



also included surgical and pharmaceutical knowledge. By the time of the **Huang-ti nei-thing** 黃帝內經, an anthology of systematic correspondence of the second or first century B.C., only a few allusions to wind etiology, demonology, and drug lore were left. This period concluded with the compilation of the Nan-thing around the first century A.D.

This early phase of development included the struggle between the yin-yang and five phases doctrines—and their eventual merger—in the field of medicine, the transition of the concept of “wind” from a spirit entity to a non-metaphysical natural phenomenon responsible for illness, and the supplementation—and partial replacement—of the concept of “wind” by a concept of “vapor” (**ch'i** 氣), or “finest matter influences,” as underlying all physiologic and pathologic change. This phase further included the generation of an innovative understanding of the functional structure of the organism and the introduction of a hitherto obviously—at least in China-unknown—or at least undocumented therapeutic technique, i.e., needling.

The significance of the Nan-thing in this historical context is twofold. First, its unknown author contributed to the formative period of the medicine of systematic correspondence itself by creating a conceptual system of medical theory and practice that for the first time consistently took into account the “discovery” of a circulatory movement in the organism (already documented, albeit without diagnostic and therapeutic consequences, in the **Huang-ti Nei-thing** texts). Second, the Nan-citing marks the conclusion of this epoch because it discarded all the irrelevant ballast of the past and concentrated on nothing but the most advanced concepts of systematic correspondence in a most coherent manner.

The core idea around which the entire Nan-citing appears to be centered is a modification of diagnosis and therapy in accordance with the “discovery” of a circulatory movement of vapor-influences (and blood) in the organism, a discovery that may have occurred some time during the second century B.C. Some of the Ma-Wang-tui manuscripts of around 200 B.C. spoke of eleven vessels permeating—separately and without mutual interconnection—the human body. These vessels were obviously thought to be filled with ch'i-vapor; depletion, repletion, and unusual movements of these vapors were believed to be states of illness producing sets of symptoms characteristic of the vessel affected. The sole treatment recommended to manipulate the contents of the eleven vessels was heat, applied by burning a particular herbal substance on the courses the afflicted vessels were believed to take. Specific points on the vessels where such treatments were to be conducted were not yet identified in the Ma-Wang-tui texts.

By the time those sections of the **Huang-ti nei-thing** concerning physiology and needling were compiled, significant changes had taken place. Twelve vessels were named now, taking courses different from the eleven vessels of the Ma-Wang-tui scripts, and forming an interconnected system of “streams” or “conduits” (**ching** 經) extending through the entire body. Through these conduits (whose circuit presented but the central feature of a close net of passageways) it was believed that an endless flow of vapor-influences passed, partially taken in from the outside environment, partially generated by the organism itself. Each of the vessels was known to correspond to one of the basic functional units in the body, and to signal, through changes occurring in their inner movement illnesses affecting these

units. The movement in the vessels caused the vessels themselves to pulsate in a particular way, and points all over the body were now defined where the individual conduit-vessels could be palpated. In order to assess, through the condition of their movement, the condition of the functional units with which they were associated. For treatment, the Huang-ti *Nei-ching* primarily recommended the insertion of needles at specific locations on all the twelve conduit-vessels. Since, as pointed out already, needling, or acupuncture, was first mentioned in China in the *Shih-chi* 史記 of 90 B.C., and since it was obviously not known to the authors of the manuscripts unearthed from the Ma-Wang-tui tombs (which recorded every other possible mode of treatment), we may assume that the acupuncture sections of the *Nei-ching* were conceptualized and compiled some time during the late second or first century B.C.

The author of the *Nan-ching* may have recognized a contradiction between the notion of an ongoing circulatory movement in the vessels and the continuation of the idea that each vessel had to be diagnosed and treated as if it constituted an individual entity. If the influences indeed pass through an endless circle of conduits again and again, it is difficult to imagine that the quality of their movement changes when they leave one section of the circuit to enter the next. Hence, it is almost irrelevant where the movement is examined: one point on the circuit should reveal all the information needed. Consequently, all locations on the body hitherto used for palpating the vessels were discarded by the author of the *Nan-ching*, with the exception of the so-called "influence-openings" at the wrists.

However, a problem arose from this concentration. How could one gain from one single point the same information on the condition of the organism's individual functional units that one previously gathered from locations spread over the body? The information needed to assess a patient's health status and to devise and conduct a proper treatment on the basis of the concepts of systematic correspondence was quite complex, and it is one of the merits of the author of the *Nan-ching* to have developed adequately sophisticated diagnostic patterns by linking some forty-seven perceivable types of movement in the conduit-vessels (palpable in various surface or vertical sections at the wrists of one or both hands) to all the normal and abnormal states known to affect the functional units of the organism in the course of the annual seasons. All these patterns were, of course, grounded in the concepts of systematic correspondence.

In devising his system of therapy, the author of the *Nan-ching* may have started from similar conclusions. Why prick the individual sections of the circuit through holes scattered all over this circuit, if the vapor-influences passing through these sections are the same anyway? Hence, it should be no surprise that the *Nan-ching* does not mention conventional circuit-needling at all; it recommended, first, the needling of so-called "concentration" and "transportation" points, on the back and the front of a patient, where certain undesirable influences accumulate and can be removed. Second, the *Nan-ching* outlines what we may call "extremities needling," a scheme that had already been documented in the *Ling-shu* 靈書. In this scheme, twelve streams, running from the hands or feet to the elbows or knees respectively, are conceptualized, with five (or six) holes on each. These streams (*ching*) are associated with the basic functional units of the organism, but they are not seen as part of a circuit.

Through inserting needles into the holes (bearing such telling names as “well,” “brook,” “rapids,” “stream,” and “confluence”) it is possible, according to the *Nun-thing*, to influence the organism’s basic functional units in any desired way.’

### The Acceptance of the Innovative Character of the *Nun-thing* in Later Centuries

Corresponding to the number of sections of both the *Su-wen* 素問 and *Ling-shu* 靈書 books of the *Huang-ti nei-thing*, the author of the *Nan-ching* also presented his doctrine in eighty-one chapters, although he discussed, in a question-and-answer dialogue, altogether ninety-one issues. Of these ninety-one issues, twenty-six elaborate concepts or terms that do not appear in the extant versions of the *Huang-ti nei-thing*, while an additional five issues represent innovative reinterpretations of terms also found in the *Nei-thing*. This means that until further evidence to the contrary is uncovered, perhaps through archaeological findings, we may assume that about one-third of the contents of the *Nan-ching* were introduced by its author as part of his innovative system of diagnosis and therapy. He introduces some of these concepts with the words, “The classic states, . . . ”; again, we may assume, until further evidence comes to light, that this phrase was used for merely stylistic reasons, or to mask the courage of the innovator.

During the first millennium, until the Sung era, the commentaries written on the *Nan-ching* did not mention that this book, in a number of instances, contradicted the *Nei-thing*, or presented thoughts that may have been new. Once again, two explanations are possible. Either there existed, until the Sung, more complete versions of the *Nei-thing* than are available today, and the *Nan-thing* was indeed an explanatory commentary on the *Nei-chins*, or, as I assume, the centuries prior to the Sung were marked by a stronger sense of progress than existed in the second millennium. Only beginning with the Sung era did commentators seem to notice the various discrepancies between the contents of the *Nei-thing* and the *Nun-thing*, but the prevailing attitude was to attempt to reconcile these discrepancies by pointing out that despite diverging opinions the two books meant, in fact, the same. Finally, in the eighteenth century, and related to the Han studies movement of that time, the opinion emerged that the *Nan-ching* had been written as a commentary to the *Nei-thing* with the author of the *Nan-ching* being unable to grasp the meaning of the *Nei-thing* in its entirety. Hsü Ta-ch’un 徐大椿 (1693-1771) and Liao P’ing 廖平 (1851-1912?) the two outstanding authors of this third and final phase in the reception of the *Nan-ching* prior to the dominance of Western medicine in China, considered—if I may characterize their attitude in one sentence—the *Nan-ching* to be right only where its contents agreed with those of the *Nei-thing*, blaming its author for being wrong wherever the former text diverged from or contradicted the one and only classic.

These historical details should be kept in mind when we discuss, in the following sections, some of the issues confronting the translator who has embarked on the task of rendering the *Nan-ching* into a modern language, in this case, English.

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<sup>1</sup>Paul U. Unschuld, *The Chinese Medical Classics. Nan-ching, the Classic of Difficult Issues* (Berkeley, Los Angeles, London: University of California Press, 1986), 545.

### The Translation of Generic Terms

A first question to be addressed is for whom such a translation is to be prepared. Without any doubt, the *Nan-chin*<sup>9</sup> is the most systematic text on the medicine of systematic correspondence. Anybody who is interested in applying traditional Chinese medicine in the West on the basis of traditional Chinese thought should be familiar with the contents of this book. It may therefore still be regarded as an applied text that may be employed in the West, as in contemporary China, as a conceptual guide to actual clinical therapy. On the other hand, this book is also a historical document. It reflects a specific stage in the development of traditional Chinese medical thought, and it lends itself as a rich database both for students of Chinese culture, and for those with an interest in comparative, cross-cultural research. Hence, a translation of the *Nan-ching* must be of significant interest to historians, philologists, and medical anthropologists as well, to name but a few disciplines. To return to the original question, since the potential audience of a *Nan-ching* translation consists of two rather distinct groups, i.e., health care personnel and academic researchers, should this influence, in any way, the character of the translation—for instance, in the choice of a specific terminology I believe there is no choice but to prepare a most etymologically faithful rendering regardless of the character of the audience if one is to recreate, in the target language, as many images of the source language as possible. A reinterpretation of ancient Chinese terms and concepts on the basis, for instance, of modern Western scientific insights and terminology is also possible and justified—such an approach implies, however, that the text to be translated is no longer regarded as a document of its time but as a retrospective extension of current thought.

In my rendering of the *Nan-thing*, and in my search for an appropriate terminology, I have, therefore, first of all decided to render generic terms as generics. For example, the term “blood” refers to a generic phenomenon. “Blood” is not a culture-specific concept—it is a body liquid that is part of human existence at all times and in all cultures. Hence I feel perfectly justified in rendering the Chinese term *hsüeh* 血 into English as “blood” in the same way as I render the ancient Greek term *αἷμα* into English as “blood.” Although I consider the terms to be equivalent, this should not cloud the fact that the understanding of what *hsüeh*, *αἷμα*, or “blood” actually is was different in all three cultural eras concerned, viz., ancient China, ancient Greece, and the world of current English. The conceptual interpretation of reality cannot be part of the translation of the generic term employed to designate this reality; otherwise, a translation would become unfeasible, if not impossible. Generic terms remain identical through the centuries and millennia, but the conceptual associations accompanying them may vary significantly in the course of time. When we translate *hsüeh* or *αἷμα* as “blood,” this indicates that an ancient Chinese or Greek text speaks of the same reality as we do when we speak of blood, but it does not imply that the ancient Chinese or Greek thought of blood in terms of serum and erythrocytes. To convey this conceptual background is a task to be fulfilled either by a commentary or by the context of the term itself. If we were to follow recent suggestions to render the Chinese *hsüeh* not as “blood” but as “vital fluid”<sup>2</sup> because the connotations

<sup>9</sup>Kenneth J. DeWoskin, *Doctors, Diviners, and Magicians of Ancient China. Biographies of Fang-shih* (New York: Columbia University Press, 1983), 189, n. n. 138.

associated with the term *hsüeh* in traditional Chinese medicine differ from the understanding of blood in modern science, then a number of problems emerge. First, we should, with similar justification, stop translating *shui* 水 as “water” because the ancient Chinese did not think in terms of  $H_2O$ , and second, to carry this argument to its final consequence, even a Western physician or scientist should no longer use the term “blood” because his scientific conception of “blood” differs from that of ordinary laymen, who employ the word “blood” as part of their vernacular.

This same argument, I believe, applies to all instances where designations of real anatomic facts have to be rendered into English. Hence, I have translated *ku* 骨 as “bone,” *nao* 腦 as “brain,” and *mu* 目 as “eye.” There is ample evidence in the *Nun-thing* that the organs lung, heart, spleen, liver, and kidneys were known as real, tangible entities, as were the stomach, the bladder, the gallbladder, and both large and small intestines. Just because ancient Chinese medicine saw these anatomic units-described in terms of length, diameter, weight, and capacity in *Nan-ching* chapter 42-intimately linked, functionally, with regions of the body and processes occurring there that are not seen as part of or belonging to these organs in modern Western medicine, this should not prevent us from rendering *fei* 肺 as “lung,” *hsin* 心, *wei* 胃 as “stomach,” and so forth. Apart from the arguments outlined above, we should also keep in mind (and the comparative analysis of the *Nan-thing* with the *Nei-ching* and later texts has made this quite clear) that ancient Chinese medicine is not to be regarded as one static and homogeneous system of thought and designations. If we were to prefer interpretational terms over generic ones in the target language of our translation, we would have to be very sure, first, that identical meanings were associated with identical source terms in different texts of different centuries, and only then could we apply one and the same interpretational target term to all the texts concerned. At this point in time, though, we do not have the necessary knowledge to make such decisions, and given the nature of the data available to us for research it may be doubted whether we will ever be able to clearly analyze to what extent the authors of the *Nei-thing*, *Nun-thing*, and later texts agreed or disagreed in their understanding of anatomic facts. I might point out here, though, for example, that the *Nei-thing* and *Nan-ching* appear to have differed in their respective use of the term *shen* 腎 (kidney), and that we should find two different target terms for our translation of *shen* if we insist on interpretational rendering reflecting the different meanings of *shen* in these two texts.

#### The Translation of Metaphoric Terms

In addition to the generic terms alluded to above, the *Nan-ching* employs a large number of terms reflecting culture-bound observations and concepts. Although not entirely clear-cut, a significant dichotomy may be observed between the terms referring to cross-culturally valid facts, on the one hand, and those terms that were introduced to designate concepts based on speculation, on the other. While the former, both in the source and target languages, may be seen as abstract terms with little or no relationship to metaphoric images, the latter mostly reflect images borrowed from man’s natural, technical, or social environment.

For instance, to distinguish between two groups of organs, i.e.,

tsang 脏 and fu 腑—the former including the lung, heart, spleen, liver, and kidneys, and the latter referring to the large and small intestines, stomach, gallbladder, bladder, and triple burner—is a reification that is not based on any tangible evidence. Western authors have, occasionally, attempted to justify this categorization by identifying the tsang as “solid organs” and the fu as “hollow organs.” It is difficult to understand, though, if “solid” and “hollow” are used as distinguishing criteria, why the lung and heart should be grouped together with the liver and spleen.

*Tsang* and *fu* are two examples of culture-bound terms reflecting culture-specific concepts and carrying environmental images to illustrate these concepts. I have chosen to render these two terms as “depot” and “palace” respectively for the following reasons. The medicine of systematic correspondence was created at some time in the late third and early second centuries B.C. From a distance of two thousand years, this initial developmental phase may seem rather short; however, both the evidence provided by the Ma-Wang-tui texts and the biographies of Pien Ch'io and Shun-yii I, as well as by the core texts of the *Nei-ching*, suggest a relatively short but extremely dynamic period following the first unification of the Chinese empire around 200 B.C. Within a few years, the first Ch'in emperor had effectively transformed what was to become China; given the state of communication and means of production of the time, the reforms initiated by Ch'in Shih Huang-ti and his advisers appear tremendous even today. Together with a completely novel social and economic structure, a medicine emerged that was built on a completely novel understanding of the human organism, its health, and its ills. With ancestral and demonological concepts of health and illness as vestiges of a pre-Confucian past that could, at least for the time being, hardly be adapted to the new ways of thought, an innovative system of ideas was created whose authors—consciously or subconsciously—projected the newly emerging structures of the Ch'in and Han social and economic environment into the body to explain the nature, the emergence, and the correct treatment of illness. Not surprisingly, their ideas of the nature, emergence, and correct treatment of illness reflected the new understanding of the nature, emergence, and correct handling of social crisis. In fact, the terminology is often metaphoric and includes not only cultural but also geographic images of Ch'in and Han China.

As I have outlined elsewhere in considerable detail,<sup>3</sup> environmental symbolism built into explanatory models of health and illness is an important precondition for the acceptance of such models as “truth”; that is, explanatory models of health and disease are plausible, first of all, because of their close correspondence to cognitive impressions man gains from daily experiences in, and observations of, his natural and social environment. One conclusion to be drawn from this thesis is, of course, that different explanatory models of health and illness will appear plausible, or as “truth,” to different groups within one culture, if these groups experience different social environments. The natural and social environment reflected by the concepts and terms of the medicine of systematic correspondence, and hence by the *Nan-ching*, is that of a complex economic structure. A specific number of functional units, i.e., the “depots” and “palaces,” are interrelated

<sup>3</sup>Paul U. Unschuld, *Medicine in China. A History of Ideas* (Berkeley, Los Angeles, London: University of California Press, 1986), 545.

through a system of major “streams” (or “channels,” or “conduits”), thing §32, with these streams or conduits being interrelated themselves through “network vessels” (lo-mo 絡脈) and “tertiary vessels” (*sun-mo* 孫脈). This is, of course, the united Chinese empire, and where, for the first time in history, production and consumption of food occurred at distant places, where through the standardization of weights and measures, and especially, of the width of carriage tracks, an interdependent set of functional units created a complex state, whereas in earlier times, only small and self-sufficient units had lived on their own resources rather than on exchange.<sup>4</sup>

This economic system enjoyed peace and prosperity as long as sufficient resources entered the paths of exchange and transmission. Crisis emerged whenever one unit consumed too much or withheld its resources rather than sending them onwards. Also, either through human negligence, human sabotage, or natural calamities, the transportation channels linking the individual units could be interrupted or blocked by barriers. Health and illness of the human organism was thought of in identical terms and concepts. Even memories of the Warring States period seem to linger in the pathophysiologic concepts of the medicine of systematic correspondence. A territory is seized immediately by its neighbors as soon as its own occupants are diminished.

Illness, then, in addition to being caused by human misbehavior, may be caused by nature-and by man’s unwillingness or inability to protect himself against nature. Hence, the *Nan ching*, and the medicine of systematic correspondence in general, acknowledges a few external causative agents of illness that can be translated into English quite easily because they carry notions that transcend cultural boundaries, such as “hit by wind” (*chung feng* 中風), “harm caused by cold” (*shang han* 傷寒), “hit by moisture,” (*chung shih* 中濕), or unrestrained “eating and drinking” (*yin shih* 飲食).

These few examples may suffice here to illustrate the metaphoric character of certain concepts, and their terms, of the medicine of systematic correspondence. A translation of these concepts and terms into a modern European language should, I believe, faithfully reflect the images inherent in the culture-specific terminology of ancient Chinese medicine. To translate *tsang* 藏 as “[depot,” *fu* 府 as “palace,” *ching* 經 as “stream” or “conduit,” *sanchiao* 三焦 as “triple burner,” and so forth, should not be regarded as an unnecessary archaism but as a necessary approach in an attempt to recreate, as much as possible-flanked by a commentary where necessary-the images that made the medicine of systematic correspondence appear as “truth” to an educated Chinese elite two thousand years ago, and that guaranteed its continued dominance as long as the social structure that supported its initial acceptance remained basically unchanged.

One might argue that certain terms of ancient European medicine that continue to be in use even in the twentieth century have lost their metaphoric value entirely, and that, similarly, the term *tsang* 藏, “depot,” fails to convey the ancient image to a Chinese of today. This argument is hard to accept. Even though people in the West, in the twentieth century, still employ such terms as “melancholy,” “hysteria,” or “organ,” the conceptual system that created these terms

<sup>4</sup>A more detailed account of parallels between the structures of the new empire and the human organism is given in Unschuld 1985, 73-83.

has long been abolished, and the terms, like empty shells, have in the meantime been filled with new conceptual contents. In contrast, Chinese medicine, if applied today, still claims to follow the conceptual system that was laid down in the *Nei-thing* and *Nan-thing*, and terms like *thing* 3 (stream, conduit), *tsang* 藏 (depot), or *fu* 府 (palace), have remained tied to the same ideas throughout the past two thousand years. Even in those instances where a metaphoric term was used, in the course of time, with several rather different meanings, as for instance, *ming men* 命門 or *san chiao* 三焦, I prefer to render these terms literally, in these cases as “gate of life” (also: “gate of orders”<sup>5</sup>) and “triple burner,” because the vernacular meanings still conveyed through these terms show no distance to everyday language at all.

The same argument applies also to the terms *san pu* 三部 and *chihou* 九候, which had very different meanings in the *Nei-thing* and *Nan-thing* respectively. In both texts I prefer to render these terms as “three sections” and “nine indicators,” and it is either through the context or through a commentary that today’s reader of a translation is informed that these terms referred, in the *Nei-thing*, to sections where the pulse could be felt at the head, the upper extremities, and the lower extremities, while in the *Nan-thing* they referred to three small sections, and three vertical levels, at both wrists only.

Despite my preference for recreating, in a translation, the images of the Chinese past, I do not believe that this etymologic-anthropological approach should be applied to all ancient terms alike. Some ancient Chinese terms should not be rendered literally because, as is the case with the ancient European terms of melancholy, hysteria, and organ mentioned above, they are no longer linked to the conceptual system supporting them originally. An example is the term *fu* 衣. Still used, in contemporary Chinese, with the meaning of “clothing,” “dress,” (*i-fu* 衣服), it appears to have referred, in ancient health care, to the practice of “wearing” talismans, or amulets, as part of one’s dress. When the intake of drugs became a feature of Chinese medicine, the use of the term *fu* appears to have been extended to designate the actual ingestion of pharmaceutical substances as well, and such an extension-if it has happened indeed-should not be altogether surprising if we realize that the intake of drugs, in antiquity, had as strong a demonologic, apotropaic background as had the wearing of talismans. With the fading of the demonologic association of pharmaceuticals into a rather insignificant aspect of Chinese pharmaceuticals, the term *fu* appears to have lost its apotropaic connotations too, only referring to the “intake” of drugs ever since. To translate *fu*, in a purely pharmaceutical context, literally as “to wear” would, in contrast to the translation of *ching* as “conduit” or of *ming-men* as “gate of life,” recreate an image that is no longer part of the conceptual system that has employed the term *fu* in Chinese medical literature for the past two thousand years.

### Ambiguities

As I have pointed out above, the dichotomy between terms denoting cross-culturally valid facts, on the one hand, and those denoting culture-specific concepts, on the other hand, is rather pervasive in

<sup>5</sup>Ting Te-yung, in his commentary on the thirty-ninth difficult issue of the

that the former designations do not carry environmental images and should be translated by their generic equivalents in the source language, while the latter are metaphoric and should be rendered etymologically. And yet, there are exceptions. For instance, the ancient Chinese had a generic term for lips, *ch'un* 唇, but the *Nan-thing*, in addition to *ch'un*, quotes a metaphoric term for this anatomic fact as well, i.e., *fei men* 飛門. *Men* 門 is, of course, “gate,” and to call the lips a gate is quite plausible. *Fei* 飛, literally, means “to fly,” and has created some controversies among later commentators as to why the image of “flying” may have been used to designate the lips. Yang Hsüan-ts'ao 楊玄操, of the eighth century, the second *Nan-ching* commentator we know of, explained, “*Fei* [“to fly”] stands for *tung* 動 [“to move”]. That is to say, the lips receive the water and the grains. They move and transmit them into the interior of the body.”<sup>6</sup> Accordingly, one might translate *fei men* as “moving gate” to reflect the meta-meaning of *fei* as understood by Yang Hsüan-ts'ao. Ting Te-yung 丁德用, author of a commentated *Nan-ching* edition of 1062, supported Yang's interpretation when he wrote: “The *Nan-ching* states: ‘The lips constitute the *fei men*; it does so in order to illustrate the meaning of movement.’”<sup>7</sup> Both Yang Hsüan-ts'ao and Ting Te-yung 丁德用 based their interpretation of *fei men* on the surface meanings of the two characters, in vernacular language, that constituted this term. In 1895, however, Yeh Lin 葉霖 published his commentated edition of the *Nan-thing*, and he applied, possibly for the first time, a philological argument in his interpretation of *fei men*. Yeh wrote: “*Fei* 飛 was used in antiquity for *fei* 扉 (door-leaf). *Fei* 扉 stands for *hu-shan* 戶扇 (door-leaf). [The term is used here] because the teeth constitute the door-gate and the lips are the door-leaves. In the treatise “*Yu wei wu yen*” 憂患無言 of the *Ling-shu* it is stated: “The lips are the door-leaves (*shan* 扇) of the sounds.’ That is what is meant here.”“ If we were to follow Yeh Lin, we should translate *fei men*, consequently, as “gate with door-leaves.” In such cases, I believe it is quite difficult to formulate a rule how to precede. Since, in my translation of the *Nan-thing*, the text of “Difficult Issue 44,” in which the term *fei men* appears, is followed by interpretations suggested by Yang Hsüan-ts'ao, Ting Te-yung, Yeh Lin, and others, pointing out the different possible etymologies, I have remained, in my rendering, as close to the characters as possible, and have translated *fei men* as “flying gate”-allowing for various explanations.

The most controversial example of a term referring to a culture-specific concept rather than to a cross-culturally valid fact is *ch'i* 氣. In contrast to other culture-specific terms in the *Nan-thing*, the term *ch'i* cannot be rendered into a vernacular term in a modern European language without further etymologic and historical investigations. Surprisingly, although the concept of *ch'i* occupies a central position in both the physiology and pathology of the medicine of systematic correspondence, no one in the West has ever studied the origins and the history of this concept in detail.<sup>9</sup> Hence, current suggestions to translate the term *ch'i*, or to simply transliterate it,

<sup>6</sup>*Ibid.*, 429.

<sup>7</sup>*Ibid.*, 428.

<sup>8</sup>*Ibid.*, 43D

<sup>9</sup>The only comprehensive study of the concept of *ch'i* available to date is  
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should be regarded as preliminary. I myself have rendered *ch'i* with the English terms "vapor-influences," or "finest matter influences." I have demonstrated elsewhere that the concept of *ch'i* may be interpreted as an outgrowth of the concept of "wind."<sup>10</sup> *Ch'i*, as finest matter, or dispersed matter, has been contrasted, by Chinese thinkers at least from the Han through the Sung era, with solid matter, and it was assumed, without any doubt, that solid matter may transform itself into finest, dispersed matter, and vice versa.<sup>11</sup>

The universe is filled with finest matter vapors, and man-as all living beings-depends on these vapors for life. In the same way as the economy of the state depends on the exchange of tangible resources among its various units of production, storage, and consumption, the human organism accepts the influx of resources from outside (mainly through food and drink), transmits and transforms these resources in its storage (*tsang* 藏) and palace (*fu* 府) units,<sup>12</sup> creates constructive (*ying* 營) and defensive (*wei* 衛) resources by itself, and discards the waste. The concept of *ch'i* refers to the resources taken in, transformed, and transmitted by the human organism. And there seems to be little doubt that the dualism of solid matter and dispersed matter was seen, in ancient Chinese physiologic and pathologic thought, as the basis of the nourishment and decay, of the health and illness of man's physical existence. The concept of "energy," so often applied by Western authors, appears to be rather out of place in this context, since it is based entirely on retrospect interpretation. To render *ch'i* with "energy" appears to me as appropriate as a translation of *kuei* 鬼 (demon) as "virus" or "bacteria." No one, I presume, would argue against such retrospective interpretational renderings as long as they were marked as attempts to combine ancient Chinese and modern Western concepts; it is difficult, though, to accept the translation of *ch'i* as "energy" if such an approach is labelled as expounding the theoretical foundations of purely Chinese medicine.

#### The Issue of Different Target Terms for One Single Source Item

One final point should be raised here, that is, do we always have to find one single target language term for each single source language term. The term *ch'i* is, for instance, includes, among others, the notion of breath and breathing, since inhalation and exhalation of finest matter vapors is an essential element of human life. In those cases where the term *ch'i* was used, in the *Nan-thing* or its various commentaries, to specifically designate breath, I have translated it with "breath" rather than with the more encompassing terms "vapors" or "finest matter influences" in order to point out the specific meaning of the statement in question.

1978). In this book see especially Kanō Yoshimitsu 加纳喜光 on the concept of *ch'i* in Chinese medical literature, 280-313.

<sup>10</sup>Paul U. Unschuld, "Der Wind als Ursache des Krankseins. Einige Gedanken zu Yamada Keijis Analyse der Shao-shih Texte des *Huang-ti nei-ching*," *T'oung-Pao* 68: 91-131. Abridged in Unschuld 1985, 67-73.

<sup>11</sup>See, for example, Sung Ying-hsing 宋英星 (1587-1641), Yeh i-Eun *ch'i-T'a T'ien-Ssü lien shih* 野议-论气-谈天-思怜诗 Shanghai: Shanghai Renmin Ch'u-pan-she 上海人民出版社, 1976 51 et seq.

<sup>12</sup>Interestingly, in some ancient Chinese medical texts, and dominating in later centuries, the metaphoric nature of the terms *tsang* and *fu* appears to have been limited, to a certain degree, to their specific pathophysiologic meanings in medical literature, in that the element "flesh" was added, creating terms that may be

rendered as "body parts" and "body parts" respectively.

Another example is the term *kuan* 關. It is used in the *Nan-ching* with the meaning of “gate(-line),” or “frontier,” to designate the borderline between the yang and the yin section at the wrists where the movement in the vessels can be felt. In another context, the same term is used by the *Nan-ching* to express the meaning of “closure.” “Closure” and “resistance” (*ko* 格) are terms employed to convey the images of yin or yang territories being closed (*kuan*) so that nothing may leave them, and of being shut down (*ko*) so that nothing may enter them. All these images are rather specific, and even though “gate,” “frontier,” and “closure” are all covered by the Chinese term *kuan*, I believe different terms may be used in the target language to reflect different meanings that are not covered by one single English term.

### Conclusions

To conclude, in translating the *Nan-ching*, I had to realize that even between this text and the preceding *Nei-ching* considerable differences already exist concerning the meaning of numerous terms. In general, though, these differences cannot be taken into account through different renderings in the target language. Chinese terms referring to cross-culturally valid facts do not, in general, carry any allusions to environmental images. Even though the meaning associated with these facts may have been different in ancient China and the world of current English, these differences should not be reflected in the translation but should be outlined either by a commentary or by the respective term’s context itself. For translation of such terms, a vernacular target language equivalent, referring to the identical fact, should be chosen.

Furthermore, Chinese terms referring to culture-specific concepts carry, in general, allusions to environmental images and should be translated literally so that these images may be recreated in the target language.

Finally, it appears to be legitimate, to this author, to render different meanings of identical Chinese terms in the target language with different terms if no single equivalent can be found that covers, in the target language, all the meanings encompassed by the term of the source language.