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Essay Review

The Territory between Life and Death

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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 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.

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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* (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* (cansistent, together with *jingluo* (struct, fundamental concepts common in the canonical treatises of Chinese acupuncture theory, *Huangdi neijing* (the Yellow Emperor’s Inner Canon), have been translated “conduit”, “meridian”, “circulation tract” and “vessel” as well. Then there are the *dongmai* (moving, literally the “moving” *mai*, not to be too closely associated with the “pulses” of Western medicine, and finally *xuemai* (blood *mai*) or *baimai* (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*. 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 numerical 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* (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. 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

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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. A cherished view was that the replacement of bian 碧 (stone lancets) and other crude stone implements with finely drawn metal needles was the catalyst that stimulated a new age of medical sophistication. 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 数術 (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-calenndrical 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. 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. His work follows in the wake of those

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6 Lu Shouyan 陸瘦燕, Lu Shouyan Zhenjiu lun zhu yian xuan 陸瘦燕針灸論著彙選 (Lu Shouyan's Selection of Acupuncture Cases), Beijing, Renmin weisheng, 1984, p. 1.
8 Li Jianmin, ‘Suibing yu changshuo: chuantong yixue dui suibing de yi zhong jieshi’ (Demonic Illnesses and ‘Place’: One Explanation of Family Medical Attitudes to Demonc Illness), in Haxue yanjiu 漢學研究, 1994, 12 (1); ‘Furen meidao kao—chuantong jiating de chongtu yu huajie fangshu’ (Women’s Divination: 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’ 中國古代猥方考論 (Examination of ancient Chinese ‘restricted remedies’), in Zhongyang yanjiu yu yanjiu 中央研究院歷史語言研究所集刊, 1997, 68 (1); ‘Wang Mang yu Wang Sunging—ji gongyuan yi shiji de renli kubu shiyian’ (集公元一世紀的人體割割實驗
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. 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 魚和, 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”.

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 Zouli 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 瘟疫, 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 shiling 太史令, responsible for generating the shushu categories in the bibliographical treatises of Hanshu. 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 neiijing 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. Adding to the transmitted canons, newly excavated

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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, Chōgoku shisōkenkyū—iyaku yôseikagaku shisō hen 中国思想研究一藥學養生・科學思想篇 (Study of Chinese Philosophy: Volume of Medicinal Regimen/Scientific Thoughts), Osaka,


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


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. 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. 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. 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 (745–786 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.

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.

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.

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 élite households, *yi* 医, 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 *materiapmedica* 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 élite 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 élite'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

\(^{18}\) *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 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.
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 élite 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 益 (overflowing) and xu 虚 (empty), hua 滑 (smooth) and se 滑 (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 營 (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 élite 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. Daozin 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. 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.

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 銳針 and the yuanlizhen 員利針 “round sharp needle” of the “nine needles” were used to pierce the body to influence conditions of qi pathology.

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

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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.