2 How to read a recipe?

Working backwards from the prescription to the complaint

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By way of introduction: a note on practice-based knowledge and knowing

Textual research on recipes is of interest to the historical and anthropological exploration of ‘cultural systems of classification’, as recipes are meant to treat culturally distinctive conditions of disease (or, rather, ‘dis-ease’, as further explained next). Paradoxically, however, historians of ancient medicine who have been confronted with non-Cartesian understandings of the body often in their analysis drew on modernist ideas of science, medicine and the body, and on disembodied assumptions about the interrelations between language, thought and culture. As corrective, the last 30 years have seen an important stream of literature on the history of the body (e.g. Duden [1987] 1991; Lock and Farquhar 2007).¹ A further corrective, which has at this point in time barely a following, concerns language as a form of embodied meaning making. While ancient medical authors, no doubt, were engaged in a ‘classificatory activity’ when they made use of language to relate different episodes of being ill, it is important to remind ourselves of thinking-and-speaking as a single, mutually entwined activity (e.g. Ardenner 1982) mediated through the body. In other words, abstract ‘classificatory systems’ might better be accounted for through ‘lived experience’ and the ‘lived body’ (Merleau-Ponty [1945] 1962, [1945] 2012), ‘intercorporeal’ responsiveness (Csordas 1994, 2008) and language as an embodied form of communication.

Most textual scholars of ‘classificatory systems’ will have been taught to think in terms of the Cartesian dichotomy of disease versus illness, where disease is an objective scientific fact and illness is a subjective experience, and they may ask how one accounts for the ‘lived body’, ‘intercorporeality’ or ‘sickness’ on the basis of one’s textual evidence. Textual scholarship requires its own analytic tool kit. Specifically, it requires an analytic term that can account for the semantic field of disease, illness and sickness in a way which does justice to the limitations of what cautious textual scholarship can claim to be given in a text. By reading ancient medical texts as reporting on perceived situation-specific events, i.e. forms of ‘dis-ease’, one can avoid overinterpreting them (as one inevitably does if one considers them to discuss a medically known ‘disease’). Accordingly, I will use the term ‘dis-ease’ to refer to immediate, sometimes indistinct perceptions of

‘not feeling at ease’, which always have a culture-specific tinge (e.g. Ots 1987: 142–3), in contrast to ‘disease’, which in its common Cartesian sense refers to a universally given, biological dysfunction, unaffected by culture. I also will treat ‘dis-ease’ much like a *Gestalt* (which is the common German word for ‘appearance’, ‘form’, etc.) in Gestalt psychology (Morris 2012: 21–45; Merleau-Ponty [1945] 1962),² and propose to work at a level of analysis that engages with the ‘*Gestalt* of dis-ease’³ as it arises from a practice-based engagement with the world.

The following will first outline debates in medical anthropology on how best to account for the physicality of sickness episodes. Second, daily bodily routines at the grassroots level will be discussed with a view to better understanding the physicality of feeling dis-eased in ancient medical texts. Third, in order to further elucidate research into the ‘*Gestalt* of dis-ease’, I propose to reconsider ‘language-ing’, and reading and writing more specifically, not primarily as activities of a disembodied classificatory mind, but rather, like healing and caring, as socially embedded skills and body techniques. After discussing these three facets of the concept of dis-ease, we will turn to the textual discussion of the ‘Five Twig Powder’ (*wu zhi san* 五枝散).

Disease and illness, sickness and partial biologies – and what about ‘dis-ease’?

How, why and what people recognise as a disorder has been a much-debated question in medical anthropology, as well as in Asian medicines (e.g. Leslie 1976; Leslie and Young 1992). In the 1960s, ‘deviance’ from the ‘norm’ was much discussed (e.g. Goffmann [1963] 1968), while in the 1970s it was ‘disease’ as opposed to culture-specific ‘illness’. The latter granted biomedical professionals the claim to expertise on ‘disease’ and medical anthropologists the space to carve out a new field of research on psycho-social ‘illness’ (Kleinman 1980). Yet, this Cartesian division of the world had its limitations. As Ronald Frankenberg (1980) and Allan Young (1982) underlined, social processes play an important role in making biological dysfunctions socially visible. The term ‘sickness’ was coined to foreground the importance of these social processes. For instance, Young (1995) demonstrated how socio-political processes led to PTSD (post-traumatic stress disorder) as a ‘sickness’ rather than as an objectively given disease, even if the therapies that this diagnosis entailed made individual patients ‘suffer’ it in a ‘real’ embodied way. Ian Hacking (1995) argued along similar lines vis-à-vis his observation that ‘multiple personalities’ abounded in the 1980s while there were almost none in the 1950s. To explain this, Hacking coined the notion of the ‘looping effect’, a social process specific to the late twentieth century generated by the modern human sciences (i.e. the social sciences, psychology, psychiatry and also clinical medicine). Those modern human sciences ‘medicalised’ and ‘geneticised’ problems of the everyday, he said, and thereby made people tackling mundane problems of everyday life into ‘sufferers’. Even if the ‘looping effect’ is a very recent phenomenon, Hacking is relevant here as he highlighted how

practice affects perception, specifically, how the endorsement of scientific practice, say, a specific form of diagnostics, shapes perception. He referred to himself as a ‘dynamic’ ‘nominalist’ philosopher, interested in ‘how names interact with the named’ (Hacking 2006: 24).

Annemarie Mol (2002), another philosopher (but one who calls herself an ‘ontologist’), implicated a discussion of biotechnology in her description of the social processes that made visible, or ‘enacted’, a disease. Her monograph was path-breaking in this respect, but thematically it was not so much concerned with the medical anthropological theme of ‘sickness’ as it was an ‘ethnography’ as undertaken in Science and Technology Studies (e.g. Latour and Woolgar 1979; Berg and Mol 1998). Mol’s subsequent research, however, on *The Logic of Care* (2008), attends to the small chores of self-care among patients who suffer chronic conditions such as diabetes, and it expands on this well-known theme in medical anthropology in very accessible language. Patients learn how to be ill, sick, disordered and dis-eased in socially specific ways. People’s social conduct, in turn, shapes and modifies the physiognomy and physiology of the disorder and how medical practitioners perceive and treat it via modern technology.

Meanwhile, Margaret Lock (1993, 2002, 2013) took Young’s analysis of ‘sickness’ and Hacking’s of the ‘looping effect’ a step further by putting the body centre stage. Her ethnographies highlighted how entwined the expectations were that local scientific research produced and the reported experiences of individual bodies. Lock argued against the misunderstood ‘cultural constructivism’ that complaints such as hot flushes or stiff shoulders are all ‘in the mind’. To draw attention to the social contained in the biological, she spoke of ‘local biologies’, which led on to the more recent formulation of ‘partial biologies’ (Yates-Doerr 2017).

In the reader *Beyond the Body Proper*, Margaret Lock and Judith Farquhar (2007) emphasised that both the social and biological are implicated in every bodily process. They collated a wide range of very diverse attempts to demonstrate that the human subject is a body with predispositions (which cannot be reduced to genetic determinism) and appetites/intentions (rather than hard-and-fast instincts), and thereby encouraged new ways of researching bodily processes other than with a Cartesian understanding of the body.

The theoretical framework for this study draws on the previously-mentioned literatures and additionally builds on Maurice Merleau-Ponty’s *Phenomenology of Perception* in ways that Thomas Csordas (e.g. 1994) – not merely as theoretician but also as skilled ethnographer – introduced into medical anthropology alongside Michael Jackson (1989) and Tim Ingold (2000). Rather than studying the body as a mirror, representation or reflection of society, or how ‘discourse’ becomes ‘inscribed’ in it, the above three phenomenologically oriented anthropologists have approached the body as an interface of different potentialities. In place of reducing the body to a static and inert ‘object’, they propose to comprehend it as implicated in processes within the ontological medium that it shares with its environment. Their insights provide the foundations for the study of the ‘*Gestalt* of dis-ease’, which, as suggested earlier, is best comprehended as an instantly recognisable lived experience.

'Reverse diagnosing' as a physician's daily life routine

How might a state of 'dis-ease' be identified, if not by 'reverse diagnosing'? To be sure, the process of 'reverse diagnosing' is not to be confused with a 'retrospective diagnosis'. Retrospective diagnoses comprehend the body in a Cartesian way and can only be established on the grounds of the assumption that human biology remains basically the same across time and space. Accordingly, bone structure deformities can tell us that tuberculosis existed in antiquity, and arguments have been formulated that 'cancerous' tissue can be identified in early human remains, indexing that cancer is an ancient disease. I note with interest these findings, alongside the ambiguities of evidence and the controversies that accompany them, without wishing to participate in the debates they engender.

Similarly, I hesitate to participate in research that aims to establish retrospective diagnoses on the basis of the bioscientifically known chemical substances in each *materia medica*. For one, the taxonomic identification of the living kinds whence the *materia medica* are derived is fraught with problems. In any one region of China today the *materia medica* is known to comprise materials from several different modern taxonomic species and their varieties (usually plant materials but also animal parts and minerals). Furthermore, different plant parts, different stages of the plant's development, different soils, etc. need to be considered. Names differ by geographical regions, let alone historical periods. Furthermore, substitutions are common and often distinctive of different houses (or 'lineages') of medical learning. Finally, the biochemistry of any single *materia medica* is complex, comprising many hundreds of different chemical substances, not to speak of the chemical composition of the polypharmacies that constitute most Chinese medical formulae. Considering furthermore the wide range of possible interactions between these substances, depending on how the chemical milieus are altered, it seems random to pick any one substance from a single *materia medica*. Even if well-founded research exists that can demonstrate the effectiveness of a purified chemical substance beyond reasonable doubt, this knowledge is not easy to integrate into a textual analysis.

Modern biomedical research is not easily implicated into the interpretation of ancient texts and needs to be done with utter caution and circumspection, if at all. Pioneering text-based studies of recipes in the ancient world, such as Donald Harper's (1982, 1998) translation of the 'Fifty-Two Recipes', Francis Zimmermann's ([1982] 1987) study of 'the aroma of meats' and Laurence Totelin's (2009) of Hippocratic recipes, wisely do not take account of it. Yet, if clinical research is ample, as in the case of the chemical substance Artemisinin, which is contained in the *materia medica* called *qing hao* 青蒿 (that nowadays is derived from whole plant materials of *Artemisia annua*), should the textual scholar ignore it altogether? Likewise, research into salicylic acid (e.g. Vlot et al. 2009), which is produced by willow trees (*Salix sp.*; this genus is generally identified with *yang liu* 楊柳), is longstanding. The former is hailed as an antimalarial (e.g. White 2008), the latter as a febrifugal and analgesic (e.g. Jeffreys 2004). Should textual scholars take notice of this bioscientific research, and if so, to what extent and in which ways?⁴ In the course of the textual analysis of the 'Five Twig Powder' later on, I will venture into making use

of bioscientific research – with utter circumspection – in order to validate the likely efficaciousness of a variety of partial biological practices at the grassroots.

‘Reverse diagnosing’, i.e. working backwards from the prescription to the complaint, is the bread and butter of every medical practitioner. It is a practice that is so quotidian and so routine that it belongs into the realm of ‘tacit knowledge’, ‘techniques of the everyday’ or ‘knowing-by-doing’ at the grassroots. It straddles the interface of epistemology and ontology (in the current anthropological sense) in that it involves taking into account how people learn and get to know what they know, and how they handle and treat the materials and beings they work and engage with.

In clinical medicine, it is a commonplace that the medication provides a key to the diagnosis. A correct diagnosis is only rarely given at first sight. Rather, the medication a practitioner prescribes and its effects on the patient will in subsequent consultations help the practitioner approximate the diagnosis of the patient’s disorder, that is, if the same practitioner sees the same patient multiple times in sequence (and clinical decisions are not primarily made on the basis of Rapid Diagnostic Tests). In psychiatry, where health issues are associated with stigma and social exclusion, and the articulation of a diagnosis is best avoided, patients tend to be asked: ‘Which medication are you taking?’ The implications are that tricyclines are for depression, Zyprexa is for treating psychoses and lithium for bipolar disorders. ‘Reverse diagnosing’ is a heuristic device.⁵

The medical practitioner’s reverse diagnosing is a form of ‘knowing-by-doing’ or a form of ‘knowing practice’ (Farquhar 1994). As an everyday life routine, as is argued here, it also includes procedures considered ‘common sense’. Mundane routines of the kind tend to be considered insignificant and unimportant. However, according to the Marxist revolutionary Antonio Gramsci (1891–1937), ‘common sense’ can in specific situations be equated with ‘good sense’ (Robinson 2005), and ‘good sense’ is practice-near-knowledge. ‘Good sense’ has revolutionary potential, says Gramsci ([1929–35] 1971),⁶ and must be distinguished from false ideologies and beliefs that any Marxist revolutionary would be determined to overcome.

Relevant for the analysis of the following recipes is that some of the grassroots practitioner’s ‘knowing-by-doing’ may well deserve to be recognised as ‘knowledge’, and not merely as ‘superstition’ or ‘belief’ (Good 1994: chapter 1). The difficulty for the anthropologist–historian is that generally this practical knowledge is not verbally codified, or only indirectly so. Nor is it verbally legitimated, or only occasionally so. The legitimation for its status as knowledge (apart from comments such as ‘proven’, ‘divinely effective’ and the like, as in the recipes analysed next), seems to be derived from its effectiveness in practice, which in turn is taken as evidence for its continued practice. Despite the obvious circularity into which this line of argumentation leads, let us see how far we can get with it.

Body techniques, skills and the practitioner’s aim to bring them to perfection

If ‘reverse diagnosing’ is taken as a heuristic device for identifying the practice-near-knowledge contained in a recipe text, then more thought has to go into the

specificities of this sort of knowledge. Social anthropologists have researched it in terms of ‘techniques’, ‘skills’ and ‘habits’. Knowledge of the body is learnt and socially transmitted, even if it appears to be naturally given. Marcel Mauss ([1935] 1973: 73) spoke of ‘body techniques’ and, in this context, of the *habitus*:

Hence I have had this notion of the social nature of the ‘habitus’ for many years. Please note that I use the Latin word – it should be understood in France – *habitus*. . . . These ‘habits’ do not just vary with individuals and their imitations, they vary especially between societies, educations, proprieties and fashions, prestiges. In them we should see the techniques and work of collective and individual practical reason rather than, in the ordinary way, merely the soul and its repetitive faculties.

In the era between the world wars, philosophers debated habits, *habitudes* and *habitus* (Morris 2012: 66–8). Habit, like custom, was one of the phenomena that social anthropologists studied. After World War II, Pierre Bourdieu ([1972] 1977) famously related the *habitus* to the field, with an aim to explain change in different social fields not as being determined by ‘structures’ but by ‘structuring structures’. Bourdieu explicitly referred to Erwin Panofsky (1951) and Panofsky’s use of the word *habitus* in the discussion of the space in Gothic cathedrals that drew the onlooker upward. He made use of the word *habitus* but in a different sense to Mauss. Where Bourdieu, like his contemporaries (e.g. Lefebvre [1974] 1991), was interested in how prestige and power are reconstituted through social spaces, and in this context created what has come to be referred to in shorthand as ‘practice theory’, Marcel Mauss was of an earlier generation, where social anthropologists were in conversation with archaeologists, palaeolithic and evolutionary anthropology (Mauss [1904] 1979; see also Leroi-Gourhan [1964] 1993). Their reference to practice was contained in their study of techniques and technology (e.g. Mauss [1901–48] 2006).

A focus on the techniques and technologies of practice-generated knowledge will inevitably affect one’s overarching analytical framework, and ultimately leads the anthropologist back to critically reflect on such fundamental notions as ‘culture’ and ‘society’. In Marcel Mauss’ writings, there is barely a mentioning of ‘collective representations’, which anyway has since been critiqued for its homogeneous and static understanding of cultural processes, and for being grounded in a Cartesian understanding of the body. Meanwhile, his approach to making sense of cultural processes through a focus on techniques and technologies highlighted movement, and mutual borrowing, copying, improving, modifying, re-borrowing from each other in order to bring an artefact to perfection. This toing-and-froing between people and peoples was part of an effort to excel in one’s doings and contrasted with the essentialised ‘systems’ of religion, language and society, i.e. systems of representation with marked boundaries across which ‘translations’ and ‘transferals’ would always only be partial.

‘Reverse diagnosing’ is best understood as a technological activity in Marcel Mauss’ sense, and those activities characteristically are marked by the effort

of wishing to constantly revise one's doings in a never-ending strife towards improvement. In what follows, we will search for easily identifiable clusters of the *materia medica* prescribed in the recipe texts and try to identify which kinds of doings they demand from the medical practitioner. In other words, we will aim to infer from those ingredients' demands (or so-called affordances; Ingold 2000:166–8) the *Gestalt* of the specific complaints that the recipes were thought to treat. We will adhere to the phenomenological principle that studying the skills the body engages in according to these recipes will reveal not only culturally specific but also situation-specific partial-biological medical knowledge.

Indirectly, by attending to the perceived intercorporeal specificities of the *materia medica*, i.e. the ways in which *materia medica* are described to affect patients, we aim to approximate the various perceptions of their materiality. We build on the ethnographic field experience that plants sometimes affect people in instantly recognisable ways (which have *Prägnanz*, Köhler 1929). Those perceived materialities of the medicines administered will be included in our efforts of 'reverse diagnosing'. In other words, by working backwards from the ingredients in a recipe to the complaints that it is supposed to treat, an attempt is made to understand the situation-specific *Gestalt* of dis-ease.

The 'Five Twig Powder' and its variants

Initial explorations

The five recipes (or 'formulae') in Appendix 1 (excerpted from Hsu et al. in preparation) have thematic and linguistic similarities.⁷ They were found through a computer search that scanned about two thousand texts of computerised Chinese medical literature for identifying the 'formulae' that listed *qing hao* within a genre nowadays known as *fangjixue* 方劑學 (formularies).⁸ The computer search involved hurdles of textual analysis that were overcome not without circumstantial decision making (e.g. does every text ending with *fang* 方 actually represent a formulary or recipe book? And what about those book titles of formularies that do not end in *fang*?), but those shall not further concern us here. Important is that we have identified five formulae from five different Song and Yuan dynasty formularies published in 1174, 1178, ca. 1200, 1237 and 1328, respectively,⁹ and that they allow for a productive philological comparison. They were selected from an archive of ca. 450 Chinese medical formulae that mention *qing hao* in the genre of formularies, of which we have translated so far ca. 170.

We note, first, that the five formulae share a text-internal structure in so far as they can be divided into six sections: section A lists the names of the disorders for which the formula should be used and section B lists the *materia medica* that treat these disorders (in small script are instructions on dosage and modes of preparation). This is followed by an additional paragraph, section C, which provides in large script further instructions on how to chop, cook and administer the *materia medica* listed so far. Thereafter, in two of the five formulae, there is another listing of *materia medica*, always the same three (section D), followed by another

paragraph with instructions on how to chop, cook and administer them (section E). In the other three of the five formulae, section D with the list of the three *materia medica* is missing, and the text proceeds directly to section E, which discusses how to prepare these same three ingredients in a very long paragraph that melds with section C. Finally, the longest section of all formulae is the final one, section F: it consists of a host of sentences that are thematically and syntactically only loosely related to each other, as they have different grammatical subjects, speak to slightly different themes and read like an assemblage of one-sentence long comments by different authors (see the following).

The names of the five formulae, given in section A, are quite varied, but the *materia medica* that constitute the formulae are almost identical, and they are furthermore listed in a strikingly similar sequence (see Appendix 2, excerpted from Hsu et al. in preparation). The titles of the formulae – and of the *materia medica* listed – are as follows.

Table 2.1 The titles of the ‘Five Twig Powder’ and its variants

The ‘Five Twig Powder’ (<i>wu zhi san</i> 五枝散) [takes away all kinds of contagious corpse conditions, fatigue and worms] – lists 12 <i>materia medica</i>
Formula for removing fatigue and worms (<i>qu lao chong fang</i> 取勞蟲方) – 6
The divine formula for removing worms (<i>qu chong shen fang</i> 取蟲神方) – 5
The divine immortals’ secret method (<i>shen xian mi fa</i> 神仙秘法) – 8
The divinely effective blue-green mulberry twig drink for removing worms (<i>shen xiao qu chong qing sang zhi yin</i> 神效取蟲青桑枝饮) – 8

In section B, first, a list of the *materia medica* is given (namely of 9, 6, 5, 8 and 8 different *materia medica*). Interestingly, this list comprises in each formula, first, the ‘twig’ (as pharmaceutical substance) of between three to five different kinds of orchard trees (section B1). It then lists two pairs of pungent *materia medica*, one of them *qing hao* (section B2). Instructions of preparation follow (section C). They always involve the use of children’s urine (although this *materia medica* is only occasionally listed in section B), followed by precise instructions of chopping, heating, reducing, removing, bringing to the boiling point, filtering and the like. Finally, in sections D, E, F, all five formulae recommend the use of three recurrent *materia medica*: cinnabar, betel nut and musk, which are to be administered at intervals in the early morning before dawn. They are said to have the effect of ‘expelling’ or ‘flushing out’ or ‘down’ *chong* 蟲, worms. This is so far in line with Chinese medical knowledge today, as both musk and cinnabar are thought to affect the heart channel, both by alerting the senses and by calming the mind, while betel nut, which is astringent, bitter and warming, is known to kill parasites in the stomach and large intestine, and by leading them downward helps expel them (Bensky et al. 2004: 1008).

Most modern readers, who have little trust in the practical merits of pre-twentieth century medicines, would have no problem considering these extended recommendations to be for the treatment of one single condition: for instance, flushing out infectious worms from the gut due to a fatigue that made the patient

look like a corpse. The widespread adherence to cultural constructivism in the history of non-European sciences facilitates imputing the fantastic into the unknown, thereby ‘othering’ ‘the other’ even more. Without dismissing the cultural constructivist reading altogether, an alternative, phenomenologically grounded reading will be presented later. After the comparative philological and structural text considerations presented earlier regarding the recipe as whole, let us in the following foreground the importance of grammar for the interpretation of the Five Twig Powder text in section A.

The Five Twig Powder’s section A: syntax, semantics and text-critical considerations

The disorders that the formula ‘Five Twig Powder’ treats are mentioned in section A2. If we read the terms separately from back to front, they can be approximated in translation as: ‘worms’, *chong* 蟲, ‘fatigue’, *lao* 勞 and ‘contagious corpses’, *chuan shi* 傳屍 (which is a compound word and a single medical idiom according to modern dictionaries). Chinese grammar invites us to connect the three terms *chuan shi*, *lao* and *chong* to each other. Syntax teaches that, unless two terms stand in apposition to each other, a word preceding another is in the genitive case. Accordingly, at least four different readings are syntactically possible. The first reading would be that the three terms describe one single disorder: (1) ‘worms/bugs of a fatigue of (i.e. caused by) contagious corpses’. This is indeed today the most common reading.¹⁰ The problem with this reading is that it appears convoluted and is difficult to reconcile with research committed to taking account of partial biological processes.

Syntax also allows us to read the three terms as referring to merely two different ‘Gestalt of dis-ease’, say, (2.a) a contagious-corpse condition (*chuan shi*) and (2.b) fatigue-inducing worms (*lao chong*) or (3.a) a contagious-corpse fatigue (*chuan shi lao*) and (3.b) worms (*chong*). The first and second readings are the usual ones among Chinese medical practitioners and historians. However, the textual structure of the formula and its ‘textuality’ suggest the third reading best approximates the understanding of the medical authors who contributed to the composition of the text of the formula in its extant form.

Finally, it is grammatically possible to read the three terms as standing in apposition to each other. By doing so, one is prompted into a textually layered reading. This reading may not reflect any practitioner’s understanding of the disorders the formula was thought to treat but may provide hints about the history of the formula’s *Entstehungsgeschichte* and its textual composition (this is if one allows for the possibility that most ancient texts were composite texts). Accordingly, the worms, fatigue and contagious corpses would be perceived as three separate disorders. Incidentally, each of these has a situation-specific distinctive *Gestalt* of dis-ease!

Naïve scientism would take recourse to naïve realism and make a retrospective diagnosis for all three terms: *chong* would refer to hookworms (which can be seen

in the stools, once they are flushed out); *lao* to a fatigue due to an anaemia caused by the hookworms; and *chuan shi*, contagious corpses, to an infectious disease like Ebola. Needless to say, this sort of analysis is unattractive. Not so naïve scientism, combined with common sense, by contrast, might hazard the educated guess that *chong* refers to some sort of infestation (involving intestinal worms); *lao* to a culture-specific sort of fatigue and, as the book chapter title in which the formula is mentioned suggests, a ‘depletion pattern’ (*xuzheng* 虛證); and *chuan shi* could refer to a condition culturally perceived as contagious.

Meanwhile, medical disorders are well known for their processual features, and their constant transmorphing and shading into one another. The same manifestation may have different causes, while the same pathogen may cause diverse manifestations in different people, and in the same person at different life stages, in different social contexts or in the disorder’s different developmental stages. An (im)balance disorder like a fatigue appears to have little in common with a worm affliction, but the two conditions can be related and transmute into one another. For instance, worms in the gut can cause anaemia, or a person experiencing a fatigue may contract a worm infection, say, due to neglect of taking hygienic precautions. Needless to say that such fluid boundaries and ambiguities between different conditions were and remain common to all medical reasoning. In view of the fluidity of bodily processes, might a text-critical, rigorous analysis offer a reading with more contour? In what follows, we continue along the lines of reading backwards from *chong* to *lao* to *chuan shi*.

The five formulae’s final section F: on ‘worms’

The final section in the five formulae, section F, is by far the longest (see Appendix 1). It contains detailed information on interdictions, colour, gender, human–animal or other-than-human interrelations, secrecy and the magical power of things. Despite the wide range of different topics discussed in this section, it is the most accessible for a modern reader. The reason for this is perhaps because it refers to a variety of observations that the reader instantly recognises as familiar from own past life experience. For instance, we know that deworming medicines can flush out worms from the digestive tract. We treat a thereby weakened patient by giving them porridge to eat, and we too would consider it good sense to wrap the weakened patient in warm blankets. Recommendations of this kind, with an easily recognisable transcultural and ‘common sensical’ distinctiveness, can be found in section F. Even if these recommendations may well date to long bygone practices of the ancient world, they also make sense to a modern reader. Phenomenologically speaking, they furthermore seem to have a distinctive *Gestalt*, as all seem to be commenting on the treatment of intestinal ‘worms’.

This initial observation is corroborated through the discussion of two random yet recurrent themes in section F: the first concerns notions of contagion, infection and hygiene, and the second ‘classificatory regimes’ of treatment and medication.

Contagion is implicitly referred to in various statements. Thus, the recommendation to ‘quickly use tweezers to throw them [the worms] into hot oil inside a frying pan to fry them’ is thought to eliminate the worms by killing them through

heat, and thereby to eradicate them, i.e. ‘cut them off from their roots’. Meanwhile, the recommendation to throw them into ‘flowing water’ suggests a method of having pathogens sent far away by means of the treatment principle of dispersal rather than elimination. Finally, the recommendation to continue to administer medicines to the patient, even though the patient is on the brink of death, and beyond repair, reflects a preventive concern of social medicine, namely to prevent transmission to another person. Recommendations of the kind reflect practice-near-knowledge that, despite cultural variations, makes sense to a reader committed to read ancient medical texts with a view to the possibility that, in places, those might aim to account for partially biological processes.

Regarding perceived differences in treatment regimes, there is one sentence that clearly states that the ‘Five Twig Powder’ is for treating at least two different sorts of complaints. It states:

Generally, those who suffer from a contagious corpse condition must always first administer this medicine in order to discard the worms, then, in accordance with the ‘evidence’ [or: the condition’s ‘pattern’], a harmonising and regulatory treatment is to be provided.

(see Appendix 1, Formula No. 1: Section F, v)

Here two different treatment principles are advocated: ‘worms’ are considered as an affliction that is to be flushed out and discarded, while the ‘contagious corpse’ complaint is to be treated in accordance with the diagnostic evidence, namely the ‘[distinguishing] pattern’, in a way that harmonises and regulates the patient’s body, emotions and mind overall.¹¹ This sentence suggests that the ‘Five Twig Powder’ has at least two parts: one is a prescription for deworming the gut, the other a formula for restoring the body through regulatory restitutive treatment. So, are we dealing with worms (*chong*), on the one hand, and a contagious corpse fatigue (*chuan shi lao*), on the other? If so, the ‘Five Twig Powder’ would consist of two textual layers, each discussing a different pattern of dis-ease – one an affliction, the other a functional disorder. This would suggest that the common reading among Chinese and Western historians that reads *lao chong* as a single idiom, meaning ‘fatigue-inducing bugs’ and referring to tuberculosis (e.g. Andrews 1997), is in this formula not necessarily warranted. Rather, the observation that afflictions are to be treated differently from disorders that require a regulatory, or harmonising, intervention would seem to suggest that the ‘Five Twig Powder’ treats two different conditions, discussed in two juxtaposed but different texts. We will return to this question later, after making an excursus into the ‘textuality’ of section F and the overall reading experience it engendered.

The five formulae’s section F: a matter of variatio or ‘active readers’ at work?

Philologists tend to interpret variations in grammar or vocabulary as a matter of *variatio*. The irregular sequencing in which the recommendations in section F are mentioned might, therefore, be attributed to *variatio*. Meanwhile, if one pays

attention to an intersubjective reading experience, namely that of the text's 'textuality', one might note that the recommendations given in this part of the formula text are presented in a rather 'choppy' fashion. In all five formulae, the textuality of sections D and E resembles that of sections B and C, but it changes in section F. Might it be that this 'choppy textuality' indicates that the text was composed by different authors who drew on a common pool of recommendations? Or, perhaps, they memorised these recommendations but not verbatim? Might, furthermore, some physicians have added their own bit of experience to an existent body of knowledge? Since we are dealing here with practice-near-knowledge, insights from ethnographic fieldwork may prove useful.

During fieldwork conducted in 1988–9 in the PR China, I joined a reading group of retired intellectuals who had coalesced around a senior Chinese medical doctor. In reading circles of the kind, any reader who considered him- or herself competent on the topic would want to creatively add a comment to what was being read out loud. At the time, I was struck by the prestige accorded to such creativity in interpretation. I described this 'creative mode of interpretation' (Hsu 1999: 125–6) as one among other characteristics of scholarly medical learning transmitted through a 'personal mode of transmission' (Hsu 1999: chapter 4).

In the present context of exploring how to read a recipe, however, we are primarily interested in the 'doing' of the medical practitioners; let us call it an 'active reading'. Accordingly, scholars who creatively add a comment to the text they read would be 'active readers'. This interactive understanding of reading is derived from the anthropology of reading, which emphasises the mutuality between speakers and listeners, authors and readers. As underlined by 'reader response theory' (introduced into medical anthropology by Good 1994: 135–65; Good and Del Vecchio Good 1994), listeners to a narrative actively take part in its making because the narrator engages with them and accordingly modifies his or her narration.

'Active reading', as practised in the reading circle, was considered to perpetuate 'traditional', evidential *kaozheng* 考證 methods of reading. This involved, first, copying the text one read in one's own calligraphy onto a sheet of paper. While so doing, if the readers held anything of themselves as scholars, they would add their own understanding as a comment to this text. Our mentor would make such comments orally, but it is conceivable that, once in a while, he might have added his creative commentary in his personal calligraphy to his personal copy of the text. If Chinese medical scholars were indeed engaged in an 'active reading' that put on paper their creative interpretation of a text (although I never observed this happen in ethnographic fieldwork), it makes it difficult for a contemporary critical scholar to identify what is transmitted text and what a personal commentary on it. This ethnographic episode might explain why the textuality of section F is so different from that in the preceding sections.

Finally, regarding critical reading methods more generally, let us note here that 'reader response theory' can be applied to yet another plane of the reading experience: it encouraged me as a critical reader to take my own response to the reading of section F seriously. I referred to 'textuality' as the intersubjective reading

experience of a text, and found it ‘choppy’. This ‘choppy textuality’ is perhaps best explained as resulting from multiple interventions of individual ‘active readers’.¹² ‘Active readers’ may of course have interjected words and phrases in other parts of the formulae as well, but the physiognomy of the text in those parts does not permit the kind of bold inferences made here.

The five formulae’s core text in sections A, B, C: on ‘fatigue’

So far, we have discussed three sections that reoccur in almost all five formulae: section D, which lists the three ingredients cinnabar, betel nut and musk; section E, which discusses how to prepare and administer them as a medication for expelling *chong*, ‘worms’; and section F, which may well consist of an assemblage of creative commentary from a host of different ‘active readers’. This brings us back to the question raised before in section 2.3 as to whether two independent recipe texts may have been juxtaposed to form the ‘Five Twig Powder’ formula. Accordingly, the core text in the ‘Five Twig Powder’ and the four other formulae would consist of sections A, B and C, where section A discusses the name of the disorder, B lists the recommended ingredients for treating it and C outlines how these ingredients are to be prepared. The text’s structure in all five formulae suggests a reading according to which sections A, B, C make up one recipe and sections D, E, F another one (that for expelling *chong*).

However, it is difficult to make sense of the long list of *materia medica* listed in section B – what condition might these ingredients have been meant to treat? Meanwhile, if one attends to the perceived materiality of the *materia medica* mentioned, section B is easily subdivided into two sub-sections. Already on a superficial reading of section B, it is possible to see that this long list of *materia medica* can be subdivided into two clusters: one cluster of ‘orchard tree twig’ (Hsu, in press) and another one of ‘pungent’ *materia medica* (see above). Accordingly, we now ask whether the so-called core of the formula in sections A, B, C, which was initially singled out in contradistinction to sections D, E, F (on worms), might, in fact, itself be a composite made up of two recipes.

‘Reverse diagnosing’ as a heuristic device

As stated earlier, in Late Imperial and contemporary China, the reading that links the three terms *chuan shi*, *lao* and *chong* to each other in a genitive construction has been the most common. It is understood to designate one single disorder, namely a fatal condition like tuberculosis (*feijiehe* 肺結核). The few contemporary practitioners I consulted echo the modern dictionaries when they explain that the formula treats fever (*fa shao* 發燒), bone steaming, i.e. very high fever (*gu zheng* 骨蒸), cough (*kesou* 咳嗽) and other contagious illnesses (*chuanruan bing* 傳染病). One practitioner furthermore specified that several *materia medica* in this formula were being used for the ‘superstitious’ reason of warding off the evil (*bi e* 辟惡). He commented that the formula was of little use today, not least because the problems it treated were indistinct.

However, as also noted earlier, syntactically, the modern reading need not be the only possible one. An argument can be made for a ‘textually layered’ reading. For doing so, I will focus on only one of the five formula texts, that entitled the ‘Five Twig Powder’ (Appendix 1, Formula No. 1). Based on the heuristic method of ‘reverse diagnosing’, I will argue that three separate recipes, each for treating a specific *Gestalt* of dis-ease, and each requiring no more than three to five *materia medica* for its treatment, additively made up this formula that lists 12 today. I will start with the final three *materia medica* mentioned in sections D and E, then discuss the first four in section B1, and finally turn to the pungent ones in section B2.

Cinnabar, betel nut and musk: materia medica for flushing down ‘worms’?

As suggested earlier, the final part of the formula is probably the most recent textual layer, with section F having been additively composed by the comments of different active readers. It treats *chong*, but are these *chong* just worms of the digestive tract? Common sense and reverse diagnosing have us ponder over the use of cinnabar, betel nut and musk for ‘expelling’ or ‘flushing down’ intestinal worms. Considering how precious and expensive cinnabar and musk must have been throughout Chinese history, one wonders why as mundane a recipe as a deworming formula required them. We are reminded here that the *designata* of these terms are not known to us, and even if they were, we have to keep in mind that these terms may have been commonly known to index a cheaper substitute or ‘artifice’.¹³ Furthermore, betel nut on its own is a well-known emetic: if swallowed, it causes vomiting, which means *shang* 上, ‘to go up’, and not *xia* 下, ‘to descend’. If chewed, betel nut has a cleansing effect in the mouth cavity, and due to its caffeine content is also a much appreciated stimulant (e.g. Weckerle et al. 2010). This leaves one wondering whether cinnabar, betel nut and musk were thought to expel worms in the gut or whether they originally were prescribed to avert the evil more generally, and treat a *chong* infestation of another kind. Notwithstanding, this indeterminacy about the exact referential meaning of the term *chong* should not deter us from considering it to gesture towards an affliction as *Gestalt* of dis-ease.

Orchard twigs as materia medica

Incidentally, the first four *materia medica* in this formula also form a cluster. They are blue-green mulberry tree twig, *qing sang zhi* 青桑枝, pomegranate tree twig, *shi liu zhi* 石榴枝, peach tree twig, *tao zhi* 桃 and plum tree twig, *mei zhi* 梅枝. Three of these four ingredients likely were derived from the fresh twigs of orchard trees. Indeed, from the perspective of ‘triangular comparativism’ (Hsu, in press), it has been possible to formulate an argument that the *Gestalt* of the budding orchard twigs provides the key to identifying the *Gestalt* of the dis-ease that they are meant to treat: it is a fatigue affecting, most likely, budding virgins.¹⁴

Among the first four *materia medica*, three are a kind of orchard twig, but the first one, the blue-green mulberry tree twig, requires explanation. For one, contemporary readers hesitate to consider it an orchard tree. Due to sericulture it was, however, a cultivated tree for at least two millennia, featuring prominently in China's economic history.¹⁵ Meanwhile, efforts to build up a silk industry in early modern England failed, but the mulberry tree has since become a feature of college gardens: consider the Milton mulberry of Christ College, Cambridge, or the lone remnant of a former garden, now part of Green Templeton College, Oxford (Figure 2.1).¹⁶ The unripe white, pink and red, and the ripe black, berries apparently were ornamentation for dishes served at high table (Stephen Harris, personal communication, 2016), cherished for their sweetness when eaten.¹⁷

Second, in four of the five formulae, the blue-green mulberry tree twig (or blue-green mulberry tree bark; see Appendix 1, Formula 2) is mentioned in conjunction with willow shoots (*liu zhi* 柳枝) as though the two were seen to form a pair. However, although the weeping willow features in today's love stories as part of a highly cultivated cinematographic park landscape, no evidence has been found for treating the willow tree as an orchard tree in Song dynasty China (cf. Figure 2.2). On the contrary, in the 'Five Twig Powder', the blue-green mulberry tree twig is mentioned alongside orchard tree twigs, likely for treating one *Gestalt* of dis-ease. Today, the mulberry tree twig is known to affect the liver channel, take away wind and keep in flow women's monthlies (mulberry tree bark, by contrast, treats coughing and drains the lung; see Bensky et al. 2004: 355, 451). Meanwhile, the term *yang liu* may have designated either the riverine pair of poplars and willows, or just the willow tree. The willow, in turn, might have formed a pair with sweet wormwood, and together with other pungent *materia medica*, appears to have been used for treating another *Gestalt* of dis-ease. Both the willow and sweet wormwood treat heat and high fevers (where the latter can become formidable at the same time as do the riverine insects in the rainy season).

To summarise, we have subtracted from the extant formula the three *materia medica* cinnabar, betel nut and musk for treating *chong* of sorts, but not intestinal worms. Furthermore, we have singled out three different kinds of orchard twig, plus the mulberry tree twig, at the beginning of the formula for treating fatigue, *lao*. This leaves us with a remainder of *materia medica* at the centre of the formula. On the basis of reverse diagnosing, let us infer that it treated *chuan shi*, approximated here as 'contagious corpses' or 'contagious-corpse conditions'.

The pungent materia medica for treating 'contagious corpses'

Qing hao (Figure 2.3) has an English name, 'sweet wormwood', which foregrounds its deworming qualities. The word 'sweet' designates its scent and light green colour, while in China, like many other febrifugal drugs, it is known for its bitter taste. Indeed, Chinese texts from the first millennium CE also suggest *qing hao* was initially valued primarily for its anti-parasitic and antiseptic qualities: the

Figure 2.1 Mulberry tree, Green Templeton College, Oxford, 2018

Source: Photograph: E. Hsu

Chinese *materia medica* literature (*ben cao*) repeatedly recommends applying it externally for treating wounds (Li Shizhen [1596] 1977–81; Hsu 2010b, 2014). However, by the time of the Song dynasty, it is quite likely that *qing hao* was widely prescribed for treating acute intermittent fevers (ibid.).

Figure 2.2 *Bare willows and distant mountains*. Song dynasty ink brush painting by Ma Yuan (1190–1235)

Source: Photograph © Museum of Fine Arts Boston. Special Chinese and Japanese Fund

Interestingly, *qing hao* tends to be mentioned together with children's urine, *tong niao* 童尿. Thus, children's urine is in all five formulae mentioned among the techniques of preparing the medicine (in section C). This raises the question why a formula that contains *qing hao* also mentions children's urine. Much ink has been spilled over this, but nevertheless I will hazard yet another guess here.

As explained previously, specific aspects of practical knowledge can be surprisingly widespread and long-lived (e.g. making string for basketry 'involving techniques little changed since pharaonic times'; see Ingold 2013: 118; Wendrich 1999), and as noted earlier, it has been suggested that the efficaciousness of a practice is evidenced by its continued practice. In some few cases, the efficaciousness of such practice-near-knowing has additionally been evidenced through natural scientific research. For instance, thanks to modern scientific research undertaken in the 1960s and 1970s by Professor Tu Youyou, the chemist who

Figure 2.3 *Artemisia annua* L., grown in Oxfordshire 2006

Source: Photograph: E. Hsu

won the Nobel prize in medicine in 2015, we know today that *qing hao* contains a chemical substance called *qinghaosu* 青蒿素 or Artemisinin, which currently is the most effective antimalarial substance. Its molecular structure contains a peroxide bridge, which easily breaks apart if the molecule is heated. In other words, if one wishes to treat malaria, it is best not to heat the whole plant materials of *qing hao* (e.g. Hien and White 1993). Now, Ge Hong, a Chinese physician of the fourth century CE, appears to have acquired the practice-based-knowledge that the heating of *qing hao* plant materials rendered them ineffective for the treatment of intermittent fevers (among which malarial ones likely featured). The formula he recorded did not require the heating of plant materials. He recommended treating acute intermittent fever episodes by soaking the fresh plant materials of *qing*

hao in [cold] water and, once they were softened, to wring them out in order to obtain their juice that should be drunk in its entirety (Hsu 2010b: 108). However, cold water, unless just boiled, may contain pathogens that are lethal. Meanwhile, the urine of a healthy person is a fluid that with certainty is not contaminated with deadly pathogens like those causing cholera or typhoid. Hence toddlers who always are in one's vicinity likely were perceived and made use of as 'safe-water bottles'. It is conceivable that Ge Hong's practice-based-knowing (namely, that intermittent fevers are best treated with *qing hao* soaked in cold water) survived in the recommendation of using *qing hao* in conjunction with children's urine. Hence, any formula that contained *qing hao* likely required children's urine.¹⁸

Alongside urine, excrement was required. 'Devil's dung' is the English plant name, *Ferula assa-foetida* the Latin binomial. Together they conjure up the stench of the devil's ass. The Chinese *a wei* 阿魏, by contrast, has no semantic meaning. The 啊, pronounced as 'a', indicates it is a loanword, as does *wei* 魏; both the plant and the plant name are likely to have been introduced into China from the Central Asian steppes (Lo et al. 2015). Aromatic species in the family *Apiaceae* were and still are used, East and West, as spices and perfumes, and as repellents of evil, the devil and demons.

Interestingly, benzoin, *an xi xiang* 安息香, is regularly mentioned in juxtaposition to devil's dung in all five formulae. The two occur pairwise, benzoin being mentioned first in four of the five. However, neither is mentioned in the standard TCM textbook *Zhongyao xue* (Ling Yigui 1984), which might be indicative of them both being used in exorcistic and demonological practices. Benzoin (a much-valued resin), alongside amber and ox-bezoar (Lomi 2017), had and still has qualities of jewellery, to which demons are often attracted.

Sweet wormwood and children's urine, benzoin and devil's dung: which complaints or *Gestalt* of dis-ease might these *materia medica* have treated? A common classificatory framework developed by medical historians (see introduction, this volume) contains a hint, as it differentiates between: (1) disorders arising from imbalances, (2) afflictions (arising from the intrusion of an external pathogen), (3) misfortune or fate and (4) possession disorders. Accordingly, the *chong* would have been an affliction and *lao* an imbalance. The aromatic, if not pungent,¹⁹ sweet wormwood and children's urine, however, in combination with the attractive benzoin-as-jewellery and the repulsive devil's dung, point in the direction of demonology and possession disorders. These four *materia medica* likely were used for treating the 'contagious corpse condition', *chuan shi*.²⁰

According to the present reading, the *materia medica* used for treating 'contagious corpses' were: five [shoots of] willows, *yang liu* 楊柳, a bushel of sweet wormwood and a bit of each benzoin and devil's dung. In the 'Five Twig Powder' the willow, *yang liu*, is mentioned in juxtaposition to *qing hao* (in section B). It is as though the shoots of a willow tree and sweet wormwood formed a pair (children's urine is not listed in section B, but only mentioned in section C). This brings to mind a home-based remedy that featured in the French–Chinese film 'Balzac and the Little Chinese Seamstress' by Dai Sijie (2002): a patient shaking and trembling from high fever underwent public whipping on his back with a

fresh plant until it bled. There was a symbolic efficacy to such whipping, which could have been done with the shoots of a willow: demons and devils, and their evil, were beaten out of the patient. The shoots of a willow are ideal for beating, and if held together with fresh *qing hao* bushels, they would damage the blood vessels such that potent substances would enter the blood stream: be it the antimalarial Artemisinin in the whole-plant materials of sweet wormwood, which works on the malarial plasmodia in the blood stream or the fever reducing and analgesic salicylic acid from the willow shoots!

Summary

By means of ‘reverse diagnosing’ it was possible to identify three different, transculturally recognisable ‘*Gestalt* of dis-ease’, each treated with three different clusters of *materia medica* (two clusters in section B and one cluster in section D). Accordingly, the three terms *chuan shi*, *lao* and *chong* may at a certain period in history each have referred to a separate *Gestalt* of dis-ease, namely a possession disorder (becoming a ‘contagious corpse’), an imbalance (the fatigue) and an affliction (the ‘worms’). They all can be understood as depletion conditions, but how exactly these texts came to be put together in this one formula is difficult to know and requires further research. In this study, the aim was merely to argue that the formula had an internal cohesion and treated different states of dis-ease where each of manifested in a distinctive *Gestalt*. It was possible to demonstrate this on the basis of working backwards from the prescription to the complaint in an effort of reverse diagnosing.

Discussion

How to read a recipe? Critical studies of the recipe literature are few and far between. This study proposed a textually layered reading. It took account of syntax and grammar, and textual structure and ‘textuality’, while simultaneously paying attention to culture-specific perceptions of bodily processes and the perceived materiality of *materia medica*. Bodily processes can be very fluid, permitting different disorders to shade into each other, such that any interpretation would seem acceptable. This study aimed to bring contour into this bodily given fluidity by combining rigorous textual analysis with insights from anthropological fieldwork. It found that the perception of bodily discomfort and dis-ease, and the treatment of its *Gestalt*, had not merely cultural specificities, but also relied on transculturally valid insights.

The focus was on one formula, the Chinese ‘Five Twig Powder’ and its variants. Most historians and anthropologists who know this formula surmise that medical knowledge has progressively increased. So, if the disorders that the formula purports to treat make as little sense as the long list of herbal ingredients used for treating them, this is taken as further evidence that medical knowledge in the past was indistinct and confused.

This chapter has demonstrated that grassroots knowing-by-doing can provide an accurate account for partial biologies. By working backwards from the prescription to the complaint, i.e. by reverse diagnosing, it has been possible to show that the formula is an assemblage of at least two if not three different formulae, each of which had affordances for treating states of dis-ease that each had a transculturally distinctive *Gestalt*. Accordingly, this one formula comprised three juxtaposed texts to treat (1) an imbalance disorder presenting as a ‘fatigue’, (2) a possession disorder referred to as ‘contagious corpses’ and (3) a disorder caused by an affliction of ‘worms’. The *Gestalt* of dis-ease in these three cases clearly is culture-specific yet simultaneously distinctive (*prägnant*), and easy to perceive transculturally. It makes each of the three prescriptions instantly intelligible as being grounded in ‘good sense’.

A Song dynasty formula, which easily could have been relegated into the realm of the fantastic, has been found to consist of a collation of valuable practice-near knowledge. Its admittedly still tentative reading was guided by Gramsci’s claim that practice-near knowledge and ‘good sense’ have revolutionary potential, not least, because they empower people at the grassroots. This chapter has demonstrated that ‘reverse diagnosing’ provides a useful analytical framework for identifying science-politically meaningful, practice-near knowledge. Critical textual scholarship may hence find ‘reverse diagnosing’ a useful heuristic device.

Notes

- 1 Research on the history of the body in the Chinese medical field includes that of Catherine Despeux, Leslie de Vries, Ute Engelhardt, Charlotte Furth, Shigehisa Kuriyama, Li Jianmin, Vivienne Lo, Angelika Messner, Rudolf Pfister, Sabine Wilms, Yili Wu and many others.
- 2 Consider here Merleau-Ponty ([1945] 1962: 50, footnote 1): ‘the Gestalt [is] not a mental event of the type of an impression, but a whole which develops a law of internal coherence’.
- 3 The term dis-ease is used here, as is mal-aise, to refer to the indistinct experience of not very clearly identified states of feeling un-easy, but the term ‘*Gestalt* of dis-ease’ should highlight that like any other *Gestalt*, it has an unmistakable immediate distinctiveness obtained through the practice of locality-specific techniques (it springs into the eye, so to speak). There is an internal tension to the term ‘*Gestalt* of dis-ease’.
- 4 This remains an unresolved issue. Appendix 2 lists the modern botanical species names whence the recipes’ *materia medica* are derived but in awareness that the information provided may be misleading.
- 5 Importantly, the effectiveness of a treatment can effect an increase in the diagnosis of the disorder it treats, e.g. lithium increased the diagnoses of bipolar disorders (Kleinman 1988).
- 6 Gramsci’s understanding of ‘common sense’ differs radically from that in the cognitive sciences (see Hsu 2010a).
- 7 The preferred translation of *fang* 方 in Chinese medical scholarship is ‘formula’, in order to reflect that systemic consideration underlies its composition (see Scheid et al. 2009). The word ‘recipe’ does not do justice to the highly sophisticated reasoning cultivated among Chinese elite physicians, but it has been used to make the text more accessible to a general readership.

- 8 Note: literary Chinese terms are given in separate syllables, while modern Chinese terms are transcribed as polysyllabic words. The term ‘Chinese medicine’ refers to the practices currently referred to in the People’s Republic of China as *zhongyi*, a term coined in the nineteenth century in contrast to *xiyi*, Western medicine. Today, the term *zhongyi* usually refers to currents of medicine derived from scholarly medical learning among Chinese *literati* physicians, but it interfaces with home-based medical practices (nowadays called *caoyi*) that typically make use of fresh herbs known through oral transmission. The formulae also interface with Daoist and other religious and ritual interventions that are not further explored here.
- 9 The formularies are: (1) the *Yang shi jia cang fang* 楊氏家藏方 (Formulae kept by the Yang family) of 1178 by Yang Tan 楊倝, (2) the *San yin ji yi bing zheng fang lun* 三因極一病證方論 (The three causes epitomised and unified: Treatise of the formulae ordered according to patterns of disorder) of 1174 by Chen Yan 陳言. (3) the *Ren cun sun shi zhi bing huo fa mi fang* 仁存孫氏治病活法秘方 (Secret formulae of life-engendering methods for treating disorders by Rencun of the Sun family) of ca. 1200 by Sun Rencun 孫仁存, (4) the *Fu ren da quan liang fang* 婦人大全良方 (Great compendium of excellent formulae for women) of 1237 by Chen Ziming 陳自明 and (5) the *Shi yi de xiao fang* 世醫得效方 (Effective formulae from generations of physicians) of 1328 by Wei Yilin 危亦林.
- 10 Modern Chinese medical dictionaries approximate *chuan shi* or *chuan shi lao* to consumption. In Chinese colloquial language, *lao* means fatigue and *lao* 癆 with the radical for medical disorders is approximated as tuberculosis. See Andrews (1997).
- 11 On principles of humoral balance, see Horden and Hsu (2013); Hankinson (2017). For a systematic TCM textbook-based discussion of ‘[distinguishing] patterns’, [*bian*]zheng [辨]證, see Farquhar (1994), who translates them however as ‘syndromes’. On insightful issues of translation, see Sivin (1987: 109).
- 12 An educated guess that section F consists of possibly five to six active readers’ comments is given in Roman numbering; this should convey the overall idea formulated in the main text without making claims to the veracity of detail.
- 13 As noted for South Asian consumption, musk ‘was presumably an especially successful and profitable substance to fake, which is not surprising, given that musk grains look very similar to dried blood and other common materials, and a little real musk mixed with such materials would go a long way’ (McHugh 2013: 196).
- 14 In nineteenth-century Europe, the pale complexion of young women affected by tuberculosis was a trope of feminine beauty. However, based on the medical anthropological argument that healing requires the production of what Diana Young (2005) called ‘cultural synaesthesia’, it was possible to give a much more uplifting interpretation to the fatigue and its treatment.
- 15 Interestingly, Fan Xingzhun (1989: 339) notes that the worm infestation mentioned in China’s first dynastic history of ca. 86 BCE, namely the *Shi ji* 史記 (chapter 105, *Canggong zhuan* 倉公傳, case 18; see Hsu 2010c: 84), may have arisen among the common people [female workers] from working barefoot under mulberry trees fertilised with faeces.
- 16 The first mulberry trees in Britain have been traced to Roman times (Willcox 1977), but by the early modern period Nicholas Culpeper (1652: 150–1) said of the fruit of *Morus nigra*: ‘The ripe berries, by reason of their sweetness and slippery moisture, opening the belly, and the unripe binding it, especially when dried’, and John Parkinson (1640: 1491–2) noted that the berry is ‘full of sweetish juyce, that will dye the fingers and mouth of them that gather, and eate them’. Parkinson (*ibid.*) also noted of the *M. alba* fruit that it is ‘exceeding sweete, almost ready to procure loathing, when they are thorough ripe’.
- 17 Whether or not the mulberry instilled the same gendered imagination in the Oxbridge dons as did the ‘grain-corn fruit’ (*gu shi* 穀實) of the paper mulberry in ancient Chinese

authors (Pfister 2007) is difficult to know. Interestingly, Culpeper (1793: 257) says the ripe berries are ‘opening the body’.

- 18 Loose ends remain. The bioscientific research cited earlier begs the question why in section C *qing hao* was recommended to be heated and brought to boiling point. The logical response is that section C (and section E) recommend practices of a different order to those of the common-sense routines that otherwise inform the text. For instance, they may have been integrated into this formula for reasons of embellishment by medical authors interested in texts rather than in practice.
- 19 A *materia medica* of the ninth century notes: ‘East of the Yangtze, people call it the *xin*-herb because its smell resembles that of the *xin*-cat’ (Hsu 2010b: 95). It likely referred to the ‘stench’ of a *xin* cat.
- 20 Spring onion is mentioned in all five formulae and in the ‘Five Twig Powder’, just after the orchard twig ingredients. Speaking in terms of text structure, as the final ingredient in a recipe, it may have had the function of a semantic identifier and played a key role in the orchard twig recipe for treating fatigue (Hsu, in press).

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