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The Case of the Disappearing Blue Women: Understanding how Meaning is made in Desi Sangye Gyatso's *Blue Beryl* paintings

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Abstract

This article dives into the idiosyncrasies of the life of the body in the world and the physician's encounter with it. It asks the reader to patiently probe the images found within a set of seventeenth-century medical paintings, to seek the clues they provide to better understand the variable conditions of different bodies and, finally, to reflect upon how the details of the paintings themselves train the viewer to see the body in a very specific way. The paintings employ particular modes of expression, referred to here as 'modes of representation', to generate meaning. In reflecting upon the relationship between image and meaning in these paintings, it will become clear that it is the manner in which the idiosyncrasies of the body are depicted, the ways in which they are framed and patterned and the ways in which the viewer learns to make sense of them, that are ultimately meaningful.

Keywords

female body, Tibetan medical paintings, representation

Introduction

This article is about modes of representation in a set of seventeenth-century Tibetan medical paintings and the specific ways in which they create meaning. By 'modes of representation' I mean the paths and devices by which meaning is made.¹ I am distinguishing them from representation itself, the product of

¹ Swiss art critic Heinrich Wölfflin (1864–1945) introduced the term 'mode of representation' within art-historical parlance in his *Principles of Art History*, a comparison of ways of seeing in the sixteenth and seventeenth centuries, as embodied in the classical and baroque movements in Europe. Melville (2009, pp. 271–316) provides an overview of Wölfflin's contributions to the study of the role of representation in the 'history of vision'. Melville (2009, pp. 279–80) observes: 'two levels of linguistic analogy are run constantly together in this text, thus tangling together problems of translation and representation. Such terms as "one's own language" or "mode of representation as such" introduce a deep complication to notions of medium, genre, and relation within art history...all of them, I suggest, work to maintain a constant reference to reading

these modes. I identify and analyse one of these modes of representation in a series of medical illustrations commissioned by Desi Sangye Gyatso [sDe-srid Sangs-rgyas rGya-mtsho, 1653–1705], Regent to the Fifth Dalai Lama, to accompany his commentarial text, the *Blue Beryl* (*Vaidurya sngon po*). In closely examining the details of the paintings, noting the repetition and transformation of these details over the course of the series, we begin to see how they train the viewer to see in a particular way, namely, with the physician's eye.

In focusing upon the repetition of one detail in particular, the blue human body, we will see how the proliferation and repetition of that detail reveals an underlying colour-coding of human bodies within the images. This system of colour-coding is one way in which the idiosyncrasies of the diseased human body, the body in which the humours are out of balance, is represented.² We will then see the emergence of a pattern of blue female bodies and observe the idiosyncrasies of the female body in particular as connected with psycho-physical and moral qualities suggested through association with the colour blue. Next we will reconsider how the repetition of the colour blue in different contexts throughout the paintings encourages the reader to establish and anticipate such connections. Finally, we will observe how the disappearance of the detail of blueness of some of the blue female bodies in a contemporary set of these paintings denies the viewer the opportunity to make such connections and thereby obstructs the workings of one particular mode of representation within the set of paintings.

The *Blue Beryl* paintings

The paintings we will consider in this article are associated with the *Blue Beryl* (*Vaidurya sngon po*),³ a four-volume commentary composed by Desi Sangye Gyatso (1653–1705) on the *rGyud bzhi* (*Four Tantras*), the central authoritative text within the Tibetan medical canon. The structure of the *Blue Beryl*

within the field of the history of vision, and to maintain it as at once fleeting and natural, something like a metaphor—but a metaphor without which one cannot manage, a catechresis then.'

² The colour-coding of the humours, elements and poisons (to be overcome) extends beyond the world of the *Blue Beryl* paintings to other symbolic systems within Tibetan visual culture such as that of the mandala. While such connections are significant, their scope extends beyond the purview of this article.

³ I have consulted two publications of Desi Sangye Gyatso's text: the first was reproduced from the 1888–92 blocks preserved in the Lha-sa Lcag-po-ri rig-byed 'gro-phan-gling (Leh: S. W. Tashigangpa, 1973); the second is a 2007 publication of the text by the Men-Tsee-Khang, the Tibetan Medical and Astrological Institute of His Holiness the Dalai Lama in Dharamsala.

commentary mirrors that of the *rGyud bzhi* itself and is therefore divided into four sections:

1. the *Root Tantra* (*rTsa rgyud*)
2. the *Explanatory Tantra* (*bShad rgyud*)
3. the *Instructional Tantra* (*Man ngag rgyud*)
4. the *Subsequent Tantra* (*Phyi rgyud*)

The contents of the *rGyud bzhi* can be generally organised as follows. The ‘Root Tantra’ provides a comprehensive framework for understanding the Tibetan medical system as a whole through an elaborate schema of roots and branches that describe the various aspects of physical health, the causes of disease, their diagnosis and their treatment. The ‘Explanatory Tantra’ lays the groundwork in anatomy and physiology while the ‘Instructional Tantra’ is clearly oriented towards clinical practice. Finally, the ‘Subsequent Tantra’ tackles the intricacies of diagnosis and treatment.⁴ The three latter portions of the text explain how to recognise the causes and symptoms of disease as well as how to treat illness.

Desi Sangye Gyatso began composing the commentary in 1685 and in the same year commissioned a series of paintings to accompany the text. While the *Blue Beryl* commentary itself was completed within a year, the massive illustration project, resulting in 79 paintings in total, was not finished until 18 years later, in 1703.⁵

Through modes of representation, the *Blue Beryl* paintings generate meaning independently of the discursive commentary by Desi Sangye Gyatso. Moreover, through the work of these modes of representation, a viewer becomes capable of both distinguishing the visual as offering something ‘more’ than the text and also acknowledging ways in which this ‘more’ enriches a viewer’s understanding of that text. Through careful attention to this complex interplay of viewer, image and text, this article will bring to light a practice of cross-referencing which the paintings themselves play upon and that they encourage a conscientious viewer to apply in making sense of them.

On the one hand, this article demonstrates how this practice of cross-referencing mirrors the diagnostic experience and techniques of the physician in significant ways. On the other, it showcases the integrity of the paintings themselves through observing the way in which they generate meaning through a process that reinforces their identity as a set, rather than as isolated works.

⁴ Parfionovitch *et al.*

⁵ Meyer 2003, p. 109. Note that Parfionovitch *et al.* 1992 proposed 1687 as the date of the project’s inception.

Current locations of the *Blue Beryl* paintings

We do not have the original 'set' of paintings, by which I mean we do not have a complete numbered series of paintings which can be definitively tied to the seventeenth-century illustration project. Moreover, since the paintings gradually began to be collected by European and American travellers to China and Tibet in the early twentieth century, there has historically been a great deal of confusion as to the relationship of individual paintings which appear to belong to the *Blue Beryl* series to complete coherent numbered sets.⁶

There are currently at least two existing sets of the *Blue Beryl* paintings within Tibet itself, those at the Lhasa Men-Tsee-Khang, a portion of which were on display during my visit in 2006, and those of the Norbulingka Palace, which are now under the purview of the Commission for Cultural Relics of the Autonomous Region of Tibet. While stylistic elements and evidence of wear imply that the first set is actually an amalgamation of two distinct series, the second appears coherent but distinctly contemporary.⁷

I have chosen to use the set of paintings from the Buryat Historical Museum in Ulan-Ude as reproduced by Parfionovitch *et al.* as the basis for the current study.⁸ This 1992 publication provided the largest reproductions of the paintings to date, significantly larger than those included in the 1986 Tibetan-Chinese collection by Wang Lei and Byams-pa 'Phrin-las or the 1988 Tibetan-English version by Byams-pa 'Phrin las, Wang Lei and Cai Jingfeng. These paintings were likely produced early in the twentieth century as a copy of a series in Lhasa.⁹ Fernand Meyer states that this set was commissioned either by the Buryat monk Sonoyev, who studied in Lhasa for several years, or by the Buryat lama Agvan Dorjiev (1840–1938), but he finds the evidence to be inconclusive. In 1936, this series, along with another set of copies based upon it, were delivered to the museum in Ulan-Ude after the destruction of the monastery in which they had been housed.¹⁰

⁶ For a more detailed discussion of individual paintings acquired by collectors in the USA and Europe, see Parfionovitch *et al.* 1992, p. 5.

⁷ Parfionovitch *et al.* 1992, pp. 7–8. During my term of research at the Dharamsala Men-Tsee-Khang in 2008, I had the privilege of observing the creation of a set of paintings for display in the Men-Tsee-Khang's own museum. I will reserve my remarks on what that set tells us about the contemporary creation of medical paintings for a future study.

⁸ Parfionovitch *et al.* 1992.

⁹ Parfionovitch *et al.* 1992.

¹⁰ Parfionovitch *et al.* 1992. Three paintings are missing from this set. Based upon the numbering system included in the lower part of each painting, Meyer has concluded that two of the missing paintings were never commissioned to be copied as they were 'addenda' images illustrating moxibustion points not derived from the *rGyud bzhi*. The third missing painting seems to have simply been lost. See Parfionovitch *et al.* 1992. This raises obvious questions about the

There is also a modern set in the collection of the American Museum of Natural History in New York City; the set was executed by Romio Shrestha and his atelier and published in a recent catalogue.¹¹ Here, this set of paintings will provide a test case for seeing how the elimination of a single detail signals the elimination of a mode of representation discussed within this article and, ultimately, alters the level of meaning conveyed by the paintings.

Challenging the ‘illustration model’: the logic of images

In his 1992 study of the relationship between art and text exhibited in the cave murals from Dunhuang, art historian Wu Hung challenged the dominance of the ‘illustration model’ as the primary approach to understanding how images work to produce meaning within a work of art. Wu Hung proposed that images may instead possess a ‘visual logic’ of their own, independent of written and oral linguistic expression.¹² In part, this article applies Wu Hung’s theory of a ‘visual logic’ to the *Blue Beryl* paintings. On another level, it complicates this model by introducing questions about the relationship of these images to the mnemonic aspects of medical learning. But perhaps most importantly it extends the boundaries of this ‘visual logic’ to ask how the visual evokes a wider range of sensory experiences, producing a kind of phenomenology of the physician. In other words, the paintings under consideration here describe the physician’s experience of the diagnostic process, a process that demands the use of multiple sensorial faculties.

So, while the experience of the paintings may be a primarily visual one, we would be well served to remain open to the possibility that they were intended to evoke a multi-sensorial experience and to instruct the viewer in a multi-sensorial diagnostic process. This process was itself heavily reliant upon the physician’s or medical student’s mnemonic prowess, their ability to recollect and quickly reference the medical canon, committed to memory through oral recitation during a traditional medical education. The paintings may have provided more than a supplementary mnemonic tool, enlisting visual cues to supplement the aural. The paintings may also have helped to bridge the gap between the textual world of the medical canon and the domain in which they prepared the student to operate, the multi-sensorial domain of the clinic. This

paintings and their status as commentarial illustrations and alerts us to existing tensions between reproducing tradition and innovation. For a more thorough account of such tensions in the climate of seventeenth-century Tibet, see Gyatso 2004, p. 86.

¹¹ Williamson and Young 2009.

¹² Wu Hung 1992, especially pp. 137 and 139.

was a domain that demanded the physician seek invisible clues by using all of the senses to apprehend the symptoms of illness, to 'read' the patient's body through such techniques as observing the colour of the skin and tongue, tasting the urine, feeling the pulses and speaking with the patient about his or her symptoms. The physician would likewise locate those symptoms within the broader context of the patient's dietary and even moral behaviour. These are techniques upon which the physician is trained to rely to locate the causes and conditions of illness and to assign a suitable treatment.

If the paintings discussed in this article were mere 'illustrations', we would expect them to lay bare the hidden recesses of the body and to spell out dysfunction in a straightforward way, reliant upon the textual treatise of *Blue Beryl*. There are of course paintings from the set which in some ways may be said to do just that. However, these are the minority and are not the primary focus of this article. Here we will focus upon paintings from among a selection of 47 within the set of 79. These 47 paintings share a similar layout in which registers of multiple images are accompanied by captions that correspond sequentially to chapters from the text of the *Blue Beryl*.¹³ This visual format departs from the arboreal framework of the paintings of the 'Root Tantra' as well as from the iconometric layout of anatomical and physiological illustrations interspersed throughout the three remaining sections. Many of these paintings describe the diseased body rather than the ideal or normative body. The idiosyncratic nature of the diseased body is well exemplified by the contrast between the images found within these 47 paintings, rows of loosely rendered, almost cartoon-like men and women, engaging in various activities, suffering from illness and receiving treatments and their iconometrically harmonious counterparts.

'Repetition with a difference'

At its root, this article asks the reader to cultivate attentiveness to the mediations occurring primarily between image and meaning and between image and viewer on the one hand and between image and text on the other hand. These mediations themselves provide the basis for a close reading of images directed towards recognising the moments in which meaning is reinvented. The mode of representation to be introduced here is characterised by the

¹³ I will use the term 'register' to refer to the horizontal rows of images employed in this genre of *Blue Beryl* illustrations, intended to be read, if only in theory, from left to right. In providing numbers for these registers, I do not include the smaller upper cartouche which appears in some paintings to represent a lineage of transmission of medical learning.

repeated use of the same images in new ways. I refer to this mode as ‘repetition with a difference’.¹⁴ This term was created by John Felstiner to describe the ways in which twentieth-century poet and translator Paul Celan utilised repetition in meaningful ways that work by ‘asking again how language goes on.’¹⁵ Celan’s techniques of translation transform and expand the interpretive range of a single word by using it to make meaning in different ways. Felstiner tells us that by engaging with language in this way Celan’s words are ‘holding up something—both displaying and delaying it—for our attention. They anticipate an act of renaming.’¹⁶

I will use Felstiner’s term, generated in reliance upon Celan, to name a mode of representation occurring in the visual, rather than the textual, medium but which likewise uses repetition to set the conditions for ‘acts of renaming’. The repetition of particular images draws viewers’ attention to details, making them pause to consider both the precedented and unprecedented meanings of these details. We will see how the modes of representation in the *Blue Beryl* paintings produce such pauses, bringing attention to subtle details that might at first glance seem incidental and provoking the reader to consider how these details might possess a meaning of their own.

Through a series of comparisons of the multiple contexts in which an image appears, we will begin to see how the paintings employ the mode of ‘repetition with a difference’ to create a sense of anticipation in a viewer. This expectation inspires a viewer to cultivate an attunement to alterations made to the form of a seemingly familiar image as a means of understanding both how it accounts for and departs from other contexts in which the image appears. In generating such a sense of anticipation for a viewer, this mode of representation suggests another dimension of the ‘more’ offered by the visual, beyond what is found in the comparison of text and image.

In learning to see ‘repetition with a difference’ at work, we turn to the blue woman appearing at the beginning of the second register of Figure 1 (see Figure 1b). According to the identification on the lower right border, the painting as a whole (Figure 1) refers to Chapters 74–82 of the *Instructional Tantra (man ngag rgyud)* and may thus be referred to the ‘Women’s Diseases [*mo nad*] through General Wounds [*rma phyi*]’ painting. A valuable point in this identification is that it specifies that the topics addressed by this chapter range are depicted, ‘together with the causes and conditions’ (*rgyu rkyen bcas pa*). Yellow rectangles contain captions that demarcate the individual chapters of the commentary referenced within the registers of the paintings and thereby

¹⁴ Felstiner 2001, p. 211.

¹⁵ Felstiner 2001, p. 211.

¹⁶ *ibid.*

help to parse the visual field for the viewer. All of these captions appear to specify that it is the ‘causes and conditions’ (*rgyu rkyen*) of the respective illnesses that are depicted therein. What is interesting is that the actual chapter titles of the commentary as well as of the root text do not showcase these ‘causes and conditions’ but rather the treatment (*bcos pa*) or healing (*gso ba*) of the diseases. Therefore, on an explicit level, the paintings appear to be primarily concerned with conveying the details of aetiology rather than of symptoms and treatment.

To review, in approaching the blue woman at the beginning of register 2 of the ‘Women’s Disease through General Wounds’ painting (Figure 1), we see that she is associated with Chapter 74 of the commentary. The chapter reference specifies that the causes and conditions of illness are the object of attention. Furthermore, the female figure herself bears a label which can be translated as ‘[a patient] afflicted by women’s disease’ (*mo nad gyis na ba*) (Figure 1b). The caption tells a viewer that this blue woman is diseased; however, aside from her pallor and her nudity, this female body, partially shrouded in a red and blue blanket, does not reveal any specific information with regard to her illness or how it might be remedied. It seems that over half of Chapter 74 is represented through this single image.

A mechanical comparison of the content of text and image founded in the illustration model, in other words, with the expectation of a one-to-one equivalence between text and image would, in this case, lead the viewer to assume that the content of the text exceeds the content of the image. Following the general structure of the *rGyud gzhi*, the text of the *Blue Beryl* treatise is ordered by a fourfold structure: (1) the causes and (2) conditions of illness (*rgyu rkyen*), (3) the symptoms of illness (*rtags*) and (4) the method of treatment (*bcos pa'i thabs*). The latter, the method of treatment, consumes over half of the chapter’s text, making it relatively proportional to the topic distribution of the chapter from the root text, the *rGyud gzhi*. Chapter 74 of the portion of the *Blue Beryl* commentary related to the ‘Instructional Tantra’ (*man ngag rgyud*) provides a detailed account of symptoms and treatment of women’s diseases that the images, in this instance, do not.

The first register of images in Figure 1 correlates roughly with the corresponding text on the causes and conditions of illness, outlining how the three poisons of desire, hatred and aversion as represented by the cock, the snake and the pig, together with the four elements, contribute to birth in a female body and how its ripening together with previous karma as well as more current factors of diet and behaviour result in women’s disease.¹⁷ Note that these

¹⁷ See Janet Gyatso’s translation in this volume of this particular portion of Chapter 74.



Fig. 1. Painting from the *Blue Beryl* Series in the Buryiat Historical Museum illustrating Chapters 74–82 of the 'Instructional Tantra' portion of Desi Sangye Gyatso's *Blue Beryl* commentary (Plate 46 in Parfionovitch *et al.* 1992). Image courtesy of Serindia Publications. See also Figures 1a–1f.



Fig. 1a. Registers 1–3.

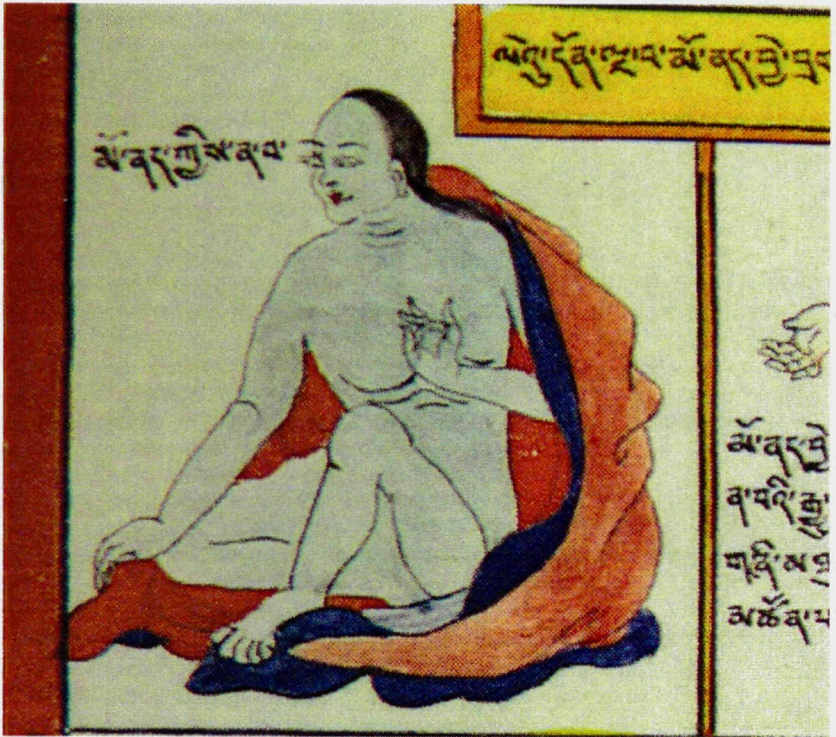


Fig. 1b. Detail from Register 2.

causes and conditions spell out a sequence of cause and effect not necessarily apparent to the naked eye.¹⁸ The images associated with Chapter 74 emphasise a relatively short portion of the text, the causes and conditions of illness. This point of emphasis is one way in which we might interpret the ‘more’ of the visual. However, if we are to see modes of representation at work, it will be necessary to move beyond the illustration model to consider other, perhaps less explicit mechanisms of meaning-making operating through the repetition and variation of subtle details.

The symptom of blueness: *rlung* and the vulnerability of the female body

Only the final image of the blue woman appearing at the beginning of the second register represents the content conveyed in the second half of Chapter 74 (Figure 1 [b]). This blue female form is the tangible surface and the visible sign which the physician learns to read through clinical training and practice. Two comparable images of the female body appear as the last images in the series depicting Chapter 75 and 76, in Registers 2 and 3 respectively (Figure 1c and 1d). Inscriptions identify these latter two bodies as ‘(the affliction) of particular women’s disease’ (*mo nad bye brag na ba*) and ‘(the patient) afflicted by common women’s disease’ (*mo nad phal bas na ba*). The yellow rectangles parse the topics of these images as referring to the causes and conditions of particular and common women’s disease as found in Chapters 75 and 76 respectively. These female bodies are, however, not blue. Their presence and identity suggest that images of this kind may be acting as ‘place-holders’ of sorts, symbolising the existence of information from the text chronologically without elaborating upon it. In examples such as these, images function to represent the content of the text in only the barest sense.

Taking a closer look at the concrete particulars of these images of the diseased female body, differences emerge. There are of course variations in gesture and facial expression, differences that commonly distinguish many of the figures within the series of paintings in a general way. Accounting for a range of distinctions and then making self-conscious choices to determine which differences in detail are significant is part of what is involved in recognising a mode of representation at work. We will now begin to see how ‘repetition with a difference’ provides clues for the viewer as to which distinctions to

¹⁸ See Garrett 2008 for a thorough account of the ways in which the logic of causality is presented within the Tibetan medical accounts of embryological development and the ways in which these accounts compare with Buddhist representations of the role of karma in generating corporeal embodiment.



Fig. 1c. Detail from Register 2.

focus on and also encourages the viewer to anticipate ways in which this aspect of the ‘more’ of the visual produces an ‘act of renaming’.

Through comparison of these three female bodies (Figures 1b, Figure 1c and Figure 1d), which seemed to be functioning as mere ‘place-holders’, referring a viewer to the text for further detail on the symptoms and treatment of women’s diseases, we are led to ask ‘Why is this first woman blue?’ In searching for other instances of a blue woman within the same painting, a viewer finds an image of a menstruating female in the centre of the first register, labelled ‘endowed with breasts, womb and menstrual blood’ (*nu ma mngal dang bla mtshan ldan pa*) that exhibits the same blue pallor (see Figure 1[f]). Although the caption of this figure leads a viewer to expect the manifestations of all three qualities of the female body, the image itself disappoints, explicitly revealing only the latter, menstrual blood. So a viewer might be led to conclude that blue skin tone has something to do with the phenomenon of menstruation.

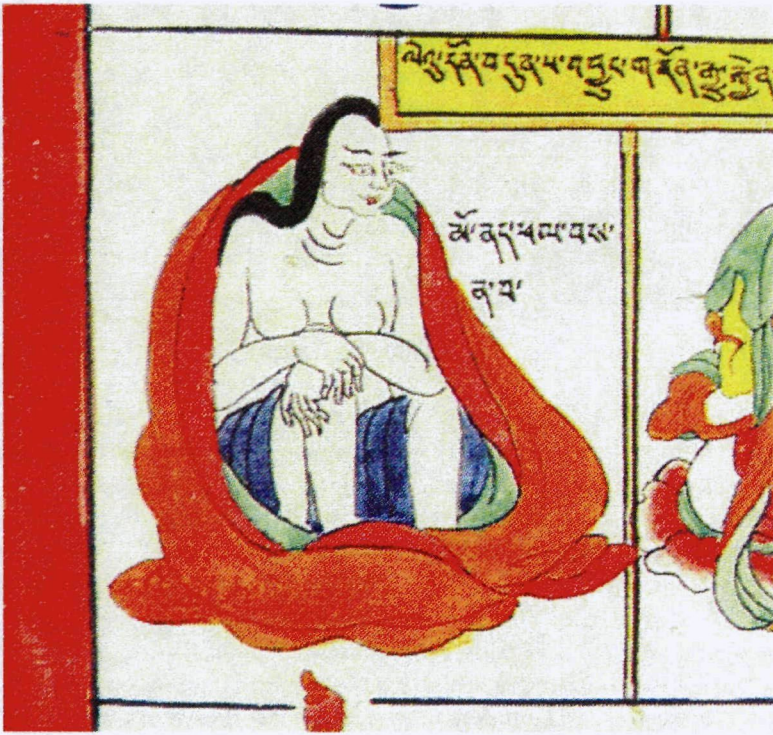


Fig. 1d. Detail from Register 3.



Fig. 1e. Detail from Register 1.



Fig. 1f. Detail from Register 1.

In order to test this hypothesis, a viewer might cross-reference the ‘blue’ women from Figures 1, 1b and 1f with four blue women depicted in the first two registers of another painting. This painting depicts Chapters 2–7 of the ‘Instructional Tantra’ and may be referred to as ‘Wind [*rlung*] diseases through Tumors [*skran*] diseases’ painting (Figure 2). Having already invested some time in contemplating another painting in which three animals (the cock, snake and pig) representing the three poisons (*dug gsum*) of desire, hatred and ignorance played a prominent role (for example Figure 1[e]), we quickly recognise the animals appearing under the yellow chapter captions on Registers 1, 3 and 6 of Figure 2. The captions alert us to the fact that these portions of the painting reference Chapters 2, 3 and 4 of the ‘Instructional Tantra’ and depict the ‘causes and conditions’ of *rlung*, *mkhris pa* and *bad kan* illnesses, often translated as the diseases of the ‘three humours’ or ‘faults’ (*nyes pa gsum*): wind, bile and phlegm.

The workings of ‘repetition with a difference’ in the *Blue Beryl* paintings bring the negative connotations of the *nyes pa gsum* to the surface. Through the consistent repetition of the details of the three animals as the three poisons and their explicit connection with illnesses of the three humours, the paintings render the invisible causes at the root of illness visible. They show a deeper connection of the downfall of humans on a moral level as represented by the poisons to the manifestation of disease in humoral imbalance. Through the repetition of a set of details often reinforced through colour-coding, the relationship of physical vulnerability to moral vulnerability is exposed.

The moral and environmental dimensions of *rlung* illness

Searching for clues as to how the repetition of the detail of blueness might aid us in uncovering how meaning is generated in the *Blue Beryl* paintings, we



Fig. 2. Painting from the *Blue Beryl* Series in the Buryiat Historical Museum illustrating Chapters 2–7 of the 'Instructional Tantra' portion of Desi Sangye Gyatso's *Blue Beryl* commentary (Plate 40 in Parfionovitch 1992). Image courtesy of Serindia Publications. See also Figures 2a–2e.

encounter at least four comparable instances of female ‘blueness’ in the context of *rlung* illness in Registers 1 and 2 of the same painting (see Figure 2[a]). In fact, while the majority of bodies depicted in this section on *rlung* illness (from Register 1 to midway through Register 3) display a blue tone, thereby solidifying the connection of *rlung* with the colour blue within the paintings, not all of them are distinctly gendered (as through the exposure of breasts or the vaginal opening).¹⁹ As we are following the repetition of the detail of blueness in conjunction with femaleness in the case of the blue woman, we will therefore focus upon four bodies which are more distinctly female.²⁰

The first is a supine female near the beginning of Register 1 labelled as ‘from ignorance there is the manifestation of desire’ [*ma rigs las byung ba'i 'dod chags pa*]. This portion of the register progresses from the blue and green bird (with some variations in colour and form from the other examples we have examined) expressing the concept of desire as poison to the exemplification of consequent moral downfall by two people running into a house hand in hand.²¹ This couple likely implies impending sexual indulgence or misconduct of some sort.²² A large prostrate female body appears in a pose akin to illustrations of the supine naked wrathful goddess subjugated in the construction of monasteries and temples in early Tibet. This figure is elaborately clad complete with head ornaments and moves her dress aside to expose her red vaginal aperture both to a viewer as well as to the large labelled *rlung* icon beside her.

It is crucial to note that while this figure is one of at least four distinctly female bodies represented in the three registers on *rlung* disease, no distinctly female forms appear within the registers devoted to bile and phlegm. The demographics of female representation in connection with humoral imbalance therefore insist that there is something particularly charged about

¹⁹ See Janet Gyatso’s article in this volume for a comprehensive presentation of gender ambiguity in the *Blue Beryl* paintings.

²⁰ These four more ‘distinctly’ female figures featured in the first two registers of the three devoted to *rlung* disease are the prostrate woman (Figure 2b), the female member of the copulating couple (Figure 2c), the naked menstruating female (Figure 2d) and the woman who appears to be bathing and subsumed in water and *rlung* (Figure 2e).

²¹ We can likely, but of course not absolutely, assume at least one of the two figures entering the house hand in hand at the beginning of Register 1 to be female.

²² A similar technique of visually translating the abstract concept of a poison into an example of misconduct in everyday life can be found in the representation of the poisons in the arboreal framework of the painting illustrating Chapters 2 and 3 of the ‘Root Tantra’ portion of the *Blue Beryl* commentary. See Parfionovitch *et al.* 1992, Plate 2.



Fig. 2a. Registers 1–3.



Fig. 2b. Detail from Register 1.



Fig. 2c. Detail from Register 1.

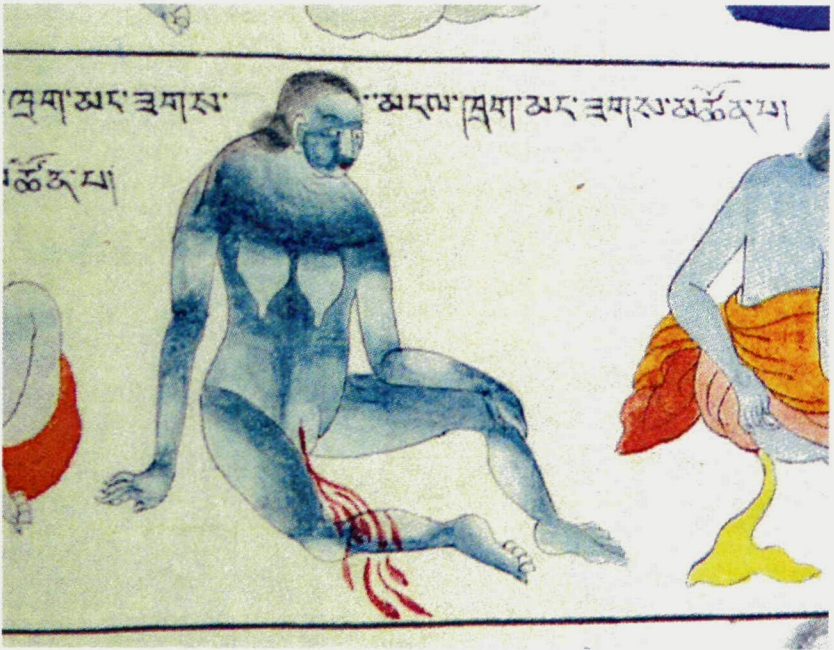


Fig. 2d. Detail from Register 2.

the relationship of women to *rlung*. Furthermore, the iconic format that connects this blue female to the symbol of *rlung* compounds the demographic component and supports the conclusion that the mode of representation at work in the repeated appearance of the female body as blue establishes a meaningful link to *rlung* and, by extension, to the poisonous influence of desire.

This layering of meaning-making is strengthened by the appearance of the next blue woman in the same register, as a member of a blue copulating couple who together bear the caption ‘The Illustration of Warming because of Desire’ (*chags pas dugs pa mtshon byed*) (Figure 2c).²³ We can therefore observe simultaneous acts of ‘renaming’ at work in which through ‘repetition with a difference’, images appear in conjunction with one another that establish relationships between these images and in turn make new meanings avail-

²³ While this figure’s genitalia are not clearly displayed, the repetition of this image of the copulating couple in the context of the *thangka* describing the causes and conditions of embryological formation makes a strong case for assigning a female gender to this body. See Parfionovitch *et al.* 1992, Plate 5.



Fig. 2e. Detail from Register 2.

able to a viewer. Such connections can be observed even on the more basic level of the concrete particulars of the images themselves without recourse to the captions or the text, for that matter. For example, the blue and green bird at the beginning of the first register introduces a colour scheme repeatedly reiterated in the blue bodies as well as in the greenish *rlung* icons appearing throughout the first three registers of this painting. Similar icons were associated with *rlung* in the ‘Women’s Disease through General Wounds’ painting (Figure 1) on both the elemental level and the humoral level as found in Registers 1 and 2 respectively of that painting.

Proceeding to the second register of the ‘Wind [*rLung*] Diseases through Tumour Diseases’ painting (Figure 2), a viewer finds a blue menstruating female (Figure 2d) comparable to the one found in the first register of Figure 1 (Compare with Figure 1[f]). This image is accompanied by a caption that reads, ‘Illustrating the Descent of Much Blood from the Womb’ (*mngal khrags mang zags mtshon pa*). However, this female body exhibits fully formed breasts, a detail absent from the representation of the menstruating blue woman in that painting. Within the same register, another blue female (Figure 2e) huddles in water encircled by the icon symbolising *rlung*, an icon

familiar from the first register as well as from other paintings in the set. The caption reads 'Affliction Due to Cold Wind' (*bser bus bus pa*). This depiction of the female body exhibits a penetrability by the elements, a porous boundary between the humoral balance of the human body and that of its environment.²⁴ Moreover, the predominance of blue and green reiterates the link to the initial image of the bird, symbolising the concept of desire. Therefore, through the repetition of details of colour within a single painting and the cross-referencing of the appearance of these details within other contexts within the set, 'repetition with a difference' leads the viewer to perceive vital truths about the status of the human body in the world and the aetiology of illness in all of its environmental and moral dimensions.

Cross-referentiality: reflecting on the viewer's meaning-making process

Having retraced our steps in order to better understand the connections we have made between the diseased female body in the 'Women's Disease through General Wounds' painting and the colour blue, we can observe the fruits of close reading focused upon similarities and differences in concrete particulars in the repetition of images. We have developed disciplined practices for comparing details such as the blue-green colour scheme, the bird and the *rlung* icon within a single painting as well as of cross-referencing these details with other images in other paintings and have arrived at insights into the way 'repetition with a difference' functions. In other words, we are able to recognise this mode of representation as a tool that helps to make viewers more self-conscious of the connections they are making in the viewing process, i.e. connections between the blue female body, menstruation, *rlung* imbalance and desire.

In contemplating the connections that appear on the surface while simultaneously pursuing a deeper reading of the images and such connections, viewers utilise modes of representation to facilitate multiple acts of interpretation at once, requiring them to remain open to the possibility that many if not all of them are meaningful. This self-consciousness of one's own process of deduction of the causes and conditions of illness, of recognition of the symptoms from reading the surface of the body of the patient and synthesis of the environmental and the moral-behavioural aspects of the body in the

²⁴ See Adams 1998 for a study of the Tibetan medical understandings of the role of political and environmental factors in the increase of *rlung*-related ailments among patients in contemporary Lhasa.

world are precisely the methods of the physician in the clinic. The acts of cross-referencing performed by viewers in tracing the repetition of a single detail through different contexts within the paintings mirrors the mnemonic processes of physicians, recollecting the content of the medical canon committed to memory as well as of clinical experience to diagnose and treat patients, diseased bodies marked by their own idiosyncrasies, within the present moment.

The relationship of text and image in the Blue Beryl paintings: cross-referencing and the ‘more’ of the visual

At this point, it is appropriate to return to the relationship of text and image and to ask what might be suggested by this blue woman at the beginning of the second register of the ‘Women’s Disease through General Wounds’ painting (Figure 1[b]). Thus far we have considered what this image tells us about the practices of meaning-making observed above through attention to ‘repetition with a difference’ in the images and their relationship to the text of the *Blue Beryl* on a very general level. Likewise, we have considered what the images convey about perceived idiosyncrasies of the female body in particular.

The flow of *rlung* and blood is fundamental to the way in which the female body and its disorders are described in the medical texts and depicted in the images. However, the extended connection of *rlung* and blood to the poison of desire appears far more explicitly in the images than in the corresponding chapters of the *Blue Beryl* text. As also pointed out by Gyatso in her article within this volume, at key moments the *Blue Beryl* text and images identify the female body as ‘excessive’ (*lhag*) in being a composite of excess orifices, the product of residual negative karma and a container of excess blood. Bearing in mind the connection of the physical and moral well-being of the human body discussed above, we will pause to focus upon the ways in which the female body is defined by its relation to blood. In doing so, we come to see how the relation to blood and the relation to *rlung*, both substantiated within the two paintings discussed above, play a key role in Chapter 74 of the text.

Picking up after the portion on the causes and conditions of female embodiment translated in Gyatso’s article and the enumeration of the number and classes of women’s diseases of the general (*phyi*), the particular (*bye brag*) and the common (*phal ba*) variety, the *Blue Beryl* commentary continues:

Moreover, from the three, the general, the particular and the common, the particular and the common will be explained later on in [their own] individual chapters. In this [current] chapter, the explanation of the general women’s diseases is

taught based upon the aspects of the classification, the cause of that, the symptoms and the method of treatment. In making these classification[s], they are described as [being] two: severe blood [*khrag tshabs*] and severe wind [*rlung tshabs*]. The reason for that [way of classifying illness] is that it arises as a result of the descent of menstrual blood, called the 'monthly sign' [*zla mtshan*]. In the early stages [the illness] is called 'severe blood' [*khrag tshabs*]. If the illness becomes chronic, lasting a long time, it is called 'severe wind' [*rlung tshabs*] because it forges an alliance with wind.

As for the individual symptoms for recognising these two, the general characteristics of severe blood are as follows. There is a painful hot sensation in the bones of the back and lower genital region, and there is a prickly burning sensation in the lower abdomen, and there is pain in the upper back and diaphragm. There are hot flashes in the channels [*rtsa*], and abscesses and small sores may appear, and if womb blood is discharged, it will accumulate and turn to pus.

As for 'severe wind', [the general characteristics are]: a boiling sensation in the bones, mental unrest, dizziness and a chill in the bones of the head,²⁵ cold sensation throughout the body and pain between the flesh and skin. There is also bloating in the muscles which appears to be swelling, [as well as] numbness, cataracts, insanity, fainting, loss of memory, a squeezing sensation in the genital area and lower abdomen and so forth, and in the descent of discharge, the monthly sign is unceasing and flows continuously...²⁶

The remainder of the chapter (pp. 117.5–120.21) addresses the treatment of women's disease. This excerpt conveys the connection of women's disease to menstruation and blood and, on another level, to *rlung*. There is no mention of the colour blue in the text, and, as we see, the connection with the poison of desire is missing from this section of the chapter. The images, on the other hand, use the repetition of details to show further aspects of the causes and conditions of illness and to depict connections between the female, menstruation, *rlung* imbalance and desire simultaneously versus chronologically.

The case of the disappearing blue woman

Turning to the paintings from the contemporary series created for the collection of the American Museum of Natural History in New York and illustrated in the 2009 catalogue entitled *Body and Spirit: Tibetan Medical Paintings*, we see that in the chapters that correspond with the portions of

²⁵ *mGo'i rus* could perhaps also be translated as 'upper part', meaning the upper body.

²⁶ sDe-srid Sangs-rgyas rGya-mtsho 2007, vol. II, pp. 116.12–117.5. Special thanks to Amchi Pema Dorje at the Men-Tsee-Khang in Dharamsala for his guidance in producing this translation. Any and all errors are my own.

the paintings discussed above none of the female bodies depicted are blue.²⁷ The blue woman has disappeared. (Compare Figure 1a with the first three registers of Figure 3 and Figure 2a with the first two registers of Figure 4). In comparing details of colour in this contemporary set of paintings with those found within the paintings from the collection of the Buryat Historical Museum discussed above, we find that the rich production of meaning observed both in terms of the patterning and framing of the images themselves as well as in the viewer's methods of making sense of them has been diminished. Not only did the use of the colour blue in the mode of 'repetition with a difference' establish a coherent symbolic system within the paintings and train the viewer to look for implicit and explicit clues to the causes of illness, but also this mode of representation helped us to see more about the text of the *Blue Beryl* itself. It helped us to see how the text, like the paintings, must be read cross-referentially in order to ascertain the full range of connections necessary to read the signs of the body of the patient.

The use of colour in building a symbolic system also brings to light key aspects of the role of vision in clinical practice and the phenomenology of the physician more generally. Not only do the images within the paintings cross-reference one another in a manner similar to the way in which the physician must recall the details of the texts he/she has committed to memory in relation to one another, but also they reveal something about what the physician actually sees. Not only does the use of colour in the images help the viewer to make meaning in the context of viewing the paintings, but it also communicates a quality of the body itself. The body provides clues through colour that allow the physician to read its surface, corresponding to the quality that Shigehisa Kuriyama has described as 'the expressiveness of the body'.²⁸

In his comparison of Greek and Chinese medical accounts of the human body, Kuriyama denaturalises the primacy of autopsy as the ideal source of medical knowledge within Western medical history. The assumption of a boundary between the exterior and interior of the body that must be transgressed by piercing the skin was not inherent in the Chinese system and therefore, he argues, should not be assumed as a universal framework for reading the human body.

In fact, many clues linger on the surface of bodies. Kuriyama shows how Greek and Chinese physicians had techniques of reading the colours of the body. As in the case of the Tibetan medical system, the body held clues to

²⁷ Williamson and Young 2009.

²⁸ Kuriyama 1999, especially pp. 153–92.



Fig. 3. Painting from the contemporary set of *Blue Beryl* paintings completed by Romio Shrestha and Atelier, illustrating Chapters 74–82 of the *Instructional Tantra* portion of Desi Sangye Gyatso's *Blue Beryl* commentary (Plate 46 in Williamson and Young 2009). Image courtesy of the Division of Anthropology, American Museum of Natural History, New York (Accession number: 70.3/5509).

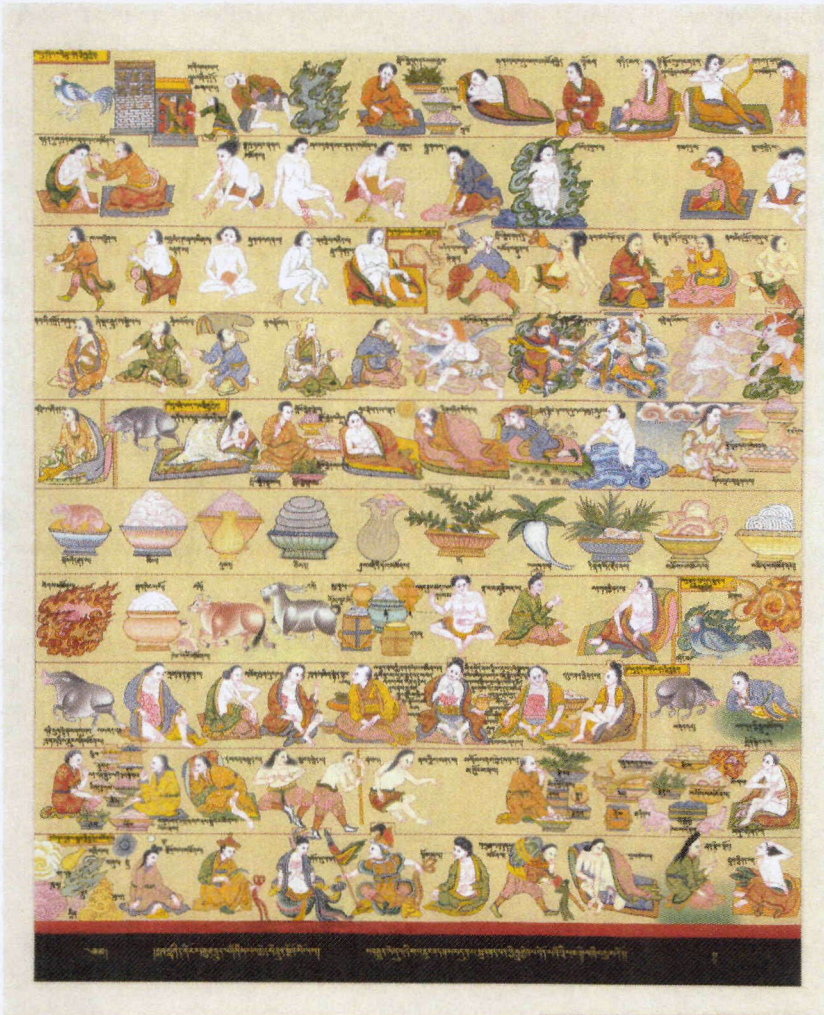


Fig. 4. Painting from the contemporary set of *Blue Beryl* paintings completed by Romio Shrestha and Atelier, illustrating Chapters 2–7 of the *Instructional Tantra* portion of Desi Sangye Gyatso’s *Blue Beryl* commentary (Plate 40 in Williamson and Young 2009). Image courtesy of the Division of Anthropology, American Museum of Natural History, New York (Accession number: 70.3/5503).

both physical and moral character that could be read by a trained expert. Modes of representation at work in the *Blue Beryl* paintings train the viewer to see with just this sort of expert eye.

In fact, there are numerous instances in the text of the *Blue Beryl* as well in which colour is meaningful for the diagnostic process as the pallor of different areas of patients' bodies such as the tongue, the skin or the eyes clues the doctor in to the kind of ailment from which they are suffering. While other symptoms may be read through touch or through listening to the very visceral account of the patient (we before have encountered symptoms such as 'boiling sensations in the bones'), colour is a sign that is accessed visually, making it an ideal way of conveying meaning in image form.

The way in which these paintings tap into the phenomenology of the physician accords with the transformation of ways of knowing discussed by Janet Gyatso in her 2004 article on the role of empiricism in seventeenth-century Tibetan medical literature.²⁹ Gyatso shows how empirical observation became validated as an alternative to the textual, allowing for innovations in medical writing exemplified by a new genre of experiential literature known as *nyams yig* together with the practice of autopsy by the court physicians of the Fifth Dalai Lama, in particular by Dar-mo Men-rapa (Dar-mo sMan-rams-pa).³⁰ The new technology of autopsy coexisted with this literary genre of clinical experience, exhibiting a diversity of techniques for reading the body that thrived during the very time in which Desi Sangye Gyatso commissioned the *Blue Beryl* paintings.

Concluding reflections

The text of the *Blue Beryl* confirms the ways in which the images are connected to it through the association of blue, menstruation and *rlung* imbalance. However, it also draws attention to the ways in which the mode of 'repetition with a difference' functions to make meaning independently to produce a correlation between blue, menstruation, *rlung* and desire, a correlation not made explicit in the text. This is not to say that the images contradict the text but rather that they depart from it in meaningful ways, often employing the same image with significant differences to produce acts of 'renaming'.

By using techniques of close reading to view the *Blue Beryl* paintings, we observed how modes of representation deflect meaning-making from the

²⁹ Gyatso 2004, pp. 83–96.

³⁰ Gyatso 2004, p. 83.

image as source to the path by which the image travels. This process requires an enduring willingness to cross-reference images within the series and to form comparisons that attend to both similarities and differences. This process requires a viewer to explore connections between images within a single painting and to understand ways in which they make meaning both in reliance upon one another as well as independently.

‘Repetition with a difference’ redefines the ‘more’ of the visual as something that exceeds what is explicitly shown in images themselves by encouraging the viewer to attend specifically to changes in subtle details occurring through repetition. Such attention leads to an understanding of how meaning is made in ways that exceed the obvious and allow for a multi-faceted approach to reading the human body with all its idiosyncrasies.

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