*. Empirical medicine practised by *yi*, Li believes, was different to the skills of *wu*. No arrow, he says, can be drawn from the body with incantation. But there is no doubt that medical skills associated with the supernatural ranked equally with medicine based on correlative cosmology. Sima Qian describes how Bian Que receives secret recipes from his teacher, but, as well as texts, he is given a potion, which confers extra-sensory vision so that he can see through walls. The record says that his teacher was “probably not human”. The first emperor is reputed to have executed 460 scholars and ordered that all Confucian classics should be burned in 212/213 BCE, but exempted those on medicine, pharmacy, divination by tortoiseshell and milfoil, and all agricultural treatises—technical matters that were of practical use in his pursuit of power and long life. Some men from Yan 燕 and Qi 齊 advised him on elixirs of immortality, others on the power of the *wuxing*, “five agents”, and its relationship to political legitimacy. Some gave advice on how to hide from evil spirits. Many of his advisors on immortality, alchemy and spirit world were given great privilege.¹⁹ In the clamour for position at court it is easy to imagine how those engaged in a medicine involving the spirits could come into conflict with scholars and literati who also laid claim to serving the elite with very different theories of illness. If Li is justified in describing a polarization of *wu* and scholar physicians on the basis of their professional activities and of the educated elite’s marginalization of those who communed with the spirits, the case is not so clear when we review the research on *fangshi*, a term which covers all kinds of people and a broad range of skills. These *fang* refer to pharmacological prescriptions, to divination or ritual interdiction—a collection of heterodox arts. The status of the scholar

rewarded well for his ability to control spirits and for his dietary and longevity techniques. He collected a large number of followers. *Shiji*, op. cit., note 16 above, p. 1385.

¹⁸ *Shuowen jiezi zhu* 說文解字注, Shanghai, Guji, 1981, 5a, p. 201.

¹⁹ Li Shaojun 李少君, for example, was particularly famous for his medical skill, and was

physicians was largely founded on the possession of *fang*. The *fangshi* “gentlemen of recipes” might be any of those people who generated, used or sold skills based on the myriad techniques labelled *fang*. In the explosion of technical literature of late third and early second centuries BCE, skills associated with popular religion were also documented and so they too are apparently a part of a scholarly medical tradition. Members of elite households in early China were collectors of manuscripts of a technical nature, and participated in the generation and transmission of a wide variety of medical knowledge. What might seem retrospectively to be high and low medical traditions find a common home in their libraries.

Despite Li’s emphasis on the dominance of *shushu* theory as an innovating force, he acknowledges that there is more in the concept of *mai* than observation of the heavens, and that the course of each channel is intrinsically linked to the sites where pulses can be felt. Ancient physicians knew they could examine the condition of the body’s *qi* through the rhythm and qualities of the pulse. In *Maishu* we not only find the first treatise to set out how to pierce the body in order to normalize the flow of *qi*, but also to relate pulse qualities to symptoms emerging on the course of the channels. The last section of the treatise is a single passage that juxtaposes pathological qualities of the pulse such as *ying* 盈 (overflowing) and *xu* 虛 (empty), *hua* 滑 (smooth) and *se* 澀 (rough), *jing* 精 (quiet) and *dong* 動 (agitated), and reflections of a pathological relationship in the channels where one *guo* 過 “over-reaches” or “transgresses” another in some way.

Case histories offer a more comprehensive window onto pulse diagnosis in Western Han times. Chunyu yi’s biography lists records of a learned physician as he roams around wealthy households in the province of Qi 齊 touting his medical skills to the nobility and their servants. A self-proclaimed expert in pulse diagnosis, he

refers to additional pulse qualities signifying depth, size, speed, relative dryness/dampness, clarity and strength.

The growing body of early excavated literature testifies to an association of scholarly medical traditions with divination and numerological techniques (*shushu* culture), with magic, ritual incantation, *yangsheng* 養生 (literally nurturing life) forms of self-cultivation, meditation and prescriptions made up of every conceivable herb, animal and household substance. Self-cultivation, in this context, refers to those techniques broadly aimed at physical cultivation and longevity. The practices documented in Western Han medical manuscripts alone include therapeutic gymnastics, dietetics, breath- and sexual-cultivation. In its focus on preserving and strengthening the body, *yangsheng* constitutes an important branch of medical literature. In Li’s theory about the three stages of evolution of the *mai*, he places the influence of *yangsheng* 養生 after the phase in which astrologers and ritual specialists ordered and differentiated the body according to the movements of heavenly bodies. Self-cultivation pursuits of the early Chinese elite constitute a form of seasonal regimen, designed to adjust human routines to the changing environment of the year. Many are practical measures concerned with hygiene, sleep, diet and physical comfort. *Daoyin* 導引 (leading and guiding), at its most basic level, is aimed at treating pain and keeping all the joints mobile as well as at cultivating inner *qi*, the essential “stuff of life” that animated and invigorated the body.²⁰ Li demonstrates how the concept of *qi* travelling through *mai* was ultimately clarified in self-cultivation practice, where adepts would consciously project and rotate it around the body.

There is evidence in the excavated manuscripts of a medical tradition led and shaped by bodily experience, rather than clinical observation. Recording the course

²⁰ See Lo, op. cit., note 14 above.

of pain, as well as other phenomenological perceptions of the body, played an important role in laying out the pathways of the *mai*.²¹ To emphasize the contrast with Chinese ways of knowing the body, Kuriyama describes how each culture privileges different styles of seeing. He argues that complexion diagnosis, the art of seeing disharmony in the aura of the face, was rooted in botanical metaphors long established in the language and culture of early China. Like the blossom of a flower, the complexion was the visible expression of the strength or weakness of the underlying organism. Kuriyama distinguishes between haptic knowledge in the different traditions. Contrasting palpation of the *mai* and the knowledge of the pulse that begun in the Greek medical tradition, he emphasizes how the most immediate experience of the body is constantly subject to a relationship with theoretical preconceptions distinctive to a particular culture.²²

Li Jianmin takes a fresh look at the development of new tools, such as those described in 'jiu zhen lun' 九針論 (Nine Needles treatise) of the *Huangdi neijing lingshu*. It has been thought that the emergence of drawn metal needles such as the *hao zhen*, fashioned to be "as thin as an autumn hair", ushered in a new age of medicine where treatment at finely located acupuncture points replaced the cruder lancing stones. Li, characteristically, provides us with a more complex picture in which many forms of body piercing and tools appropriate to different practical contexts co-existed, and were permeated with priorities based in the arts of calculation. Much of the therapy detailed

in the *Huangdi neijing* compilation, amounts to little more than petty surgery, blood-letting and massage. Only the *haozhen* 毫針, the *chanzhen* 鏤針 and the *yuanzhen* 員利針 "round sharp needle" of the "nine needles" were used to pierce the body to influence conditions of *qi* pathology.²³

For Li Jianmin the significance of the Nine Needles treatise is that it shows how the priorities of "the arts of calculation" are worked out in the minute details of practice. Each of the nine needles corresponds to numerological sequences attributed also to parts of the body: the first resonates with the skin, the second with the flesh, the third with the *mai*, the fourth with the sinews, etc. The more subtle needles can move the spirit.

Li Jianmin starts with the framework for a metaphorical body that was determined by the ceremonial priorities of governance, the *mai* were enlivened and invigorated by the practice of circulating *qi* in self-cultivation, and calculated by the "gentleman of remedies" working in the technical arts. If the idea of channels arose in an accumulation of knowledge about the pulse, in theorizing about the experience of pain, pleasure, and emotion, the systematizing of numerical priorities came with the pervasive influence of *shushu* culture. The number of pulses, routes of *mai*, viscera and bowels, orifices, the circulation of *qi*, and medical equipment, every nook and cranny of the human body and its physiological processes were calculated down to the very last digit. With the combination of observation and experience of the body and a numerological certainty legitimized by the movements of

²¹ Vivienne Lo, 'Tracking the pain: *Jue* and the formation of a theory of circulating *qi* through the channels', in *Sudhoffs Archiv*, 1999, Bd 83: 191–211.

²² Shigehisa Kuriyama, *The expressiveness of the body and the divergence of Greek and Chinese medicine*, New York, Zone Books, 1999; see also Sarah Allan, *The way of water and sprouts of virtue*, Albany, SUNY Press, 1997, and Catherine

Despeux, 'From prognosis to diagnosis of illness in Tang China', in Vivienne Lo and Christopher Cullen (eds), *Mediaeval Chinese medicine* (forthcoming).

²³ Yamada Keiji, *The origins of acupuncture, moxibustion and decoction*, Kyoto, Nichibunken: International Research Centre for Japanese Studies, 1998.

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heaven and earth, the *mai* became the final territory of life and death, upon which physicians could not only diagnose and

treat most disorders of the human body, but also predict the course and outcome of every illness.