

Paul U. Unschuld, *Chinese Life Sciences: Introductory Readings in Classical Chinese Medicine* (rev. ed. of *Introductory Readings in Classical Chinese Medicine*, 1988). Taos, New Mexico: Paradigm Publications, 2005, xii, 475 pp.

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The 2005 re-edition of Paul Unschuld's 1988 *Chinese Life Sciences: Introductory Readings in Classical Chinese Medicine* is a particularly welcome initiative by Paradigm Publications. When the book was first published it was unique in its genre; and at the time of its second edition, it still has no equal.

This book is a primer for English-speaking students interested in Chinese medicine and it follows the general rules of any primer. It is made up of lessons, vocabulary lists, Pinyin transcriptions with tone markers, English translations, a glossary, and an annotated bibliography which has been updated for this second edition. The book was conceived to fill the gap in textbooks for foreign students studying Chinese Life Sciences at a time when an increasing number of people were developing an interest in Chinese medicine. This interest was either in clinical practice or academic research, as medicine, in general, became increasingly recognized as an important crucible of knowledge relevant for research in the humanities. The aims of this primer are thus twofold: on the one hand, it seeks to give students the linguistic tools to allow them to work directly with Chinese primary medical sources; on the other, to teach the basic principles underlying Chinese medicine by relying on a set of primary texts that the author considers particularly suitable for students.

Based on the author's own teaching experience, this primer brings together sixty excerpts, selected from thirty-two medical books, written during the last two millennia. These excerpts are presented in ten lessons to illustrate common themes: general values of Chinese medicine, structure and functions of the organism, pathology, general principles underlying diagnostics or treatments, and so on. Each lesson, illustrated by six different primary texts, begins with an abstract

of the theme addressed in the lesson. As the author recalls in his introductory notes, six excerpts are far from sufficient to illustrate the concepts and principles in all their subtlety and depth. The author therefore gives a short overview of the themes addressed, and refers his students to other works written by him for a fuller understanding of the historical, social and cultural background of many of the concepts dealt with in the primer. This short introduction is followed by a vocabulary list of the key terms found in each text.

In the first lesson, which relies on the most ancient Chinese texts to have been transmitted in the written tradition and on texts produced in the twelfth and sixteenth centuries, we study some of the general values that underlie medicine in China: the paradigm of systematic correspondence that considers human life as an integral aspect of the all-embracing workings of fundamental laws of nature; the subsequent idea that humans should adopt a way of life that respects these laws of nature, at the risk of losing bodily harmony and falling sick if they do not; and in this predictable interpretation of health and disease, the emphasis put on prevention. From the texts written in medieval China, we see also how medicine was not viewed as a field of knowledge separate from the other fields of knowledge that reflect on man and society, but, on the contrary, drew largely on classics such as the *Book of Change* and Confucian writings.

The second lesson provides basic tools for understanding how the body was understood in Chinese medicine from the earliest theories until the introduction of Western anatomy. The different texts used in this lesson give descriptions of the parts of the body—palaces and depots, conduits and vessels, and so on—and their assumed functions within the organism. Two texts focus on two parts of the body for which there was no anatomical evidence, the triple burner and the gate of life, which gave rise to long-lasting controversy among medical thinkers. From the texts selected in this lesson, we see how the understanding of the structure and function of the human body was grounded in the observation of the natural and the social environment, even if, as was very likely, the ancient authors knew the anatomical composition of the body. The last text in this lesson narrates precisely how capital punishment provided opportunities for observation and new hypotheses.

The third and fourth lessons introduce some of the causes that were believed to lead people from good health to sickness. In addition to the belief that disease results from human behavior contrary to the laws of nature, these texts put the emphasis on the general idea that evil or deviant (*xie* 邪) *qi* enters the main conduits, invading the palaces and depots, thereby generating diseases that eventually spread to all the parts of the body. At the origin of such intrusions, there might be three different main causes: internal (the seven affects), external (the six excesses of climate) and the causes that are neither internal nor external. A further fourth cause was a particular condition of depletion in the human body. Lesson four puts the emphasis on particular causes that were thought to lead to specific ailments. All these texts bear testimony to the dominant representation that, whatever the cause, once bodily harmony was disrupted, the disease would

spread within all the interconnected parts of the body and circulate in a foreseeable way—an idea illustrated in Bian Que's biography, which is the only text included in this primer that is not a medical text.

Lessons five and six discuss the general principles underlying the diagnosis of disease in humans and how to perform good diagnoses. Pulse diagnosis, in its theoretical and practical aspects, is treated separately in lesson six. From the texts drawn together for these two lessons, we learn that the first goal for a physician was to deduce from his patient's verbal description, complexion and pulse where the disease was, where it had originated from and where it was moving to. It was also his job to differentiate disease *bing* 病 from the pathological conditions *zheng* 症 generated by the disease. The texts in these lessons illustrate how one could succeed in these tasks. They describe the four stages in making a good diagnosis and, as an aside, refer to the controversies that arose in the course of history about the sequential order in which a physician should perform them.

The last four lessons focus on treatments used in Chinese medicine—lesson seven centering on their general values, lessons eight and nine on drug use and lesson ten on needling or acupuncture. The texts selected in these lessons thus shed light on the major healing strategies that were adopted by literate physicians in the course of history. They notably underline how the needling and pharmaceutical approaches were understood by medical thinkers, and how and when these therapeutic approaches were integrated into the science of systematic correspondence. The texts also underline that if etiological or physiological beliefs were controversial topics among physicians, treatment, in particular, was at the center of fierce debate. While physicians all agreed that the identification of a disease was the first step in the curative process, they often disagreed, however, on which therapeutic solutions should be provided. This is illustrated here in texts advocating particular methods for treating illnesses and those contesting the established order, and more generally by the criticism formulated in nearly all these texts that physicians habitually misunderstood the complexity of drugs and prescriptions, using them in wrong and dangerous ways. Another criticism, appearing in two of the texts and directed toward physicians who used the needling strategy, was that of ignoring the traditions that had once made this healing practice particularly useful.

On the whole, this primer gives a good introduction to some of the major concepts and practices used in Chinese medical history and to the vocabulary typically used in Chinese medicine. It succeeds, I think, in highlighting the fact that medicine in China was not a monolithic, unchanging system of thought that has so often been described in works intended to introduce Chinese medicine to Westerners. The texts selected for the purpose of this primer underline the fact that medicine in China not only consisted of a set of theories and practices that evolved continuously over time, but also of theories and practices that conflicted with each other, giving rise to fierce debate between medical thinkers. These tensions appear very clearly in the literature selected from the late imperial period. Maybe this historical change could have been shown in a clearer way if the

dates of the excerpts selected in each lesson were reproduced on the same page as the Chinese excerpt, rather than being mentioned only once in the first pages of the book. Similarly, it would have been useful to have a short note about each author in order to better contextualize the literature selected and qualified by the author as “classical”.

Regarding terminology, this book introduces the meanings of more than two thousand different characters, including general and medical terms. As the primer does not introduce the basic principles of classical Chinese, nor provide explanations of how to write the characters, we remain skeptical that novice students of Chinese will benefit from it. However, this primer will be very useful for teachers as well as for students in undergraduate and graduate classes.