

(archaeological and ethnographic) approach counteracts the Eurocentric preoccupation with the arrival of newcomers and their artifacts. Thus the colonial encounter can be viewed as one of many events that affected the trajectory of Native American cultures and adaptation. Chapter three opens in 1851 with the Mariposa Battalion intent on removing the people from the Yosemite Valley. Increasingly violent conflict with Gold Rush miners and other Native groups led to the removal of the Yosemite from the valley into the growing Non-Native economy as wage labourers in the tourist industry. This is as close to a narrative as *Pestilence and Persistence* gets.

The next four chapters are the heart of the study and take us into deep time stretching back more than five thousand years. Much of the archaeological data is perforce tentative and to this historian seems a rather blunt instrument; indeed, one graph charts population fluctuations between 3625 BC and 1875 AD in half-century chunks. But Hull amasses considerable evidence to support her contention that demographic fluctuations were common enough in the people's past, and that strategies of survival and adaptability were fundamental to their history and culture. Her conclusion, by now familiar, is that in the Yosemite case depopulation from disease occurred before face-to-face contact and thus would have been interpreted as another episode in a very long history of change and cultural adaptation. The penultimate chapter ponders whether the Yosemite case was exceptional by comparing the experience of ten diverse Native groups from the American south-east to the north-west in order to test her hypothesis about the timing, magnitude, and consequences of introduced disease. Her analysis argues against continent-wide pandemics and suggests a much more complicated interaction between disease, depopulation and cultural responses. She notes that, despite the diversity of cultures, a recurring theme emerges of Native American persistence and adaptability in the face of upheaval; introduced disease was not the portent of profound cultural change. Hull

concludes by reiterating the point that cultural dynamism was the norm and that it is through a deep archaeological understanding of the unique history of groups such as the Yosemite that ethnohistory can finally move away from the Eurocentrism that privileges the agency of newcomers.

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(eds), *Body and Spirit: Tibetan Medical Paintings* (New York: American Museum of Natural History in association with University of Washington Press, 2009), pp. xiv + 234, £28.99/ \$45.00, paperback, ISBN: 978-0-295-98869-6.

Body and Spirit: Tibetan Medical Paintings is a beautifully produced catalogue to accompany the identically named exhibition at the American Museum of Natural History to be held in New York in 2011. At its core are colour reproductions of the entire set of seventy-nine copies of Tibetan medical paintings crafted by the Nepalese artist Romeo Shrestha and his group in the early 1990s in Kathmandu.

The original set of *thankas*, or painted scrolls, were produced in late-seventeenth-century Lhasa, the newly established capital of the recently unified Tibetan state under the Fifth Dalai Lama. The Dalai Lama promoted scholarship in the healing arts, and invited to his court physicians from different parts of Tibet and from abroad so that they could teach and exchange knowledge with his own scholar-physicians and, not least, cure his ailments. Sangyé Gyatso, his close disciple and later prime minister, who shared the Dalai Lama's passion for the healing arts, became a medical scholar and continued state support for medicine after his death. He commissioned and oversaw the creation of the original set of seventy-nine medical paintings, which were to illustrate Sangyé Gyatso's new commentary, the *Blue Beryl* (*Baidurya Ngönpö*), on the twelfth-century fundamental Tibetan medical

treatise *Four Tantras (Gyūshi)*. Both were to be among the main texts for instruction of students at the newly set up Chagpori Medical College (1696–1959) in Lhasa, where the paintings were subsequently kept.

For students of the Tibetan ‘science of healing’ (*Sowa Rigpa*), it is, even today, a requirement to memorise at least parts of the *Four Tantras* and, at times, of the *Blue Beryl*. With their logical exposition and extensive use of the metaphor of the tree, the internal structure of these texts helped in this endeavour. Through roots, trees, stems, branches, leaves and flowers, the medical student was introduced to successively more intricate levels of the medical teachings; and this structure offered unique potential for visual representation. Among the first paintings, three *thankas* depict the so-called ‘three roots’ of Tibetan medicine, the root of physiology and pathology, the root of diagnosis and the root of treatment. The depiction of the trees that grow from these roots became practical, yet pleasing tools for memorisation of the medical texts, even if the majority of the paintings follow various other structures: a full size drawing of a *mandala* of the Medicine Buddha, large anatomical plates, rows with comic-strip-like depictions of human gestation, harmful spirits, diseased peoples and their doctors reading pulses and treating patients.

The paintings undoubtedly had great value for medical instruction. But as Professor Janet Gyatso of Harvard Divinity School rightly points out in her introduction to the catalogue, many of the roughly 8000 individual drawings do not add much to the explanations given in the medical texts. Indeed some hardly seem to relate to medicine at all. It is here that the set emerges as a comprehensive work of art and political prestige as well as a reflection of medical and religious virtue. The fact that Tibetan religious art did not disclose much of the ordinary life of Tibetans gives additional value to the medical paintings, which offer a unique window onto a time, a place and its people – one which was rarely represented visually.

Several copies of the paintings were created in subsequent centuries. At least three new sets were executed in the early twentieth century in Lhasa under the aegis of the Thirteenth Dalai Lama, one of which was brought to the Tibetan Buddhist region of Buryatia. Given the loss and destruction of much cultural heritage during Tibet’s history under communism, including the destruction of Chagpori Medical College in 1959, the fate of the original set is still unclear. The extant sets from Lhasa and the Buryat Republic have been reproduced in various academic publications and in multiple languages (see, for example, Yuri Parfinovitch, *et al.* (eds), *Tibetan Medical Paintings: Illustrations to the Blue Beryl Treatise of Sangye Gyatso (1653–1705)* (1992), and Byams-pa ‘Phrin-las, *et al.* (eds), *Tibetan Medical Thanka of the Four Medical Tantras* (1988). These formed the basis for the present series by Shrestha and his group.

In contrast to an earlier publication of parts of Shrestha’s set (Ian Baker, *The Tibetan Art of Healing*, 1997), *Body and Spirit* makes available all seventy-nine paintings, giving a well translated short summary on each of them and an English rendering of all medical terms, drawing on the original seventeenth-century descriptions. Gyatso’s erudite introduction adds greatly to the value of the book for academic and general readers alike. Having worked on and thought about the set for many years herself, she is not only fully aware of current debates in Tibetan Studies, history of medicine and art, but also shares new insights into the history and aim of the set not discussed in earlier academic publications. *Body and Spirit* will not only be of great use to teachers and students of Asian studies and global medical history but will also give much pleasure to anyone interested in Asian art.

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