

## PROLEGOMENA

This is the first of two volumes of an annotated English translation of the ancient Chinese life sciences text *Huang Di nei jing su wen* (short: *Su wen*). In contrast to the available translations, this version is the outcome of a full application of rigorous philological principles. Furthermore, as shall be indicated in detail below, it takes the views of numerous Chinese and Japanese scholarly and clinical authors into consideration so that readers of these volumes will always have a choice between our interpretation of debatable text passages, and the views of others. This translation was not prepared primarily with an eye on the contemporary clinical applicability of its physiological and pathological views, as well as the text's therapeutic advice, provided by the authors of the *Su wen* two millennia ago. Rather, it has been the task of this translation to introduce readers to ideas, and their linguistic expression, developed in the context of the manipulation of the length and the quality of human life in such a way that it lasted as long as possible with minimal physical and mental suffering.

If these ancient ideas are restored to life by our translation they will serve various useful purposes. First, these ideas will lend themselves to a comparison with similar traditions from the beginning of European medicine and may help us to gain a better understanding of "what is medicine".<sup>1</sup> For us to appreciate the basic differences and parallels between the more than two millennia of Western and Chinese medical traditions, access to English translations of the seminal life science texts of Chinese antiquity, unadulterated by modern biomedical concepts

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1 Paul U. Unschuld, *What is Medicine? Eastern and Western Approaches to Healing*. University of California Press. Berkeley and Los Angeles, 2009.

and, is essential.<sup>2</sup> Second, it is only on the basis of such translations that the later development of Chinese medicine can be traced, in particular its recent redefinition as Traditional Chinese Medicine in contemporary China and abroad. The creative reception of so-called TCM in many Western countries has led to a conceptual and clinical reality that is rather distant from its beginnings in Handynasty China. It is through a comparison of today's realities with these beginnings that a real awareness may emerge of the process that Chinese medicine has undergone in its adaptation to the values and requirements of modern times.

Our project of preparing the first philologically rigorous English translation of the *Su wen* began in 1988. Two volumes have now been published by University of California Press; the first examines the origins and the history of the *Su wen*, and offers a survey of its contents.<sup>3</sup> The second is the first dictionary in Western Chinese studies devoted to a single life science text of Chinese antiquity.<sup>4</sup> It gives the meanings of all 1866 Chinese characters in more than 81000 positions forming the text. It includes, as an appendix, the complete Chinese reference text, and on a CD, a concordance.

## I. On the Significance of the *Huang Di nei jing su wen*

During the 4<sup>th</sup> to 3<sup>rd</sup> centuries BCE a new view on nature emerged in China. Comparable to the emergence of a science in the Eastern Mediterranean only a few hundred years earlier, some Chinese philosophers began to perceive regularities in the daily workings of the universe that appeared to be governed by natural laws rather than numinous beings such as gods, ancestors, or ghosts. The assumption that such laws existed became closely tied to a vision of patterned relationships among all phenomena in the world, be they tangible or not. In China, the new world view found its most obvious expression in the theories of systematic correspondence known as Yin-Yang and Five-Agents doctrines respectively. Soon enough, the validity of these theories was extended to an understanding of the human organism. This was the origin of a medicine that developed in sharp contrast to earlier modes of interpreting and manipulating health and illness. There was a novel attempt at health management designed to rely exclusively on natural science in the construction of physiological and patholo-

2 See also, Paul U. Unschuld, *Nan-ching. The Classic of Difficult Issues*. University of California Press. Berkeley and Los Angeles, 1976.

3 Paul U. Unschuld, *Huang Di Nei Jing Su Wen. Nature, Knowledge, Imagery in an Ancient Chinese Medical Text*. University of California Press. Berkeley and Los Angeles, 2003.

4 Hermann Tessenow and Paul U. Unschuld, *A Dictionary of the Huang Di Nei Jing Su Wen*. University of California Press. Berkeley and Los Angeles, 2008.

gical theories, that is, in understanding what came to be considered normal and abnormal functions of the human organism.

For ancient Europe, the emergence of such a medicine is associated with the generation of texts that are widely known as the *Corpus Hippocraticum*. For ancient China, it is seen in the context of writings that were gathered into the textual corpus of the *Huang Di nei jing* and a few parallel compilations, during the first through third centuries CE. The early history of these ancient Chinese literary monuments of a new medicine needs not be recounted here; it has been elucidated in detail in the first volume of our *Huang Di nei jing su wen* project.

The *Huang Di nei jing su wen* constitutes, judged from a perspective of both historians and clinicians, the most valuable source available today, enabling readers to appreciate the intense intellectual dynamics in health care characteristic of the time of the earlier and later Han dynasties, and beyond. With an unclear history of transmission until the sixth century CE, when Quan Yuanqi 全元起 compiled a first commentated edition, the *textus receptus* has been identified by Chinese historians as a work of the Zhou-Qin-Han era since at least the 14<sup>th</sup> century; Chinese researchers of the 20<sup>th</sup> century see the original text as a product of the Han dynasty. Wang Bing in the ninth century rearranged the text, added commentaries, and amended it by another long text the origins of which have not been clearly identified to this day, i.e., the seven comprehensive discourses on the doctrine of the five periods and six *qi*. Finally, in the 11<sup>th</sup> century, an imperial editorial office added further comments and published a printed version of the *Huang Di nei jing su wen* that has remained the authoritative *textus receptus* to this day.

As early as the 14<sup>th</sup> century, the renowned literary critic Lü Fu 呂復, had realized that the *Su wen* was not the work of a single author. Rather, he stated, it combines texts written by numerous authors over an extended period of time. However, this “extended period of time” may, as we recognize today, have lasted for no more than two centuries. In the course of a most productive era, stimulated by the new yin-yang and five-agents outlook on the world, countless scholars, their names lost to posterity, sat down to apply the doctrines of systematic correspondences to many issues requiring an explanation. Many different schools appear to have sprung up, each with their own attempts at reconciling perceived reality with the new doctrines, and it may have been only in a second phase that these schools, confined to oral tradition at first, generated written texts to be distributed over larger geographical distances. The *Huang Di nei jing su wen*, much like the *Huang Di nei jing ling shu* (short: *Ling shu*), owes its existence to compilers who, beginning in the Han dynasty, excerpted text passages from a large pool of separate writings. They chose quotations that they considered representative of specific medical traditions or simply interesting and transformed them into textual corpora, each with its own characteristics and emphasis. The *Huang Di nei jing su wen* is worth special attention because more

than all other compilations of the time it has retained its nature as an anthology. The compilers of the *Su wen*, as the title is generally abbreviated, avoided a complete obfuscation of the diverse origins of the many textual pieces they brought together. As a consequence, today's reader, even without much philological scrutiny, easily recognizes many of the "breaks" separating historical levels, or just indicating the transition from one author's text piece to the next. Conceptual contradictions, such as those between the holistic interpretation of *nue* 瘧 disease (malaria) in treatise 35 and an organ-centered interpretation in treatise 36, as well as differences in dialogue partners, and an oscillation between dialogue and non-dialogue chapters, all point to the compilers' reluctance to generate a monolithic, homogenous text. The application of philological expertise has brought to light many more such breaks and transitions. The heterogeneity and homogeneity of text parts are often obscured by editorial devices linking different text parts, by the intended as well as unintended re-arrangement of textual segments, by the integration of formerly separate commentaries into the main text, and by changes in pronunciation over time which makes it difficult to recognize the rhyming structure of text passages, to name the most common elements contributing to the internal structure of the *Su wen*.

No attempt has ever been made to prepare a philologically correct English translation of the *Su wen*, nor has an attempt been made to make the heterogeneous structure of the *Su wen* visible. The two volumes of an annotated English version of the *Su wen* presented here are meant to change this and to offer a quality of translation and annotation that will enable, for the first time, a wide range of readers without command of classical Chinese to conduct a comparative research on ancient Chinese and European medical classics. The following are the basic principles we have observed in the pursuance of our task.

## II. Principles of Translation

### 1. *On Methodology*

It is a perfectly legitimate approach to re-examine the concepts and practices of health care of Chinese or European antiquity in the light of a 21<sup>st</sup> century understanding of human biology, and hence to rewrite ancient medical texts with a vocabulary based in modern biomedical notions. Such an attempt at re-contextualization may be helpful to those who are convinced of the truth of their current views and are eager to verify these views in the sources of the past. It is equally legitimate to strive to bring to light the ideas, theories and facts held and expressed by ancient authors on their own terms. For historians of ideas, and even for some clinicians of so-called Traditional Chinese Medicine, it should be of primary interest to reconstruct the perceptions of health and

disease held by intellectuals of two millennia ago, and to ask what it was that shaped their thoughts and knowledge. This approach takes ancient literary (and other) sources seriously as such. It does not isolate them from their literary and cultural environments. Rather, it interprets them as indicators of an environment to which one otherwise has no access. It is only through such an approach that the history of culture in general, and of ideas and knowledge in particular can be written. And in the case of Traditional Chinese Medicine, it is only through this approach that the divergence of the present from the legacy of the past can be identified clearly.

This second approach lies at the basis of the translation of the *Su wen* as presented here. In fact, a translation, in our view, is worth its name only if it strives to reproduce a text in a target language as close to its original format and meaning as possible, without omissions and anachronistic interpretations and additions. We believe that an application of this principle is particularly justified in dealing with a text like the *Su wen*. Its origin lies more than two thousand years in the past. Many of its passages allow for different interpretations as to what the authors may have meant to say and what facts they were actually referring to. A translation such as ours demands a reader interested in obtaining a most faithful (albeit occasionally incomplete) image of the contents and structure of the original text. Our aim is to make the ideas, theories, and practices laid out in the text fully visible and conceivable again. However, it is not the translator's primary task, instead it is the reader's task, to reconstruct the ideas, theories, and practices laid down in the text. Where necessary, the translator may, of course, based on an intimate understanding of the text and its original cultural environment, offer his or her own views, separate from the translation, in footnotes or appendices.

While this may be the ideal approach, no translation that is intended to be readable can do without interpretative definitions and additions, and even if one intends to focus exclusively on the material and conceptual background of the time when the text was written, such definitions and additions will be projections that can never be entirely free of modern knowledge and concepts. We are fully aware of this dilemma and have identified as many such projections as possible in our translation. This includes the juxtaposition, in the footnotes, of our final translation with possible alternatives as seen by ourselves, or offered by Chinese and Japanese scholars.

The identification and translation of the technical terms of the text posed particular difficulty. It was our intention to use English equivalents intended to be as close as possible to the images conveyed by the original Chinese terms. That is, concomitant with the approach outlined above, we have not attempted to replace ancient Chinese technical terminology with modern biomedical terminology. For one thing, ancient Chinese technical terms are by no means so sufficiently well-defined for us to succeed with a one-to-one translation. Second, such an approach would obscure the original notions that determined the emergence of

certain Chinese technical terms out of every-day language, most often through a metaphorical expansion of their initial meaning. The Chinese term *jing* 經, to be further discussed below, may serve as an example. The original literal meaning: warp of a loom, had already been long left behind in the usage of *jing* as a medical technical term. Hence we did not deem it suitable to recreate in our translation the earliest known significance of the term.

In a few cases, no English equivalent matches a Chinese original. This is either because the Chinese original has too many meanings to be expressed by a single English term, or because the original meaning remains too nebulous. Examples are *qi* 氣, but also Yin 陰 and Yang 陽. In these cases, we have chosen a *pinyin* transliteration based on current standard pronunciation. We are aware of a widespread hesitation to translate certain anatomical terms, such as *xue* 血 or *gan* 肝, with their English morphological equivalents blood or liver, respectively. The different physiological and pathological functions assigned to these and other fluids and tissues in ancient China have led many to prefer a *pinyin* transliteration over a literal translation. Our approach here takes a different path. If a morphological-anatomical unit has been identified as such in the Chinese text, it is translated with its vernacular equivalent in English. Functions assigned do change over time, and it is to be expected that a reader of a historical text will be aware of this. Hence *bi* 鼻, *mu* 目, *er* 耳 are translated with their vernacular English counterparts nose, eye, and ear, and the same applies to *gan* 肝 liver, *xue* 血 blood, and *nao* 腦 brain. The ancient Chinese naturalists had a very clear perception of nose and eyes and of liver and blood as distinct morphological/physical entities. But even a cursory reading of the text shows that the functions assigned to these entities in the ancient Chinese interpretation of the organism differ from today's understanding. It cannot be the task of a translation to reflect these dynamics by modifying the morphological terminology. The physiological concepts we associate with blood at the beginning of the 21<sup>st</sup> century differ greatly from the established knowledge of even as short a time ago as the 19<sup>th</sup> century. Still, we continue to speak of blood as far as the morphological fact is concerned. The same should apply to a translation of ancient Chinese morphological designations.

The following may serve to elucidate how we arrived at our choices in view of some particularly problematic instances.

## 2. Individual Terms as Examples of Uncertainties as to which Translation Is Most Appropriate

### 2.1. *jing* 經

As pointed out above, the original meaning of *jing* 經, warp, had already given way in literature contemporary with the *Su wen* to metaphorical expansion expressing the notion of “passing through” and “main supporting structure”, as well

as “vertical“. In the ancient Chinese view of human morphology and an assumed network of vessels as the foundation of organism’s physiology and pathology, the term *jing* 經 appears to have been chosen to denote the “main vessels”, *jing mai* 經脈, passing through the body (seen from a standing position) vertically. These are distinguished from the so-called “network vessels”, *luo mai* 絡脈, that were believed to mostly permeate the body horizontally. This is attested by many *Su wen* passages where the terms *jing mai* 經脈 and *luo mai* 絡脈 serve to denote these two types of vessels.

Five times in *Su wen* 62 and six times in different chapters of the *Huang Di nei jing ling shu*, a term *jing sui* 經隧 is used. Seen together with *jing mai* 經脈, *jing* 經 appears here merely as an adjective “main” (or “vertical”). *Jing mai*, then, would read “main (or: vertical) vessel”; *jing sui* would read “main (or: vertical) tunnel”. The latter term is of particular interest as it seems to clearly express a notion of tube-like structures in the body where qi and blood are assumed to flow. Nevertheless, a meaning of *jing* 經 as “path” is attested since the Late Han era too. This suggests that an expression such as *shi yi jing* 十一經 is not merely an abbreviation of *shi yi jing mai* 十一經脈, “11 *jing*-vessels”. Rather, we may read *jing* 經 as incorporating the meaning of the path of qi and blood. The long-established translation of *jing* 經 as “conduit(s)” that we continue here is an approximation. It fails to distinguish the *jing* 經 clearly from the *luo* 絡 as the latter are obviously defined as conduit-transmitters of qi and blood, too. We have chosen “conduit” in the sense of “main conduit” in our translation of *jing* nevertheless. This is because the *Su wen* does not permit a clear definition of *jing* 經 as meaning either “vertical” or “main structure”. It may well be that *jing* 經 was then perceived as combining both these meanings. A certain hierarchy is achieved by translation of *luo mai* 絡脈 as “network vessels”, that is, second-degree vessels serving as links between the main vessels.

## 2.2. *du mai* 督脈 and *ren mai* 任脈

These terms denote vessels passing through the back and front side (i.e. the yang and yin side, respectively) of the human body in a central line from head to genital organ. *Du* and *Ren* are terms borrowed by Han dynasty medical authors from the arena of state administration. *Du* vs. *ren* is the only pairing that has been rendered in English with a complete metaphorical equivalent for some time already; as is to be expected not by Chinese but by Western authors. Birch and Felt in their *Understanding Acupuncture* have chosen “governing vessel” vs. “controller vessel”. The terminology chosen in our translation is “supervisor vessel” vs. “controlling vessel”. One may assume that well-established hierarchical differences between administrative positions of *du* and *ren* stimulated Han dynasty authors to select this pairing in naming two important conduit vessels.

*Du* and *ren* signify tasks in an administration. Charles O. Hucker identifies *du* as “most commonly signifying that, without giving up his regular post, an official had been delegated to take temporary charge of another post.”<sup>5</sup> One may detect mobility, and hence a *yang* quality, in “taking temporary charge of another post”, but *ren* as the opposite can hardly be identified as a more stable position. Hence the choice of these terms may have been led by other considerations. Rather than choosing a pairing that suggested “movement” vs. “non-movement” to Han dynasty readers, two administrative terms were selected that reflect different echelons in a bureaucratic hierarchy. *Du* was definitely a higher ranking official than *ren*. A *du* could be in charge of, for example, an army division. A *du* was a leading position, such as a supervisor, or a general. In contrast, *ren* has the meaning “to shoulder”, “to shoulder a task”, “to assume an official position”. A *ren* could be any lower official who was simply in charge of controlling the execution of some ordinary task.

*Ren mai* 任脈 is widely translated in TCM literature as “conception vessel”. This interpretation is based on the fact that the *ren mai* is associated with functions of conception and pregnancy. Also, in non-medical literature, 任 is sometimes used in place of 妊, “pregnancy.” However, the pairing of two metaphors selected from bureaucratic terminology appears to us much more convincing than the naming of one vessel after an office in bureaucracy, and the other after an alleged physiological function. The general principle in choosing terms for these pairings appears to have been to select two terms from one arena of public life known to all potential future users of these terms. The two terms chosen had to be rather close in their meanings, with a difference that enabled one to associate one of the two with a *yang* and the other with a *yin* meaning. The metaphorical rationale of juxtaposing *du* and *ren* in the context of human physiology seems to have been one of acknowledging a higher rank of *yang* phenomena in comparison with *yin* phenomena.<sup>6</sup>

### 2.3. *fu* 府 and *zang* 藏

Apparently, the Yin-Yang-Doctrine encouraged its followers to distinguish among functions and tangible components of the human body as being either of the *yin* or of the *yang* category. Thus, among the organs they expected to find some with a *yin* nature, i.e., those seen as quietly hiding their contents in the depth of the organism for a long time, and others with a *yang* nature, i.e., those associated with brief storage, passage, and location in the exterior of the human body. Hence, at least since the compilation of the *Huang Di nei jing* texts, *fu* 府

5 Charles O. Hucker, *A Dictionary of Official Titles in Imperial China*. Stanford University Press, Stanford, California, 1985, 535.

6 Paul U. Unschuld, Yin-Yang Theory, the Human Organism, and the *Bai hu tong*. A Need for Pairing and Explaining. *Asian Medicine*, in press.



and *zang* 臧 (in modern writing with the radical “flesh”, 腑 and 臟) signify two groups of human/animal organs based on such reasoning. These are lung, heart, spleen, liver, and kidney(s) as the five *zang*, and stomach, gallbladder, small intestine, large intestine, bladder and a morphologically non-verifiable organ named *san jiao* (“triple burner”) as the six *fu*.

While it is quite clear what *fu* 府 and *zang* 臧 signify in non-medical contexts, the selection of just these terms in ancient China for morphological and physiological purposes, and their translation into English as “palace(s)” and “depot(s)” may require some explanation. In late Zhou and early Chinese vernacular language, both terms were used to refer to what one might call places of storage, such as granaries, depots, or reservoirs. *Fu* may have been places where funds, documents, victuals, and other items required by a bureaucracy, were stored temporarily. *Zang* were places to hide away particularly valuable, precious items. Such a reading of non-medical usage seems to parallel the distinction provided in *Su wen* 11, where the 6 *fu* are said to receive the more solid *qi* which they do not store for long but quickly release. In contrast, the five *zang* store the finest *qi*, which they do not normally or easily release. That is, the terms *zang* 臧 and *fu* 府 were chosen as suitable because they carried the same basic meaning of storage but allowed a distinction to be made between alleged yin and yang natures of the organs.

There are no English terms to express conveniently using two single words this *fu-zang* antagonism of short-term and long-term storage, of transitory storage vs. fixed storage. *Zang* could be translated as “treasury” or “depository”, or, as we have chosen, “depot” to approach the notion of a long-term storage. For *fu*, though, it is impossible to find a matching term. Also, during the late Zhou and early Han dynasty, the meaning of *fu* underwent an expansion from short-term storage facility to also signify venues of administration, and subsequently a palace where an administrator resides. A hint at this expansion of the meaning of *fu* is given in *juan* 8 of Ban Gu’s 班固 *Bai hu tong yi* 白虎通義 of 79 CE. The relevant paragraph appears to have been written to help readers to ground certain moral values in human physiology and at the same time explain the specific relations between *zang* and *fu* organs. Apparently, at the time of the *Bai hu tong yi*, the designations of the two groups of organs in question, and their respective functions, already required an explanation. The interpretation chosen was one of considering the five *zang* as fulfilling central administrative functions in the body’s economy, while the *fu* were seen as supporting units. The problem facing the authors of the *Bai hu tong yi* was how to reconcile their physiological understandings with the terms *zang* and *fu* that no longer exactly fit them. The image chosen is that of six *fu* as “palaces” (the text speaks of *gong fu* 宮府), each of which is attached to a *zang*. In view of this supplemental socio-metaphorical pairing and because of semantic ambiguity becoming associated with the term *fu* in the course of the Han era, one of us (PUU) has long ago chosen to refer

to both metaphorical pairings by translating *fu* as palace and *zang* as depot. For want of a more convincing alternative, we have continued this choice.

#### 2.4. *mu* 募 and *shu* 俞

*Mu* 募 and *shu* 俞 are designations of needle insertion points on the front and on the back of the human body. In current English acupuncture literature they are commonly rendered as “alarm” and “transportation” points respectively. The original pairing of these terms reflects, in our view, once again a yin-yang distinction. *Mu* 募 means “to levy”, “to collect”, which is a yin function that is to be expected for needle insertion holes located on the yin side, i.e., the front of the body; *shu* 俞 means “to transport”, “to move” things. This is a yang function as one would expect due to its association with needle insertion holes located on the yang side, i.e., the back of the human body.

#### 2.5. *rong* 榮/*ying* 營

The compound *ying qi* 營氣, widely translated as “constructive *qi*” in Western TCM literature, is seen once in the *Su wen*; the compound *rong qi* 榮氣, literally “flourishing *qi*”, four times. More often *ying qi* 營氣 appears in the *Ling shu* and in the *Tai su*, at locations similar or identical with those of 榮氣 in the *Su wen*; *rong qi* 榮氣 does not appear in these compilations. One may assume that both writings were in use in ancient China. The question is which of these alternatives should be preferred in making a literal translation.

Both *rong qi* 榮氣 (or simply *rong* 榮) and *ying qi* 營氣 (or simply *ying* 營) appear regularly in a pairing of terms with *wei qi* 衛氣 (or simply *wei* 衛). The meaning of the latter is unambiguous. *Wei* 衛 is a Chinese term for “to protect”, “to guard”, and “a guard”. *Wei qi* 衛氣, then, is a “protecting *qi*” or “guard *qi*”. In view of the pairings examined above and the parallel passages in the *Ling shu* and in the *Tai su*, we have preferred to read *rong qi* 榮氣 as a variant of *ying qi* 營氣. Further research may examine whether the former is a variant of the latter only in medical contexts, or perhaps is preferred because of a taboo on the latter. *Rong qi* 榮氣 and *ying qi* 營氣 therefore appear in our translation as “camp *qi*”. Both *ying* 營 and *wei* 衛 are military terms. The military here includes troops that guard through patrolling and others that wait in camps to be mobilized for action. These two functions may serve to denote two types of *qi* believed to exist in the human body to protect the organism and ward off intruders. The patrolling guards *wei* 衛 were seen as fulfilling a yang function, the stationary, walled-in troops in a camp *ying* 營 were seen as ideal to signify a yin function. Hence the meaning denoted in the pairing of *rong qi* 榮氣 / *ying qi* 營氣 and *wei qi* 衛氣 is “guard *qi*” and “camp *qi*”, respectively.

### 2.6. *ji* 肌

This term is commonly translated as “muscle(s)”. Some modern authors concluded that *ji* 肌 and *rou* 肉 refer to the same morphological entities, and suggested translating *ji* from ancient texts always as “flesh”. The usage of the terms in the *Su wen* does not confirm this view. In many passages *ji* 肌 and *rou* 肉 appear together. They may have been deemed to be closely related, and yet rather than being used as synonyms they apparently were meant to denote different entities. *Su wen* 1-5-6 is an example. The text states: “Sinews and bones prosper in abundance, muscles and flesh are full and strong”. To be sure, none of the four terms *jin* 筋, *gu* 骨, *ji* 肌 and *rou* 肉 is defined unambiguously, and they may not refer to the morphological structures of sinews, bones, muscles, and flesh respectively as understood today in one-to-one correspondences. Nevertheless, the vernacular English terms chosen here may come closest to what their Chinese equivalents were chosen to express in antiquity.

### 2.7. Names of Needle Insertion Holes, *xue* 穴

An enigma unsolved to this day is the origin and, in quite a few instances, the meaning of terms assigned by ancient Chinese authors to the *xue* 穴, that is, to holes in the skin deemed suitable for needle insertion. The *Su wen* offers names that appear to have been introduced prior to the Tang era. During the Tang era, Wang Bing, in his comments, mentioned further designations of *xue* 穴. We have not been able to identify a general rationale underlying all the pre-Tang and the Tang terms. Some of them go back to human and animal morphology, others are metaphors borrowed from geographical structures or administration, still others do not lend themselves to any meaningful categorization. We have considered various hypotheses such as, for example, that at least some of these terms are transcriptions of terms loaned from a foreign language. In our translation of these terms we have sometimes deviated from established English renderings. Nevertheless, various English readings are possible in several cases.

## 3. *Individual Terms as Examples of Translation Difficulties: Alternative Meanings of the Same Term*

### 3.1. *qi* 氣

It would be futile to search in Chinese for a conceptual equivalent to the European “spirit”, as there is no Chinese term that could be used to include meanings ranging from Holy Spirit to methylated spirit. Similarly, the Chinese term *qi* 氣 has incorporated in the course of its two-millennia-long existence numerous conceptual layers that cannot be expressed by a single European word. Its late emergence in Chinese script in the final phase of the Zhou era, and its graphical composition suggest that the character was introduced to denote vapors, possibly in an early physiological context those vapors associated with food. Soon

enough, the significance of the new graph was extended to include a wide range of phenomena among which, at least from hindsight, a clear demarcation appears impossible. We may assume that *qi*, despite its many diverse applications, always referred to a vague concept of finest matter believed to exist in all possible aggregate states, from air and steam or vapor to liquid and even solid matter. In the absence of a conceptual English equivalent, *qi* 氣 is one of the very few Chinese terms we have chosen to transliterate rather than to translate. It should be noted that the interpretation of *qi* 氣 as “energy”, so widespread in TCM literature today, lacks any historical basis.

Some passages in the *Su wen* may tempt one to assign a specific meaning to *qi* 氣 and translate accordingly, for example: “breath” in phrases such as *shao qi* 少氣 or *qi shao* 氣少 (“short of breath”). Even in such instances one cannot be sure to what degree such a translation is appropriate. The phrases quoted may denote shortness of breath and at the same time conditions that are associated with a shortage of *qi* in the organism. Hence we have avoided a more specific translation here too.

### 3.2. *bing* 病

*Bing* 病 is found in the *Su wen* to denote two different concepts that may or may not have been recognized as such by the authors of the respective text passages. *Bing* appears in contexts suggesting a meaning of being ill from the perspective of a patient, and it was used in other contexts to denote what medical theory believes to be the pathological change or dynamics in an organism underlying visible or otherwise noticeable signs. These differences could be expressed through translations such as “to suffer from”, or “suffering”, “ailment”, “illness” in terms of the feelings of a patient and the assessment of his status by his lay environment. The perspective of the trained physician on the patient’s inner condition is now commonly expressed in English with the terms “disease” and “to have a (specific) disease”.

Often the text mentions what we might call symptoms or “indicators”, as we have preferred to translate the Chinese term *hou* 候, and then offers the name of the pathological state responsible for these signs. In such cases, the translation of *bing* 病 as “disease” is unproblematic. In other passages, an alternative translation, “to suffer from,” is more plausible. The context of *bing* 病 in the *Su wen* does not always make it clear which of these meanings may have been intended. This is particularly true for the so-called seven comprehensive discourses developing the theories of five periods and six *qi* in *Su wen* 66-71 and 74. In these cases we have preferred the more neutral meaning of “illness” emphasizing the lay person’s perspective. It appears less imbued with theory.

3.3. *mai* 脈

“Blood vessels”, Donald Harper concluded in his analysis of the Mawangdui manuscripts of the late 3<sup>rd</sup> to early 2<sup>nd</sup> century BCE, “are the obvious original referent of *mai* 脈. ... As vessel theory developed, what held vapor was not clearly distinguished from what held blood”. By the time that the *Su wen* texts were written, beginning with the 2<sup>nd</sup> and 1<sup>st</sup> century BCE, Chinese medical physiology and pathology had passed through its most creative and dynamic initial phase of conceptualization. The Yin-Yang and Five-Agents Doctrines of systematic correspondence had entered, at least on the level of theory, diagnosis and treatment. The simple mechanical diagnostic criteria recorded in the Mawangdui manuscripts for assessing the status of the vessels gave way to complicated parameters requiring a detailed examination of the flow of *qi* and blood in and along these vessels. Apparently, the use of the term *mai* 脈 was extended to embrace a second referent to meet the new requirements. In the *Su wen*, *mai* 脈 denotes two related but nevertheless separate concepts. These are, first, assumed diverse morphological structures believed to be passage-ways of blood and *qi*, and, second, certain attributes of movements in, or associated with, the vessels to be discerned through vessel diagnosis.

In most instances, context and also early commentaries leave little doubt as to which of these two referents is meant in the usage of *mai* 脈. We have translated *mai* 脈 accordingly either as “vessel(s)” or as “[movement(s) in the] vessels”. In a few passages even early readers could not be certain as to which of the two meanings was intended. An example is the beginning of *Su wen* 7 where the text speaks of *se mai* 澀脈, “rough [movements in the] vessels” or “rough vessels”. Any translation choice here will remain debatable.

## 3.4. Identical Terms Used for a Morphological Structure and an Insertion Point (“hole”)

In some cases, the designations assigned by ancient Chinese authors to needle insertion holes are identical with the designations of morphological structures that are used in other contexts too. In most instances it is clear whether a compound term is meant, in a particular statement, to designate a specific needle insertion point. In such cases we have capitalized these designations. Where we were not so sure, we have preferred to identify such terms as designations of morphological structures, and have refrained from capitalization.

Finally, we wish to point out that we have striven to always use the same word in English for translating a Chinese term. We have chosen different English words only if we were certain that one and the same Chinese term was used in different contexts of the *Su wen* to signify clearly distinguishable meanings.

### III. Textual Structures in the *Su wen* Translation

#### 1. *Textus Receptus* and Predecessors

The present translation of the *Su wen* is based on a version of the received Chinese text derived from different ancient and more recent editions of the *Huang Di nei jing su wen*. Where necessary, notes attached to the translation explain our textual choices. The currently available Chinese edition closest to our reference text is the *Huang Di nei jing su wen* 黄帝内经素问 published by Ren min wei sheng chu ban she 人民卫生出版社, Beijing 1963, 5<sup>th</sup> printing, 1983. For easy reference and comparison of the Chinese with our English version, the entire Chinese reference text is reprinted and available in Hermann Tessenow and Paul U. Unschuld, *A Dictionary of the Huang Di Nei Jing Su Wen*, published by University of California Press in 2003 as the second volume of the *Huang Di nei jing su wen* project. To permit a rapid location, in the Chinese reference text, of any given section of our translation, we have divided the English text and the Chinese reference text by numbers referring to the pages and lines of the 1983 edition of the *Huang Di nei jing su wen* by Ren min wei sheng chu ban she 人民卫生出版社.

The Chinese reference text is printed, except for its division into chapters and sometimes paragraphs, without further significant structuring. In contrast, our translation has introduced numerous structural indicators leading quite often to very short lines.

Large parts of the *Su wen* were originally transmitted as rhymed couplets. Others have been compiled in rather schematic repetitions of identically or similarly structured statements; one may even speak here of tables in a modern sense. Both rhymed and tabular structures were presumably intended to facilitate oral transmission through memorization of the many rather brief individual texts that were later entered into the *Su wen*. Because of changes in character pronunciation over time the verses were not always recognizable as such in the received text of the *Su wen*. In many places, we have intended to recreate the spirit of the rhymed and tabular structures through the lengths of sentences and the word-wrap. The resulting visual appearance of the printed text permits greater clarity than an unstructured text and, hence, better comparability, for example, in cases where textual pieces written by different authors using different metric systems were added one upon the other by the compilers of the *Su wen*. Most important, though, such a structuring puts an end to one of the more serious misconceptions associated with previous attempts at providing an English version of the *Su wen*, that is the notion of a text written from begin to end as a more or less homogenous narrative.

Naturally, our translation has aimed at the *textus receptus*, not its textual predecessors. Nevertheless, at times it appeared feasible to us to hint at what we assume to be an earlier structure of a given segment of the text.

## 2. Structural Markers in the Translation

We have made use of markers in our translation to indicate, first, where we consider lacunae to be resulting from the loss of portions of the original text; second, where we believe there to be later additions to the original text, and third, where our translation has added wording without an exact correspondence in the Chinese text. In detail, these markers are as follows:

Assumed lacunae resulting from the loss of portions of the original text are marked by square brackets with blanks in between: [ ... ].

Assumed additions to the original text are passages that obviously do not fit into their contexts. They may be regarded as later supplements. These are of three kinds. First, there are additions introduced by the compilers of the *Su wen*. That is, these changes were intended. We have, wherever we believe to have identified such additions, marked them with pointed brackets: < ... >. Additions to the original text may, second, be commentaries originally appearing separately from the main text (for example, by being written with smaller characters, in a different color, or between the columns of the main text). In the course of time, some of these commentaries appear to have been more or less unintentionally included in the main text. Wherever we believe this to have been the case, we have marked the passages with curly brackets: { ... }.

In addition, at times, such commentaries have been commented upon themselves, and these second generation commentaries later were included in the primary commentary. In these cases we have marked the secondary commentaries with double curly brackets: {{ ... }}.

Finally, the received text of the *Su wen* includes shorter or longer phrases that appear not to be connected to their contexts at all. These may be copy errors, or unintentional doublings of passages, or they result from an erroneous sequencing of whatever pieces of wood or other materials this portion of the text was originally written on. Such passages have been marked with reverse pointed brackets: > ... <.

It should be noted that these markings may serve only to alert to breaks in their immediate contexts. They are not meant to answer questions such as whether certain portions of the text originated from identical compilers/authors. We have not marked larger text portions, such as the introductory sections of the individual chapters and also many dialogues, that have certainly been compiled by later editors integrating older material. Hence it may well be that some of the additions to older text portions marked with pointed brackets <....> date from

the same compilers who were also responsible for integrating the older materials into the introductory sections and dialogue structures.

Where the translation required an addition to construe a meaningful English sentence, or where for other reasons a supplement appears desirable, we have included our additions in square brackets: [ ]. Additional information that we considered to be required is inserted in round brackets: ( ). However, we have made use of round brackets in the text in only very few cases. For the most part, additional information required for a better understanding of a character or sequence of characters is found in the footnotes.

#### IV. Italics, Upper Case and Lower Case Writings of Titles and Terms

We have designated with italics Chinese titles of books and technical terms which, instead of translating, we present in *Pinyin* transcription. This does not apply to transcribed titles of book chapters and to terms such as qi, yin and yang, that have been accepted as loan words in English already.

We have capitalized the first letter of the first word of transcribed Chinese book and chapter titles.

We have used a small script to alert to commentaries added by later antique Chinese authors to the tables in *Su wen* 71.

#### V. Footnotes

The footnotes are designed for the most part to support a historical interpretation of the text. They do not attempt to offer an interpretation of physiological or pathological statements from a perspective of modern medical knowledge and practices. We have collected and evaluated more than 600 Chinese and Japanese monographs from the past 1600 years, and close to 3000 articles written by Chinese authors in the 20th century. Based on this we have included in the footnotes a large number of alternative views, taken from these monographs and papers, on the meaning of individual characters and shorter or longer text passages. Often the views of Chinese and Japanese commentators of the past offer alternatives to our interpretations. We have quoted them to provide readers with as much information on the different readings of the *Su wen* as possible. In many instances, the list of commentators excerpted begins with Wang Bing of the 9th century. The sequence of later commentators is not necessarily historical. For example, where commentators pursued different arguments we have placed together those with similar arguments before turning to another point of view. The bibliographic details of all monographs and papers cited in the footnotes of



each of the two volumes of annotated translation are provided at the end of the respective volume. Annotated bibliographies of all the monographs and papers consulted by us, regardless of whether they found entrance in our footnotes have been added to this volume as a CD.