Chinese Medicine as Hermeneutic Knowledge?

On the Nature of Knowledge of Chinese and Modern Medicine

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Abstract

While modern medicine considers the human body as a biological system that can be studied in the same objective manner as other physical objects, Chinese medicine has a fundamentally different worldview. Chinese medicine views the human body, not simply as a biological system, but as a holistic microcosm, whose health depends on maintaining harmonious function at the level of internal microcosm and in relation to wider context understood as parallel macrosom. Without denying the success of natural science, philosophers have developed alternative epistemological conceptions that aim to better capture the nature of knowledge specifically related to human phenomena. Wilhelm Dilthey draws a distinction between understanding (Verstehen) and explanation (Erklären) as the specific form of knowing in human and natural sciences respectively. In contrast to positivistic knowledge of natural sciences, knowledge in human sciences is essentially hermeneutic in nature, knowledge that involves interpretation and understanding that takes into account variant contexts and perspectives. The hermeneutic conception offers a promising framework for understanding the nature of Chinese medicine and explaining the role of Chinese medical classics.

Keywords: Chinese medicine, Hermeneutics, Philosophy
Introduction

It is generally assumed that medical science is making continual progress. What medical students learn nowadays differs significantly from what was taught a few decades ago. It may surprise many that medical theories developed by Galen of Pergamon, a second-century Greek physician, were still adopted and taught in medical schools in the nineteenth century; today his works are only of historical significance. In Chinese medicine, however, things are different. *Huangdi neijing suwen* 黃帝內經素問 (Yellow Emperor’s Inner Classic: Basic Questions, hereafter as *Suwen*), which is dated to the second century BCE, continues to be accepted as a foundational work for those studying Chinese medicine. Regular courses on the *Suwen* are often compulsory or at least elective for students studying Chinese medicine in major universities of the Hong Kong SAR, the People’s Republic of China, and Taiwan.\(^1\)

Why do Chinese medicine practitioners continue to study the *Suwen* and do not treat it merely as a classic in the history of Chinese medicine, as in the case of Galen’s works for modern medicine? We can take this question as a point of departure for pursuing a deeper understanding of Chinese medicine. While modern medicine is commonly recognized as the standard, or the sole legitimate form of medicine in the contemporary world, there exist different forms of alternative medicine that fulfill a kind of complementary as well as competitive role in today’s medical practice. Compared to other alternative medicines such as homeopathy or naturopathy in the West, Chinese medicine seems to enjoy continued and considerable success, being widely practiced in Hong Kong SAR, the People’s Republic of China, Taiwan and among overseas Chinese. Key


\(^2\) For example, the *Huangdi neijing* is a compulsory subject in the Chinese University of Hong Kong, Hong Kong Baptist University, Chang Gung University in Taiwan, and University of Technology Sydney, and it is an elective course in many other universities offering programs in Chinese medicine such as China Medical University.
components of Chinese medicine such as acupuncture and cupping therapy have even been adopted to a certain extent by practitioners of modern medicine and have gained in popularity. A deeper understanding of the nature of Chinese medicine is not only of intrinsic value, but may help reveal important limitations of conventional medicine.

Modern medicine is a subdomain of the hugely successful enterprise of natural science, which aims to deliver objective and value-neutral knowledge about the world. Theories in natural science are verified, or falsified, based on observable empirical evidence, supposedly irrespective of cultural and historical contexts. Modern medicine considers the human body as a biological system that can be studied and even manipulated in the same objective manner as other physical objects. Using the same scientific standard, the question of whether the theories in Suwen are valid in the eye of modern science should be answered by empirical research that subjects them to critical scrutiny. While natural scientific methods have been increasingly adopted in research practices related to Chinese medicine, studies usually focus on Chinese materia medica, examining their effects or non-effects. Empirical research has rarely been done on the theoretical framework of Chinese medicine, as developed in the Suwen and other classics. A major reason for the lack of such research is that basic concepts used in Chinese medicine, such as qi 氣, yin/yang 陰陽 and wuxing 五行, are not easily translatable into empirically observable phenomena that can be put to experimental test. This intractable difficulty, however, does not provide insight into why classics such as the Suwen persists as a text foundational to the study and practice of Chinese medicine.

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3 A new physiotherapy system, Intramuscular Simulation (IMS), that was developed in Canada in 1970s was inspired by acupuncture in Chinese medicine. IMS considers itself to be grounded in Western Medical Science, but it makes use of acupuncture needles. See the introduction page of IMS on the website of the University of British Columbia. Retrieved from: [http://ubcgunnims.com/what-is-ims/gunn-ims/](http://ubcgunnims.com/what-is-ims/gunn-ims/). In addition, the cupping treatment of Chinese medicine has attracted worldwide media attention during the 2016 Olympics, after 23-time Olympic Gold Medalist Michael Phelps and other athletes were found receiving cupping treatment. The New York Times. Retrieved from: [http://well.blogs.nytimes.com/2016/08/08/what-are-the-purple-dots-on-michael-phelps-cupping-has-an-olympic-moment/](http://well.blogs.nytimes.com/2016/08/08/what-are-the-purple-dots-on-michael-phelps-cupping-has-an-olympic-moment/).
more in-depth investigation into the nature of Chinese medical knowledge has to be undertaken in order to understand how such knowledge differs from the scientific knowledge of modern medicine.

**Modern Medicine and the Worldview of Natural Science**

Modern medical science, as part of natural science, has succeeded in persuading people that it provides privileged access to objective truth and that it describes objective reality. It is perceived to be trans-cultural and universally applicable. The medicines produced under the paradigms of modern medical science are claimed to be effective in curing particular diseases regardless who is treated. Biomedical research, for example, is now led by the “evidence-based medicine” (EBM) paradigm – what are effective in healing within this paradigm are those medicines or treatments which are shown to be effective in the analyses of the results of randomized controlled trials (RCTs). “Evidence produced by RCTs has thus been called the ‘gold standard’ of evidence in EBM.”⁴ It is clear that a key feature of the philosophy of modern medicine is about the problem of standardizing the criteria for measuring the effectiveness of drugs and treatments.

In order to understand the dominance of modern medicine, it is important to understand the background and features of modern science as well as the scientific worldview. The scientific worldview, or more precisely the worldview of natural science, can be critically assessed using ideas from Thomas Kuhn’s work, *The Structure of Scientific Revolutions*. Kuhn argues that

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viewing scientific development as “the piecemeal process by which these items [i.e. facts, theories and methods] have been added, singly and in combination, to the ever growing stockpile that constitutes scientific technique and knowledge” is a common misconception (Kuhn, 1996, 1). It looks like there is always progress in science and we are one step closer to the objective reality or the “truth” when there is new discovery. However, Kuhn points out that science is not developing towards one single ultimate goal of finding the “truth” of the “objective” world as many have expected. Rather, the development of science should be understood as a series of paradigm shifts, which usually happen through scientific revolutions, for scientific revolutions are non-cumulative episodes of development, in which an older paradigm is replaced in whole or in part by an incompatible new one (Kuhn, 1996, 92).

According to Kuhn’s theory, scientists in the normal-scientific tradition are constantly working in shared paradigms, which include preconceptions and established viewpoints that limit their works to expected answers (1996, 39). Thus, normal-scientific activities do not only fail to encourage novelty, but even tend to prohibit new discoveries. Scientific revolutions are, in Kuhn’s view, a result of a new paradigm proven to be more useful or coherent in puzzle-solving (or “fitting the facts better” in Kuhn’s description) than the old paradigms. Nevertheless, the competition between paradigms is not a kind of battle that can be resolved by proofs, since competing paradigms are often incommensurable with each other. Hence, the transition between competing paradigms can neither be made one step at a time nor forced by logic and neutral experience. It involves rather a change in preconceptions (like the “gestalt switch” in Kuhn’s words) that must occur all at once, but not necessarily in an instant, or not at all. This implies that scientific revolutions rely very much on the change of scientists’ perspectives which may somehow not obey rationality. Kuhn’s theory of scientific revolutions as paradigm shifts, therefore, suggests that the
activities of scientific research are not as “objective” and “rational” as they appear to be. The results of these allegedly objective but in fact biased scientific researches were thought to constitute the “truth” that represents objective reality out there in the physical world. The search for truth is a central theme of Western tradition that has been leading the development of Western culture since Ancient Greece. Although natural science, as an area of inquiry, constantly emphasizes its “objectivity” and “universality,” it inevitably works under specific presuppositions. Although it is not explicitly stated, there is actually a metaphysical assumption of realism in modern science. It presupposes that there is a reality out there to be investigated and discovered. Natural science’s strong abilities in prediction and manipulation lead to the thought that it can grasp the “objective truth” – the only sort of truth worthy of the name due to its correspondence to objective reality. This realist view, however, is being challenged continuously. This realist view continues to be challenged by pragmatists, and more fundamentally by anti-representationalists such as Richard Rorty, who propose to replace correspondence with usefulness. Anti-representationalists point out that the realist view on truth cannot give a satisfactory explanation concerning scientific revolutions as paradigm shifts rather than cumulative development episodes. Instead, if we view the problem from the pragmatist’s perspective, scientific development can be understood as a process of seeking unforced agreements on how the phenomena in the physical world can be explained. Even though we can articulate a much more sophisticated explanation of the world than our ancestors did, it does not mean that we are closer to a final goal or the truth. For most, if not all, of the scientists do simply focus on solving their own puzzles rather than searching for an ultimate determinate truth of the world. Hence, if there is no external, purely objective reality to determine which theory is true or right, natural science should not be considered unquestionably superior to sciences from non-western culture in determining what is true. Rather,
when the existing agreements within science encounter other agreements from other communities, the procedures of justification should be determined by the unforced agreement of the communities. In this sense, what truth is is determined by which idea turns out to be better at the moment, and the truth is always open to challenges from new evidence and arguments. These challenges provide more conceptual resources for us to understand the nature of natural science or even knowledge in general.

**Features of Chinese Medicine**

Without the conception of working toward one final goal or the truth, the paradigms of Chinese medicine are much more tolerant of diversity when compared with that of modern medicine. The fundamental difference between Chinese medicine and modern medicine consists in their almost contrasting views on healthcare and illness. Paul U. Unschuld formulated the difference as follows: Chinese medicine tries to deal with “perceived reality,” while modern medicine focuses on the “probable reality of illness and disease” (1985, 9). “Perceived reality” means what Chinese medical practitioners can observe from the patient, while “probable reality of illness and disease” means an abstract understanding of illness and disease by focusing on conceptualization of observations. Under the modern medical paradigm, symptoms are taken as signs of disease; if doctors cannot draw a conclusion from the symptoms, the cause, which is usually considered as diseases, is often referred as indeterminate. In the Chinese medical world, according to Unschuld, there are only a minority of people who care about “the persistence of ‘pure’ conceptual therapy systems” (1985, 13). Rather, the majority of people who participate in the eclectic and syncretic systems of therapy show therapeutic plurality in their actual daily practice. In the world of Chinese medicine, as Unschuld puts it, “different, often antagonistic
systems of ideas have been developed accounting not only for a diachronic but also for a synchronic plurality of competing concepts as to the character, causation, treatment, and prevention of illness” (1985, 8). In other words, the system can accommodate not only differing treatments, but also different diagnostic conclusions concerning the same set of symptoms. This can be called a pragmatic approach to the restoration of the balance of one’s body. Under this paradigm, the key issue is to help one particular person to restore the balance of his/her body. Chinese medical practitioners, in general, do not pursue the universality of a treatment, that is, they do not aim to have one treatment applicable to all the patients with similar symptoms. What is even more interesting is that, within the same Chinese medical world, “different systems of therapy not only deal differently with one and the same health problem but that they, in addition, frequently recognize or emphasize quite different health problems in the first place” (Unschuld, 1985, 11). With a pragmatic attitude, Chinese medical practitioners are always looking into the condition of human bodies, but not the diseases.

To summarize Chinese medicine as a whole, Unschuld’s concise account is worth referencing. He says,

Chinese civilization offers the analyst a wealth of primary sources, reflecting concern with the experience of human illness that stretches from the fifteenth century B.C. to the immediate present. During this period of nearly 3,500 years, oracular therapy, demonic medicine, religious healing, pragmatic drug therapy, Buddhist medicine, the medicine of systematic correspondence and ultimately, modern Western medicine either originated in China itself or were adopted from foreign cultures. The history of these seven major conceptual systems is not characterized by simple linear succession, in which practitioners exchanged each old system for a new one. Instead, the evidence reveals a diversity of
concepts extending for more than two thousand years. New ideas were developed or introduced from outside and adopted by authors of medical texts, while at the same time older views continued to have their practitioners and clients (1985, 5).

The intracultural diversity of Chinese medicine reveals a completely different attitude towards medicine when compared with modern medicine. Unschuld has constructed a conceptual framework to illustrate the system of Chinese medical knowledge. He proposes that there is a durable paradigmatic core with a “soft coating” of therapeutic knowledge in the system of Chinese medicine (1985, 7-8). The durable core of Chinese medicine, which consists of two paradigms, namely “the paradigm of cause-and-effect relations between corresponding phenomena” and “the paradigm of cause-and-effect relations between non-corresponding phenomena”, basically welcomes any kinds of solution to health care problems. Although the two paradigms are fundamental in Chinese medicine, they are not exclusive to Chinese medical system. On the other hand, the soft coating of medical knowledge, which is flexible and subject to frequent modification, refers to the “health care-related concepts that have changed over time” (Unschuld, 1985, 9).

The relation between the paradigmatic core and the soft coating can be demonstrated by an example given by Unschuld: the durable core “contains the knowledge that there exist other-than-human beings that may influence human life,” whereas “the soft coating may identify these beings as permanently evil and malevolent” or “as capable of delivering both harm and cure)” (1985, 9). Further,

The soft coating also includes perceptions of the functions and structure of the organism as well as the formulation of behavioural norms designed for the prevention and treatment of illness. These behavioural norms include those which, if violated, may create conditions activating any of the basic causative principles (1985, 9).
After analysing the history of ideas in Chinese medicine, Unschuld suggests that, unlike modern medicine, the basic validity of therapeutic concepts in Chinese medicine is primarily social and the efficacy of specific therapeutic concepts seems to be of secondary significance (1985, 12). However, even though the soft coating of medical knowledge changes with sociopolitical ideology, the non-dominating conceptual systems of health care are not totally eliminated from the field. Rather, these systems “survive in social groups that continue to follow a consistent sociopolitical ideology” (1985, 13). So, how could this be possible? Unschuld’s suggestion of the practitioner’s and patient’s eclectic and syncretic nature in Chinese medicine may be a hint to the answer. He says,

The eclectic and syncretic nature of patient and practitioner utilization of available ideas and tangible primary resources in pluralistic health care settings of complex societies is partly a result of the healer’s striving for secondary resources, that is, remuneration, and of the patients’ desire to maintain or regain health by all means. Eclectic and syncretic health care behavior are, thus mainly goal oriented, not cognition based (1985, 14).

In short, the philosophy of Chinese medicine is to leave room for the patients and practitioners to look for the best possible solution for an individual.

**Hermeneutic Conception of Science**

The nature of inquiry of Chinese medicine and modern medicine can be examined with the hermeneutic approach. Wilhelm Dilthey draws a distinction between understanding (*Verstehen*) and explanation (*Erklären*) as the specific form of knowing in human (*Geisteswissenschaften*) and
natural sciences (Naturwissenschaften) respectively.\(^5\) Natural sciences take a detached stance towards their objects, resulting in positive knowledge about external causal relationships and mechanistic explanation of objectifiable phenomena. Applying this natural scientific model to the study of human phenomena, however, fails to take the essentially socio-historical and cultural nature of human existence into proper account. According to Dilthey, human sciences have to acknowledge the interpretive or perspectivistic nature of their studies, in which understanding is achieved through a communicative and participatory exploration of human phenomena in view of their specific, culturally situated “nexus of life” (Lebenszusammenhänge).\(^6\) In contrast to positivistic knowledge of natural sciences, knowledge in human sciences is essentially hermeneutic in nature, knowledge that involves interpretation and understanding that takes into account variant contexts and perspectives. This approach of interpretation with the distinction of understanding and explanation is later reformulated by Karl-Otto Apel with the name of “transcendental pragmatics.”

It might seem that natural-scientific knowledge and human-scientific knowledge are two distinct domains with no overlaps. Nevertheless, to Apel, there are sciences that are quasi-objective, which could be considered as having the essences of both natural sciences and human sciences. According to Apel, the methodology of sociological and psychological behavioural researches, especially psychotherapy, have the characteristics of both explanation (Erklären) and understanding (Verstehen) (1980, 71-2). In other words, there is an objective and distanced

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\(^6\) Phenomenologists of the twentieth century from Edmund Husserl and Martin Heidegger to Hans-Georg Gadamer further developed Dilthey’s ideas, using concepts such as “lifeworld” (Lebenswelt) to explain the possibility not only of human but also of natural sciences. See Edmund Husserl, *The Crisis of European Sciences and Transcendental Phenomenology*, trans. D. Carr (Evanston: Northwestern University Press, 1970), 137-141.
behavioural explanation in the process of psychoanalysis, which cannot be used without translating
“the language of psychological and sociological ‘explanations’ into the language of a deepened
self-understanding that transforms their motivational structure and thereby robs the ‘explanation’
of its foundation” (Apel, 1980, 71). Thus, there is a working of Verstehen in the process of
psychoanalysis which helps to form its Erklären. Apel considers this a dialectical mediation of
Verstehen and Erklären, which he calls “the critique of ideology” (1980, 72) – for ideology refers
to a transcendental framework of what things mean and what it is like, the dialectical mediation of
Verstehen and Erklären is constantly analyzing and assessing that transcendental framework. It
somehow indicates that Verstehen and Erklären can be understood as two ends of a line and form
a kind of spectrum, in which natural sciences are more inclined to Erklären while human sciences
are closer to Verstehen.

Apel sees natural sciences as investigation from a third-person perspective (and, therefore,
objective), whereas human sciences must be from first- or second-person perspectives. All human
behavioural reactions, as Apel stated, should be subject to hermeneutic analysis. To Apel,

hermeneutic analysis commences from the fact that intelligible human behavioural
reactions, as linguistically-related intentional forms, themselves possess the quality of
understanding. As a result, such an analysis would affirm that the data of the world, in
whose context the behaviour that is to be understood emerges, must itself be understood
from the intentional understanding of the behaviour that is to be understood. The world is
then no longer the ‘existence of things inasmuch as [in the sense of the natural sciences]
they form a law-like connection’ (Kant) but the ‘total situation’ of a specific ‘being-in-the-
world’ (Heidegger) in which we can participate through the understanding of language
(1980, 55-6).
Therefore, *Verstehen* cannot be achieved by distancing from the “objects to be studied.” Rather, we have to go into the total situation in order to understand human sciences. This is a typical antipositivistic view. The tenets of positivism include, as Wright indicates, the idea of the unity of scientific method and “the view that the exact natural sciences, in particular mathematical physics, set a methodological idea or standard which measures the degree of development and perfection of all the other sciences, including the humanities” (1971, 4). The positivists believe that the world should be explained by general laws, which presuppose causal relationship in explanations. Positivism even assumes that there are general laws of nature, including “human nature”. However, to antipositivists, there is a methodological dichotomy of *erklären* and *verstehen*. While *erklären* is clearly guided by laws and theories, *verstehen* operates with empathy-like involvement of the interpreter and connection with intentionality. The empathic *verstehen* should not be understood as “feeling”; instead, as Wright points out, ‘it is an ability to participate in a “form of life”’ (1971, 29). More precisely, the operation of *verstehen* is about getting to know “the aims and purposes of an agent, the meaning of a sign or symbol, and the significance of a social institution or religious rite’ (1971, 6) and Apel echoes the idea by stating that “the historicity of the interpreter is one of the pre-conditions for the possibility of understanding in the human sciences” (1980, 63).

**Chinese Medicine as Hermeneutic Knowledge**

“[Chinese medical theory] has been greatly elaborated over the two thousand years of its history, incorporating new ranges of pathological detail and therapies. But its basis has remained concepts such as yin-yang and the Five Phases, defined at its very beginning. Again and again their meanings have been extended and their associations with particular phenomena altered” (Sivin, 1987, 20). This description from Nathan Sivin illustrates the operation of *Verstehen* with the
Erklären in Chinese medicine. This process of constant Verstehen can be visualized as we imagine numerous Chinese medical practitioners consulting and reinterpreting the classical texts relative to their accumulated knowledge, and past readings of the classics, after interacting with their patients. This dynamic interpretive process is a means for assisting their patients as they attempt to restore the balance within their bodies. Although the same kind of Verstehen is still at work in the Chinese medical system today, it is more difficult for us to contrast the system with that of modern medicine since the modern medical paradigm is now included in the system. Nonetheless, when we look at the paradigm of Chinese medicine before TCM, which is immune from this complication due to the inclusion of modern medical paradigm, it was certainly hermeneutic in nature.

The principal concern for Chinese medical practitioners is the well-being of individuals. There is no authoritative best treatment for patients with similar symptoms in the world of Chinese medicine, and practitioners are generally not interested in the persistence of so-called pure conceptual therapy systems. Instead, Chinese medical practitioners would help each individual patient to maintain or regain health by different possible means based on their knowledge and experience. The involvement of patient’s self-report as well as practitioner’s understanding of the patient’s history, symptoms, and judgment plays a crucial role in diagnosis and treatment. This process entails the operation of Verstehen at many levels: between the patient and his/her own body, the practitioner and the patient’s self-report, the practitioner and the patient’s history, the practitioner’s interpretation of the patient’s situation and the medical texts, the practitioner’s understanding of the patient’s report on the effect of treatment and the medical texts, even between the patient’s interpretation of the practitioner’s prescription and the practitioner’s understanding of the same prescription, and so on and so forth. In other words, Chinese medicine works
hermeneutically. A key reason for the success of this hermeneutic process in Chinese medicine is that it favours *Verstehen* rather than *Erklären*. With a pragmatic approach to restoring balance within a patient’s body, different approaches to treatment of patients sharing similar symptoms could be considered equally effective, as long as they proved effective in each case. The system of Chinese medicine does not exclude any knowledge as long as it could be beneficial to the well-being of individuals. As a result, an intracultural diversity of Chinese medical knowledge is formed. When the interpreters, i.e. the Chinese medical practitioners, work with the patients, their historicity are included in the process of diagnosis and treatment. Meanwhile, what the interpreters have learned in the process of trying to heal the patients reciprocally informs the historicity of the interpreters. Thus, the dialectical mediation of *Verstehen* and *Erklären* is integral to the healing process within Chinese medicine.

Classical texts such as *Suwen* play a vital role in this hermeneutic circle. They provide interrelating theories that are rich enough for *Verstehen* to operate. It is fascinating that even though laws and theories may be taken as *Erklären* in nature, Chinese medical theory, as a knowledge about human body, functions side by side with the pragmatic approach in Chinese medicine that makes Chinese medical knowledge, as a whole, closer to *Verstehen* in nature. The basic tenet of the Suwen, for example, is to act aptly to maintain health and to act aptly to help to restore the good order of the body when there are signs of abnormality. As in the first chapter of the *Suwen*, when *Huang Di* 黃帝 asked *Qi Bo* 岐伯 why the people of high antiquity had long and healthy lives, *Qi Bo* answered:

The people of high antiquity, those who knew the Way,

they modeled [their behaviour] on yin and yang and they complied with the arts and the calculations.
[Their] eating and drinking was moderate.

[Their] rising and resting had regularity.

They did not tax [themselves] with meaningless work.⁷

From this passage, it is apparent that the vitally important thing to do to achieve a long and healthy life, as told in the *Suwen*, is to act aptly. Eating, drinking, rising, resting, and working are all essential in our lives, but it is crucial not to overdo these. So, what exactly does “aptly” mean? *Suwen* includes some explanations that are subject to further interpretation. The interpreters’ attempts are sometimes recorded in a systematic manner as commentary on the classical texts; and many of the times incorporated in the process of diagnosis and treatment on individual level.

The high tolerance of diversity in Chinese medicine results in a common phenomenon that could not be acceptable in the modern medicine paradigm; it is, as Volker Scheid put it, in Chinese medicine, “[n]o two doctors diagnose, prescribe, or treat in quite the same way. It would be most unusual, for instance, if after consulting ten senior physicians for the same complaint one did not walk away with ten different prescriptions” (2002, 9). It makes the dialectical mediation of *Verstehen* and *Erklären* even more unique for each interpreter; as they have the flexibility, within the framework of Chinese medicine, to propose whatever they found practicable in their own experience. Their experiences may, subsequently, influence their interpretation of the theory in the classical texts.

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⁷ 「上古之人，其知道者，法於陰陽，和於術數，食飲有節，起居有常，不妄作勞」 *Suwen*, chapter 1.
(Trans. Unschuld and Tessenow, 2003, 29-30)
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