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### Permalink

<https://escholarship.org/uc/item/0vj8h41g>

### Journal

Asian Medicine, 6(2)

### ISSN

1573-420X 1573-4218

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### Publication Date

2011-09-01

### DOI

10.1163/15734218-12341238

Peer reviewed



BRILL

*Asian Medicine* 6 (2010–11) 348–386

brill.nl/asme

## Children's Healthcare and Astrology in the Nurturing of a Central Tibetan Nation-State, 1916–24

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*My child, you are born of the heart.*

*May you live a hundred years and perceive one hundred teachings.*

*May you attain a noble long life and overcome every evil.*

*May you have wealth, good fortune and happiness in abundance!*

From the *Four Tantras*, root text of Tibetan medicine

*Let all aspire to the pure and highest motivation of benefiting others!*

*Through the power of all beings, high and low,*

*Following the small excerpt on childcare propagated here*

*May the glory of the highest beneficial qualities and skills be attained!*

The Thirteenth Dalai Lama, in his benedictory verses to *Treasure of the Heart* (1916)

### Abstract

Between 1916 and 1924, a Tibetan public healthcare programme that focused on childcare and natal astrology comprised a central aspect of the mission of the Lhasa Mentsikhang (Institute of Medicine and Astrology). Assessing previously unused Tibetan language materials—including the Thirteenth Dalai Lama's edict for implementation and an accompanying childcare manual—the programme is contextualized with regard to regional developments in British India and China. Like British 'mothercraft' education programmes of the same period, the Tibetan initiative links the health of the population (from infancy) to the health of the state and its economy. Rather than appealing to the authority of 'scientific' colonial medicine, however, this paper discusses how indigenous medical techniques and theories are put forward as effective means to prove the nascent Central Tibetan state's benevolence, legitimacy and sovereignty via intervention in the domestic sphere. Such attention to medical reform and to the domestic sphere brings light to an underappreciated effort by the Thirteenth Dalai Lama to cultivate a sense of Tibetan subjecthood and to reconfigure the relationship between his government and various segments of society. Significantly, this childcare initiative was entrusted not just to mothers, and the category of class is here more germane than the category of gender central within British programmes. Various social groups within a specifically delineated Tibetan territory are assigned tasks in the programme's implementation, illustrating the desire to incorporate each into a reorganised Tibetan state bound by a newly articulated Buddhist ideal of shared social responsibility.

**Keywords**

Early 20th century public health, childcare, Thirteenth Dalai Lama, Lhasa government, Mentsikhang

During the late nineteenth and early twentieth centuries, campaigns to professionalise obstetrics and to educate women about hygienic childbirth and post-natal care emerged around the globe. Championed within both colonialist and nationalist agendas, these initiatives formed part of a larger emerging discourse that linked the provision of public health care and the management of the domestic sphere to notions of benevolent rule, state sovereignty and civil society. Scholars have been reluctant to identify early twentieth-century social and medical developments within the Central Tibetan state led by the Thirteenth Dalai Lama Tupten Gyatso (Thub-bstan rGya-mtsho 1876–1933), with contemporaneous medical innovations and discourses of nationalism.<sup>1</sup> However, there has been little assessment of many Tibetan sources relevant to the most significant internal development in medicine during this period, that is the founding in 1916 of the Lhasa Mentsikhang or Institute of Medicine and Astrology.<sup>2</sup> In this article I will examine a critical component of the Mentsikhang's early mission, a children's health-care (*byis pa nyer spyod*) programme officially implemented between 1916 and 1924.<sup>3</sup> Concerns of

<sup>1</sup> See McKay 2007, pp. 134, 209. My research supports McKay's conclusion that the Central Tibetan state did not institute any 'systematic biomedical education'. However, in contrast to the British sources of the time that do not recognise the existence of 'public health structures' in Tibet, I aim to show that from the perspective of Lhasa, the idea of providing public health care was largely disassociated from 'biomedical' technologies and theories.

<sup>2</sup> The major secondary works to date regarding the Mentsikhang (*sman rtsis khang*) and its founders during this early twentieth-century period come from Jampa Trinlé (Byams-pa 'Phrin-las), student of Khyenrap Norbu (mKhyen-rab Nor-bu) and later director of the Lhasa Mentsikhang (including 1986, 1990 and undated, among others). Rechung Rinpoche 1973 gives another, albeit brief, early account. Byams-pa 'Phrin-las' works form the basis of later scholarship in both Tibetan and Western languages, notably Pa-sangs Yon-tan 1987, bLa-ma-skyabs 1997, sKal-bzang 'Phrin-las 1997, E-pa bSod-nams Rin-chen 2009 and Meyer 1992. E-pa bSod-nams Rin-chen's recent work brings to bear new material from interviews in Dharamsala and based on an undated account published in Lhasa by bsTan-'dzin bKra-shis; these two sources, along with Yinba (Tib: Yum-pa) 2008, will receive further attention in my forthcoming dissertation. Tashi Tsering (2010) has further discussed sources on Khyenrap Norbu. Alex McKay (2005a, 2005b, 2007) thoroughly details efforts to introduce the British medical system in Tibet and the Himalayas at this time, along with British perspectives on Tibetan physicians and the state of medicine in the region.

<sup>3</sup> These dates, from Byams-pa 'Phrin-las undated, contrast to the statement of Janes 1995, p. 14, that the programme was carried out for 'about 15 years'. Only limited evidence regarding

gender, it is well established, are not peripheral to concerns of the nation; in this spirit I will argue that the dearth of attention both to medical reform and to the domestic sphere has led to some misunderstanding of early twentieth-century Central Tibetan politics. The Mentsikhang's childcare programme, while not emphasising gender as a category, represents a significant and previously unrecognised effort to cultivate a sense of Tibetan subjecthood beginning in the domestic realm as well as to reconfigure the relationship between various segments of Central Tibetan society.<sup>4</sup>

Uniquely, among the Thirteenth Dalai Lama's well-known early twentieth-century state-building reforms, the Mentsikhang's legacy survived the reorganisation of Tibetan governance and society after 1950 by the People's Republic of China, to be claimed proudly by succeeding institutions both inside Tibet and in exile.<sup>5</sup> Yet the Mentsikhang does not appear within the dominant historical narrative of this period formulated in Melvyn Goldstein's foundational *History of Modern Tibet, 1913–1951*.<sup>6</sup> Instead, Goldstein's treatment of the Thirteenth Dalai Lama's reforms focuses on their military and economic aspects. Motivated and funded mainly by the British, these included such technology-based and state-rationalising initiatives as the reorganisation of the army, the institution of a police force, revision of the tax code, building a telegraph connection and hydroelectric plant and conducting a mineral survey and plans for a postal service. In such a portrait, Tibetans themselves become primarily responsible for a 'failure' to create a nation-state or even a fully 'modern' society, where the idea of the modern includes certain social technologies in addition to material technologies. A stereotype also

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the extent of the programme's dissemination and implementation is available; this will be discussed during the course of this article.

<sup>4</sup> Here 'Central Tibet' refers specifically to the areas administered by the Lhasa Government under the Thirteenth Dalai Lama. The exact geography of these areas, which he refers to in his childcare edict as the 'districts and estates' (*rdzong gzhis*), has been difficult to determine in contemporary scholarship with available documents. Byams-pa 'Phrin-las (1990) claims that the Mentsikhang purview extended over 96 *rdzong gzhis*, and while this figure is not found in the reprinted text of the edict (TA-la'i sKu-phreng bCu-gsum-pa 1989), it is not unlikely that it comes from his consultation of the original or a related source. See, however, Goldstein (1968) who suggests around 120 districts, all located today within the Tibet Autonomous Region.

<sup>5</sup> See Hofer 2011a on twentieth century medical developments in Central Tibet, Janes 1995 and the extensive body of Adams' work (Adams 2002, Adams et al. 2005, and many others) on the Lhasa Mentsikhang after the Cultural Revolution, and Kloos (2010) on medicine and the 'Men-Tsee-Khang' among Tibetan exiles in India from the 1960s to present.

<sup>6</sup> While Goldstein (1989, p. 510 n. 143 and p. 515 n. 157) mentions the Mentsikhang's first director, Khyenrap Norbu, he never acknowledges the Mentsikhang itself, apparently not considering it an instance of reform and state-building aspiration on a par with the others he discusses, as indeed British contemporary observers did not. See also McKay 2007, p. 156 and *passim*.

emerges of aristocratic elites, even those involved in the state reforms, as insensitive to matters of class and of the Tibetan Buddhist monastic establishment as uniformly reactionary, opposed both to reform within both their own powerful ranks and the lay sphere. The continuing dominance of this narrative has led to a more general assumption, expressed succinctly by Gray Tuttle, that:

No real effort was made to promote an 'imagined community' or to develop a concept of citizenship. To do so would have altered the relationship between the monastic and noble elites and a populace that was more or less their subjects... the Tibetan leadership seemed to feel that they could become a nation-state by using international tools without changing the fundamental structure of Tibetan society.<sup>7</sup>

Considering the Mentsikhang's reforms along with these others, however, and in particular the institution's concern with bringing childcare and natal astrology to each Central Tibetan household, allows us to considerably complicate this conclusion.

### **'Mothercraft', imperialism and nationalism**

At the turn of the twentieth century, the approximately 100 districts and estates under the Dalai Lama's Lhasa government lay at the cross hairs of the innocuously designated 'Great Game', a rush on the Asian continent to delineate borders, count and classify peoples and develop efficient bureaucratic states to manage populations. Although European access to Central Tibet was limited diplomatically at this time, Tibetans were nevertheless embedded in regional networks of travel, trade and the circulation of ideas and technologies (including medical ones), particularly with India, China and Mongolia. For the British Empire, the collection of increasingly sophisticated census data and statistical surveys seemed to confirm anxieties at that time over labour and military shortages both at home and in the 'jewel colony' of India.<sup>8</sup> As the health of the population emerged as an issue of key importance to the wealth and maintenance of Empire, the British state, along with various voluntary organisations, invested in the development of public health initiatives to combat infant mortality, to strengthen the labour force and 'imperial race' and to educate mothers in 'domestic hygiene'. 'Mothercraft' education programmes gained particular popularity for their cost-effectiveness, enlisting mothers as

<sup>7</sup> Tuttle 2005, p. 51.

<sup>8</sup> Van Hollen 2003, p. 36; Davin 1978, p. 10.

proxies of the state who could help nurture (male) infants into future soldiers, workers, traders and the administrative apparatus of Empire.<sup>9</sup>

In the context of colonial India, programmes to educate mothers in medicine and sanitation were charged with an added dimension of effecting fundamental social and discursive change. Just as missionaries had attempted to use medicine to demonstrate the efficacy of Christian epistemology over 'superstitious' local medical beliefs, secular public health-care programmes exhibited the Government of India's confidence in the superiority of the British medical system and, by extension, the enlightened nature of British rule. In the three decades prior to the Mentsikhang's founding, three major initiatives in health care and education for women and children were implemented on a national scale in British India.<sup>10</sup> From the perspective of colonial administrators, by disseminating new health behaviours and theories within the notoriously cloistered space of the Indian home, 'not only the private space but the entire nation could become *enlightened*'.<sup>11</sup> Indian women, considered the domestic keepers and transmitters of culture, became invaluable (potential) partners in the British mission to socialise their subjects and to enlist participation in a benevolent, 'progressive' empire.

This relationship between ostensibly secular and benevolent health-care programmes for women and doctrinaire and coercive imperial rule was not lost on (male) Indian nationalists, for whom the domestic sphere became 'the only remaining pure space un sullied by the intrusion of British rule, and a privileged site of nationalist resistance'.<sup>12</sup> Similar concerns took root, moreover, within semi-colonised China, where Ruth Rogaski has described how a perceived lack of Qing state involvement in matters of disease prevention became 'a powerful symbol of the deficiency of Chinese civilization', to the

<sup>9</sup> Davin 1978, p. 26.

<sup>10</sup> These included the 1885 Dufferin Fund, which aimed to train (mainly British) female medical workers to provide care for Indian women (Lal 1994), the 1903 Victoria Memorial Scholarship Fund, established with a special focus on training *dais* (South Asian practitioners of traditional midwifery) according to British sanitary methods (Van Hollen 2003), and the Women's Medical Service of 1914, established as a counterpart to the Indian Medical Service (largely male and military in character) as women's place in medicine and the professionalisation of obstetrics became more substantial (Lal 1994, p. 65). Of these three, the Dufferin Fund—named after its founder, then-vicereine Lady Hariot Dufferin. Within its first year branches had been established all over India, including provinces on the frontiers of Tibet and where Tibetan communities existed, such as Bengal, Burma, and the North-West Provinces. Dufferin trainees worked as doctors, nurses and midwives in new women's hospitals and dispensaries, dedicated women's wards within existing institutions and privately, entered into intimate domestic spaces and relationships with native women that remained forbidden to British men.

<sup>11</sup> Van Hollen 2003, p. 49, emphasis in the original.

<sup>12</sup> Lal 1994, p. 46.

point that even Chinese elites 'accepted a medicalised view of their country's problems and embraced a medicalised solution for the deficiencies of both the Chinese state and the Chinese body'.<sup>13</sup> The discourse Rogaski terms 'hygienic modernity' linked the pursuit of a sanitary and healthy society to the assertion of state legitimacy and sovereignty, as well as to building national consciousness and economic and military strength. But while many nationalists in China and British India appropriated colonial projects of hygienic modernity for their own ends, some others also designed initiatives of domestic health care and education according to their own cultural systems.<sup>14</sup>

Central to the allegedly universal beneficence of 'modern' public health-care programmes was their appeal to the authority of science, as a system of inquiry that foregrounded the pursuit of natural or 'physiological' knowledge over 'metaphysical' knowledge and encouraged the common enterprise of material-technological innovation while supposedly bracketing divisive moral and religious concerns.<sup>15</sup> Science was not only a mode of knowledge production, however, it was also a set of practices and discursive conventions, a mode of social organisation and emplacement in the world.<sup>16</sup> Perhaps nowhere was this more clear than within post-natal 'mothercraft' education programmes, which derived their scientific reputation not so much from reliance on material medical technologies (such as vaccination or disinfectants) as from their advice for nutrition and sanitation according to 'hygienic' standards of behaviour and the organisation of family and social life. Yet these standards of hygiene were saturated with rhetorical assumptions pertaining to gender, class, race and religion. British mothercraft literature invariably characterised the lower classes and colonial subjects as unsanitary, ignorant or superstitious and neglectful of their children, minimising the role of poverty and related unfavourable environmental factors in infant mortality and trumping notions of state, employer or wider social responsibility.<sup>17</sup> Underlying the design of 'mothercraft' education programmes was the idea that women, the poor and the colonised should be taught the social discipline and self-governance of efficient, 'modern' social order.

In 1916, the Thirteenth Dalai Lama issued an edict (*rtsa tshig*) to implement a post-natal health-care programme based on the medical manual *On Childcare: Treasure of the Heart Benefiting Beings* (*Byis pa nyer spyod 'gro phan*

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<sup>13</sup> Rogaski 2004, pp. 75, 2–3.

<sup>14</sup> Lal 1994, p. 47; Metcalf 1990.

<sup>15</sup> Shapin and Schaffer 1989, p. 80.

<sup>16</sup> Shapin and Schaffer 1989, p. 22; Latour 1993.

<sup>17</sup> Davin 1978, pp. 14, 26; Van Hollen 2003, pp. 36, 52.

*snying nor*, hereafter *Treasure of the Heart*), written the same year by his most senior personal physician Jampa Tupwang (?–1922).<sup>18</sup> The programme consisted of a series of eight compound medicines to be distributed to the family of every child newly born within the Lhasa Government's jurisdiction, along with advice for rituals and childcare during the first year of life and the requirement that a natal horoscope be calculated for each infant (see Table, below). The edict also required local officials to send payment on behalf of each newborn to the Mentsikhang, which had been placed under the directorship of Jampa Tupwang's student, Khyenrap Norbu (1883–1962). Khyenrap Norbu was the author of two other texts on childbirth (written between 1910 and 1916) and on children's illnesses (written in 1921), topics he considered part of 'founding a children's care tradition' (*byis pa nyer spyod kyi srol 'byed*).<sup>19</sup> While the Mentsikhang children's health-care programme echoed some of the assumptions of British mothercraft literature, its authors' unique goals are underscored by those assumptions it did not adopt. In particular, while the Tibetan programme observed physiological differences between boys and girls, it did not refer to intellectual differences. The Mentsikhang programme's architects did not appropriate the dual, pseudoscientific British discourse of female gender, memorably described by Barbara Metcalf as the 'medical view' attributing physical and intellectual handicaps to women, along with the 'pedestal view' positing their unique capacity for tenderness and virtue.<sup>20</sup> In fact, within the Mentsikhang programme literature we shall see that the category of

<sup>18</sup> TA-la'i sKu-phreng bCu-gsum-pa 1989 (this reprint of the original source errs in attributing the fire-dragon year edict to the fourteenth *rab byung* cycle or 1856); Byams-pa Thub-dbang 2001.

<sup>19</sup> mKhyen-rab Nor-bu 2001, p. 239. These texts, *Byis pa btsa' thabs kun phan zla ba'i me long* (on childbirth; see Hofer 2011a and 2011b) and *Byis pa'i nad rigs ma lus pa bcos pa'i nyams yig* (on treatments 'from experience' for children's illnesses, with prominent reference to several variations of *glo nad* (associated with tuberculosis) and other *rims nad* (contagious diseases), were not published in woodblock form until 1924, the same year the childcare programme was officially discontinued (mKhyen-rab Nor-bu 2001). Neither the edict nor Byams-pa 'Phrin-las mentions the implementation of these two texts in the official childcare campaign, so they are not treated extensively here. Historically, although the *Four Tantras* include chapters on *byis pa nyer spyod* and *byis pa'i nad gso ba*, there is no specific chapter on *btsa' thabs* (the topic of birth is treated marginally within subsequent chapters on 'women's illnesses' or *mo nad*). The category of *btsa' thabs* as a chapter heading seems to be found first in the *Bu don ma* attributed to Yutok the Younger in the twelfth century (the *nyams yig* references the *Bu ston ma* [sic] along with 'Jam-mgon Kong-sprul (1813–1899) as sources; mKhyen-rab Nor-bu 2001, pp. 223, 233). Among the major Tibetan medical works and their Indian source texts, these three topics seem to have only been combined previously within one (relatively late, seventeenth century) major medical commentary, the *Oral Instructions and Methods* (*Man ngag lhan thabs*) by Sangyé Gyatso. Their confluence again at this twentieth-century moment seems to parallel the British preoccupation with obstetrics, post-natal care and the prevention of (especially contagious) diseases.

<sup>20</sup> Metcalf 1990, p. 12.



gender is not as important as the category of class and that the participation of both parents is explicitly sought in the joint enterprise of social reform and nourishing future subjects of a Central Tibetan nation-state.

### Medical and social reform under the Thirteenth Dalai Lama

The three men primarily responsible for the Mentsikhang and its children's health-care programme had all previously travelled abroad, giving them opportunity to observe the latest foreign medical techniques and regimes of public health, as well as to gain exposure to priorities of colonial medicine.<sup>21</sup> In addition, discourses of medicine and modernity had been carried to Central Tibet's frontiers since the late nineteenth century by Christian medical missionaries and into Central Tibet itself after the Younghusband incursion into Tibet in 1904 via the British medical clinic established at Gyantsé.<sup>22</sup> The engagement of the Mentsikhang and its childcare programme with such discourses demonstrates, on the one hand, the embeddedness of Tibetan actors within regional contemporary social and intellectual networks. On the other hand, these developments are equally tied to the trajectories of Tibet's indigenous medical traditions. In Central Tibet the Mentsikhang's medical and social reforms had already been unfolding for quite some time. The Dalai Lama and his personal physician had both been involved in earlier, separate initiatives.

The Lhasa Government may have first displayed awareness of medical missionary efforts targeting the rural poor in the Himalayan region in 1888, when the Demo Regent, Ngawang Lopzang Trinlé, 'observing that physicians of the

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<sup>21</sup> Especially those connected to the Dufferin Fund (see note 10), which had initially launched from the summer headquarters of the Government of India in Simla, and possibly the Peking Union Medical College founded in 1906 ('Modern Hospital' 1921, p. 186). As we shall see, the travels of the Thirteenth Dalai Lama and Jampa Tupwang to Peking in 1908, and to India between 1911 and 1912, brought them into close proximity with these efforts. Although there is no direct evidence of their knowledge of the programmes, through the course of this article I hope to argue for the familiarity with efforts *such as*, and possibly including, these. It may also be significant to the germination of the idea for the Mentsikhang that the Thirteenth Dalai Lama spent time between 1904 and 1910 in Mongolia and Peking with his Mongolian Buddhist tutor and close confidante, the Russian envoy Agvan Dorjiev, who built a medical college himself at Atsgatsky Datsan in Buryatia in 1913—three years before the Mentsikhang (see Bolsokhoyeva 1999). I am indebted to a conversation with Martin Saxer for this observation.

<sup>22</sup> McKay 2005a, 2007. French missionaries had also entered the eastern Tibetan region of Khams in the late 1840s. In her memoir, the aristocratic lady Tsha-rong dByangs-can sGrol-dkar mentions seeking help from Dr. James Guthrie (who was then stationed in Lhasa) for a difficult childbirth, but this was not until 1948 (2006, pp. 243–4).

field of medicine were especially excellent for people of both high and low status and especially for the sick and destitute', called for reform at the medical monastery of Chakpori.<sup>23</sup> Lhasa had been home for two centuries to the first and only monastery in Tibetan history to be devoted primarily to the teachings of medicine, the 'Iron Mountain (Chakpori) Blue Beryl Benefiting Beings, Wondrous to Behold Sanctuary of Knowledge',<sup>24</sup> founded in 1696 by the regent Sangyé Gyatso ostensibly to fulfil the aspirations of the deceased 'Great Fifth' Dalai Lama. Chakpori graduates served as personal physicians for the dalai lamas and other important figures and also built new medical colleges in Tibetan Buddhist monasteries across Tibet, Mongolia and northern China.<sup>25</sup> Thus, Tibetan lama physicians had precedent to regard themselves as much exporters as importers of culture, and the Lhasa establishment would have been especially attuned to the implications of proselytising through medicine. If the government of the dalai lamas and its monastics relied on Buddhist expertise for prestige and patronage, grounding their power in knowledge rather than military resources, medicine was a key component of their diplomatic arsenal. The threat posed by Christian medical missionaries—especially those on the front lines of British military and economic imperialism to the south—was a threat not just to Tibetan technologies of medicine but also to Tibet's social and political order at large.

The Thirteenth Dalai Lama, who was prone to health problems, had likewise shown interest in medicine during this period of his minority.<sup>26</sup> In 1893, he reviewed 'with his own erudition' the new edition of the *Four Tantras*—considered the 'root' text of the literary Tibetan medical tradition—recently prepared at Chakpori under the sponsorship of Demo Rinpoche. Finding 'some errors of omission and commission', the young hierarch flexed his developing political muscles and ordered yet another new set of blocks prepared.<sup>27</sup> His efforts to reform and revitalise Tibetan medicine began in earnest in 1897, however, when he first appointed Jampa Tupwang as a new personal

<sup>23</sup> Thub-bstan Tshe-ring 1986, p. 173 (Translations of this work are my own except in cases noted, where they are taken from Gerl and Aschoff 2005).

<sup>24</sup> *lCags ri bai durya' gro phan lia na ngo mshar rig byed gling* (Gyatso and Kilty 2010, p. 481).

<sup>25</sup> Thub-bstan Tshe-ring 1986, pp. 158–9. Also see Meyer 1992, pp. 6–7. The nature and failure of the Demo Regent's late nineteenth century medical reforms, the institutional differences between Chakpori and the Mentsikhang, and the development of this network of Tibetan medical colleges between the seventeenth and early twentieth centuries are all topics that deserve further study and that I plan to revisit during the course of my forthcoming dissertation.

<sup>26</sup> Dr Kennedy believed the Thirteenth Dalai Lama had a weak heart (Bell 1987, p. 441), and he is also known to have survived smallpox (Lobsang Rapgey 1977, p. 26).

<sup>27</sup> Thub-bstan Tshe-ring 1986, p. 174, translation from Gerl and Aschoff 2005, p. 73.

physician under ‘special circumstances’.<sup>28</sup> The physician was entrusted with supervision of Chakpori under ‘emphatic instructions’ to train students carefully in the teachings and practices from various places, who would become holders of a ‘new lineage’ that would develop and advance Tibetan medicine.<sup>29</sup> We know little about this early effort except that it met with mixed results, causing some discord among the students.<sup>30</sup> The timing, however—only two years after he assumed political power, and predating by seven years his first travels outside Tibet—makes the Thirteenth Dalai Lama’s concern with medicine one of his first attempts at enacting reform in Tibetan society, motivated from his own assessment of his polity’s needs.

After the British Younghusband expedition penetrated to Lhasa in 1904, the Thirteenth Dalai Lama spent an eight-year period travelling in exile to Amdo, Mongolia, Wutaishan, Peking and, later, when the tables turned and Qing troops descended upon Lhasa in 1910, to British India. He was also thinking about medicine during this time, writing a new monastic charter (*bca’ yig*) for the medical college (*sman pa grwa tshang*) at Kumbum monastery in 1908, on his return trip to Tibet from Peking. His biography mentions as well that he spent time between 1910 and 1912 studying medicine while in India, presumably with his accompanying personal physician Jampa Tupwang.<sup>31</sup>

Lamen Jampa Tupwang came from outside the prevailing Lhasa medical establishment of Chakpori, having sought out private training in medicine (chiefly with a lama from the eastern Tibetan region of Kham), and before meeting the Dalai Lama he already had a reputation as a progressive.<sup>32</sup> In the

<sup>28</sup> Bya-sbug-pa Dam-chos dPal-Idan of Shel dkar chos sde monastery in western Tibet (*stod*), holder of the unique Bya-sbug-pa family lineage of medicine that was part of the *byang lugs*, was also appointed as junior personal physician (*bla sman pa*) and asked to teach Chakpori students, but he was not involved in founding the Mentsikhang. At the time Jampa Tupwang (Byams-pa Thub-dbang) was made senior personal physician, he was also promoted to the rank of *mkhan chung* (Byams-pa ‘Phrin-las 1990, p. 415; Pa-sangs Yon-tan 1987, p. 147).

<sup>29</sup> Thub-bstan Tshé-ring 1986, p. 175, translated in Gerl and Aschoff 2005, p. 73; Byams-pa ‘Phrin-las 1990, pp. 415 and 422.

<sup>30</sup> Between 1897 and 1904, Jampa Tupwang taught three batches of students at Chakpori, and seven of these students gained special renown, including Khyenrap Norbu, the heart-disciple with whom he founded the Mentsikhang and who became in his own right the progenitor of a great legacy of Tibetan medical teachings. Although Jampa Tupwang shared an aristocratic background with most of his students and was also a Gelukpa monk, some did not accept him as a teacher or his ideas for reform, and he is said to have expelled 30 among them. Jampa Tupwang is quoted as regretfully telling his fellow teacher Bya-sbug-pa Dam-chos dPal-Idan, ‘Your students are respectable and disciplined. Mine, even though I teach them knowledge and wisdom, all fly the coop’ (Byams-pa ‘Phrin-las 1990, pp. 397 and 416–17).

<sup>31</sup> Thub-bstan Byams-pa Tshul-khriims bsTan-‘dzin 1940, ff. 95a, 102a and 108a.

<sup>32</sup> Jampa Tupwang is said to have been first inspired to study the theory and practice of medicine by a local doctor who had cured him of a serious illness contracted during his time

1870s, while managing his aristocratic family's estate along with his brother (with whom he shared a wife), Jampa Tupwang implemented a socio-economic reform agenda among the estate's fieldworkers (*zhing bran*) with the goal of loaning grain in times of need and increasing agricultural production.<sup>33</sup> Unfortunately his brother opposed these measures, and when their relationship became acrimonious, Jampa Tupwang left to become a monk at Drepung monastery and eventually a monk official. It was during this time that he contracted a serious illness and after being cured by a local physician became motivated to study medicine.

Lamen Jampa Tupwang was one of the close retinue of personal attendants with whom the Thirteenth Dalai Lama interacted on a daily basis. During their time together in exile, the two shared many experiences, and Jampa Tupwang became a trusted confidant and major adviser for Tupten Gyatso.<sup>34</sup> The physician contributed to many issues of politics and, along with his sovereign, seems to have gained an appreciation for the importance of symbolism in asserting statehood: it was Jampa Tupwang who created the nationalistic design for the first Tibetan paper currency.<sup>35</sup> Upon their return to Lhasa, the Dalai Lama appointed his physician as Chikyap Khenpo ('Chief Abbot', *spyi khyab mkhan po*), the highest monk official and head of the monastic branch of government. Four years later, in this capacity, Jampa Tupwang submitted a proposal to the (lay) Revenue and Accounting Office for the creation of a new Institute of Medicine and Astrology in Lhasa.<sup>36</sup> His career

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serving as the young governor (*dzong dpon*) of Lho brag. Later, after moving to Lhasa, he continued his studies with a Khams pa lama, whose name unfortunately remains unknown at present but who evidently was an exponent of the *zur lugs* tradition (Byams-pa 'Phrin-las 1990, p. 415; Thub-bstan 'Tshe-ring 1986, p. 174). Pa-sangs Yon-tan (1987) also notes he could not find the name of this teacher, but Raktcho Rinpoche Lobsang Tenzin believes he came from the Nyag rong area (personal communication, 2010). According to Dr Thrinlay Trogawa, oral tradition holds that Jampa Tupwang also briefly later sought training from a mendicant female healer in Lhasa, though her name and the nature of her teaching are unfortunately unknown (personal communication, 2010).

<sup>33</sup> bSod-chung 2004, p. 33; the author is a descendant of Jampa Tupwang.

<sup>34</sup> Charles Bell describes the 'court physician' as being ever-present at his sovereign's side, a perspicacious commentator and one of the only people with whom the Dalai Lama would 'admit a lack of knowledge or a lack of power' (Bell 1987, p. 217).

<sup>35</sup> The currency, created in either 1911 or 1913, bore the inscription 'Ganden Podrang Choklé Namgyel' along with the images of a snow mountain and a snow lion (Shakabpa 2010, p. 763). Shakabpa also records Jampa Tupwang as being involved in sensitive diplomacy with the Jebtsundamba Qutugthu in Khalkha, as well as correspondence with the British Trade Agent at Gyantsé regarding the eventual surrender of the Qing troops (Shakabpa 2010, pp. 687 and 745).

<sup>36</sup> Byams-pa 'Phrin-las 1990, p. 417, and undated, p. 1; Tenzin Choedrak 1998, p. 58. The *Shod skor rtsis khang* granted the Mentsikhang the same site that the British had requested for an

defies the stereotype that monks and aristocratic regional officials exemplified conservatism in Lhasa society and acted as reactionary forces to social change.

### Competing frameworks for 'definitive methods of analysis'

Tibetan and British accounts make equal and opposing claims regarding the skill and fame won by their physicians during early twentieth-century encounters, revealing palpable competition. Lamden Jampa Tupwang is supposed to have gained renown for his medical skills during his four-month stay in Peking in 1908. His student, Khyenrap Norbu, during his first trip outside Tibet as the accompanying physician for the Tibetan delegation to the 1913–14 Simla Convention, is also supposed to have overcome a potential 'great loss of face' (his initial ill-health in India was covered in the foreign press in disparaging tones emphasising its seriousness) to eventually impress his hosts.<sup>37</sup> Not only did Khyenrap Norbu demonstrate the efficacy of Tibetan medicine, treating foreigners so successfully for illnesses considered difficult to cure, that he was offered much praise and many gifts and 'the authorities had to deploy police guards at his place in Simla [to control the crowds]', but also he is said to have taught his medicine's theoretical underpinnings.<sup>38</sup> 'When foreign doctors, especially British, questioned him on the relationship between the body and the mind with regard to cardiac afflictions', a student wrote, Khyenrap Norbu 'provided extensive detail, as much on the causes as on the symptoms, and the psychic consequences related to these pathologies. His visit was a triumph.'<sup>39</sup>

Tibetan historical accounts never mention their physicians observing foreign medicine, just as British accounts also emphasise the reception of their own medical system over observations of Tibetan medical practice.<sup>40</sup> Robert Siggins Kennedy, the surgeon accompanying Sikkim Political Officer, Charles

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English language school in Lhasa, a project stymied by political backlash. This land included an old building on the west side of *bsTan rgyas gling* monastery, which had been razed to the ground in retaliation after its monks had given quarter to Chinese troops during their invasion of 1910–12 (Goldstein 1989, pp. 63, 109). By associating this site with a medical institution, perhaps the Lhasa government was also trying to heal local political divisions.

<sup>37</sup> Byams-pa Thub-dbang 1990, p. 417; Shan-kha-ba, quoted in Tashi Tsering 2010, pp. 5–6.

<sup>38</sup> Shan-kha-ba quoted in Tashi Tsering 2010, p. 6. See also Byams-pa 'Phrin-las 1990, p. 424.

<sup>39</sup> Tenzin Choedrak 1998, p. 58.

<sup>40</sup> Khyenrap Norbu is said to have been featured in a number of photographs and newspapers while in India, but I have not yet been able to locate any of these. Neither have I come across any Tibetan record of either Lamden Jampa Tupwang or Khyenrap Norbu studying foreign medicine in depth before or after founding the Mentsikhang. As previously mentioned, the Thirteenth Dalai Lama studied medicine during his time in India, probably under the guidance of Jampa Tupwang, but there is no indication that this study incorporated anything but Tibetan texts.

Bell, on the first official British mission to Lhasa in 1920–1 (after the Mentsikhang's founding), recorded that his dispensary there received great numbers of patients and also that he demonstrated surgery and vaccination techniques for Khyenrap Norbu at the latter's request. The 'Men-tsi-ba Lama', Kennedy wrote, 'displayed great interest' and 'asked very pertinent questions and made copious notes'.<sup>41</sup> Yet while Bell knew Jampa Tupwang well in India, and both he and Kennedy later interacted with Khyenrap Norbu and visited Chakpori during their time in Lhasa, neither seemed aware of the Mentsikhang nor publicly equated its physicians and their curiosity with actual or potential projects of medical reform.<sup>42</sup> Bell allowed only that 'Tibetans have indeed their own doctors, many of whom hold among them a high reputation as physicians, though not as surgeons, for of surgery they are almost entirely ignorant.'<sup>43</sup> Literally and figuratively, surgery and the treatment of wounds stood on the front lines of the confrontation between the British and Tibetan systems of medicine.

As Khyenrap Norbu's experience in Simla indicates, not only was Buddhist epistemological order at stake, so was the social order that rested on it. While the British believed that antiseptic breakthroughs demonstrated the general superiority of their medical theory and practice, Khyenrap Norbu argued that the Tibetan tradition encompassed techniques of surgery and vaccination, 'beneficial methods from before' which were simply 'decreasing in use'.<sup>44</sup> The Mentsikhang director advised his students to strive (as he had himself) to learn about 'all methods of healing without ignorance' and to appreciate 'all the qualities and essences of medicine, examination and the tools of examination'.<sup>45</sup> Not only were new versions of these methods 'wonderful to

<sup>41</sup> Kennedy quoted in McKay 2007, pp. 134, 156.

<sup>42</sup> Bell claimed great friendship with both the Thirteenth Dalai Lama and his 'court physician', dating from their exile in British India. He refers to Jampa Tupwang also as the 'All-Covering Abbot' or 'Lord Chamberlain' and records him as being pro-British and pro-Russian (Bell 1987, p. 144). Although Bell's influence on the state-building reforms instituted soon after the Dalai Lama's return to Lhasa are well known, the British officer does not seem to count the Mentsikhang among these reforms. Alex McKay has remarked in personal communication (2009) that there is no mention of the idea for the Mentsikhang in Bell's papers, adding that it would be most unlike him not to accept credit where credit was due. A perusal of Kennedy's personal photo album from Lhasa, preserved at the Alkazi Foundation in Delhi, revealed photos of medical paintings from Chakpori but no photos of Tibetan physicians, their methods or the Mentsikhang. My thanks to the Alkazi Foundation and Akshaya Tankha for granting access to this collection.

<sup>43</sup> Bell 1992, p. 267.

<sup>44</sup> Byams-pa 'Phrin-las 1990, p. 430.

<sup>45</sup> Byams-pa 'Phrin-las 1990, p. 429. As McKay has written (2005b), smallpox vaccination seems to be one area in which the Tibetan Government displayed early interest in biomedicine. I have recently seen evidence that Khyenrap Norbu accepted serum from the British as early as

see', he wrote, they are not incompatible with the Buddhist theoretical and humoral basis of Tibetan medicine, or threatening to its integrity:

The three roots of illness, *rlung* (wind), *mkhris pa* (bile) and *bad kan* (phlegm), are not only the cause of internal illnesses but also may cause about 400 times as many illnesses attributed to proximal external conditions, such as wounds, skin diseases, broken bones, tumours and swelling. Moreover, do not be confused by all the types of illnesses, their identification, and methods of healing them. Those who train as experts in the definitive methods of analysis, by means of their understanding in accordance with the system of the Great Country [Tibet], are like the real Medicine Buddha clearing away illness and suffering.<sup>46</sup>

Khyenrap Norbu thus regards techniques of surgery as applicable only to the category of 'external conditions' and argues that Tibetan physicians completely versed in the physiology and aetiology of disease according to their own tradition will be able to analyse, explain and treat (or identify new treatments for) a wide range of familiar and unfamiliar forms of suffering.

A similar faith in the flexibility of Tibetan Buddhist medical theory and techniques, along with openness to new methods and applications, underlies Lamén Jampa Tupwang's childcare text. It is immediately evident from the structure, language and references of *Treasure of the Heart* that Tibet's own textual and institutional traditions of medicine form its single greatest epistemological basis.<sup>47</sup> Presented as a commentary on the childcare (*byis pa nyer spyod*) chapter from the *Four Tantras*, *Treasure of the Heart* in fact draws most directly from the *Bai DUr+ya sngon po* (from now on referred to as *Blue Beryl*) and the *Man ngag lhan thabs* (from now on called *Oral Instructions and*

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1914–1916, with the intent of vaccinating Lhasa officials and Drepung monks. He did not actually use this first batch however, writing back to David Macdonald, the British trade agent at Yatung, in a letter of receipt that it had spoilt in transit and more was needed (British Library Asia Pacific and Africa Collection, IOR Mss. F80/173, 1938; thanks to Tashi Tsering Josayma for sharing a copy of this letter with me). Between the 1920s and 1950 the Tibetan Government gradually accepted and supported more widespread vaccination efforts by the British, and between 1920–1 Khyenrap Norbu learned vaccination techniques from Dr Kennedy in Lhasa, as noted above (McKay 2005b, 2007).

<sup>46</sup> mKhyen-rab Nor-bu in Byams-pa 'Phrin-las 1990, pp. 429–30. These 'oral instructions' were given in 1952. Not only had Khyenrap Norbu probably been thinking through this topic since seeking foreign training in surgery himself 30 years earlier, but since the mid-1940s he had also been training students in the practice of cataract surgery according to traditional Tibetan methods (Lobsang Wangyal 2007; Hofer 2011c).

<sup>47</sup> Through the medicalisation of childbirth, British mothercraft programmes promised women reduction of pain through anaesthesia and reduction of maternal and infant mortality through antiseptic procedures. While *Treasure of the Heart* and Khyenrap Norbu's two texts on childbirth and children's illnesses echo similar concerns, there is no evidence that the Mentsikhang used or encouraged anaesthesia or antiseptics within Tibet (McKay personal communication 2010; Tashi Yangphel Tashigang interview 2010).

*Methods*), two influential later commentaries by Desi Sangyé Gyatso.<sup>48</sup> However, the nature of Jampa Tupwang's editorial scholarship is quite different from that of the Chakpori founder. While the earlier scholar strove to expand and complete the *Four Tantras'* cryptic verses with his own more extravagant prose and to show his textual erudition by referencing Sanskrit sources, *Treasure of the Heart* displays brevity and organisational rigour.<sup>49</sup> Its 19 chapters are clearly marked, and its eight numbered prescriptions are said to correspond to labels on the medicines being distributed. It was clearly designed for practical use and aiding memory, resembling a doctor's handbook or even the health-care pamphlets being popularly distributed in India.<sup>50</sup>

In general, *Treasure of the Heart* is notable for preserving the social and ritual practices of the root texts, creating continuity between the (Central)

<sup>48</sup> *Byis pa nyer spyod* is the seventy-first chapter of the *Man ngag rgyud*, third of the *Four Tantras*. Though Jampa Tupwang does not acknowledge the debt, a close comparison shows that the main body of his text is based almost exclusively and often verbatim on the two seventeenth-century works. *Treasure of the Heart* replicates language and explication from the *Blue Beryl*, but structurally it resembles the *Oral Instructions and Methods* more closely. The latter text, like *Treasure of the Heart*, is subdivided into a series of 19 chapters (more divisions than either *Blue Beryl* or the *Four Tantras*). Jampa Tupwang also references compound medicines found in *Oral Instructions and Methods* that are not in the *Blue Beryl*. Despite the difficulty of identifying medicines in *Treasure of the Heart* conclusively, because the full recipes are not given, it is clear that the later author based his compounds on these earlier texts. Each of the few ingredients mentioned, along with Jampa Tupwang's explanations of the medicines' benefits, correspond to a compound from the *Blue Beryl* and/or *Oral Instructions and Methods*. Whether Jampa Tupwang made any changes or innovations is unknown, apart from small instances such as when he recommends mixing a medicine with sugar instead of honey (Byams-pa Thub-dbang 2001; Sangs-rgyas rGya-mtsho 1992, 2005; Tashigangpa 1978).

<sup>49</sup> See Schaeffer 2003 and Gyatso 2004 on Sangyé Gyatso's medical writings and their relation to the medical debates of his time. Jampa Tupwang cuts out details that Sangyé Gyatso had added to his commentaries on the *Four Tantras*, particularly explanations of rituals and the auspicious verses to recite for the child. The topic of *byis pa nyer spyod* (Sanskrit: *balopacaraniya*) is also found as a chapter within two Sanskrit texts that served as sources for the *Four Tantras*, the seventh-century *Aṣṭāṅghrdayasambhitā* by Vāgbhaṭa and its tenth-century commentary *Padārthacandrikāprabhāsa* by Candrānanda. These texts are both included in the *bstan 'gyur*, the canonical Tibetan-language collection of Buddhist commentaries. Another Tibetan medical classic of early but curious origin, the *sMan dpyad zla ba'i rgyal po*, does not include any chapters on women's illnesses (*mo nad*), children's illnesses (*byis pa'i nad* and *byis pa'i gdon nad*) or child-care (*byis pa nyer spyod*). The Bönpo *gSo rig 'bum gzhi* shows many similarities to the Indic texts and the *Four Tantras* within the *byis pa nyer spyod* chapter, but its date of origin is debated. Although *byis pa nyer spyod* subsequently appears in many general Tibetan commentaries on the *Four Tantras*, Jampa Tupwang's text seems to be the first to deal exclusively with the subject (Sangs-rgyas rGya-mtsho 2005; Ma-hA-yA-na 2006; dPyad-bu Khrid-she 2005).

<sup>50</sup> Although I have not seen the original *pecha* format of this text, the Mentsikhang did publish some works, including a blockprint of the previously mentioned childbirth (*btsa' thabs*) text, in small format for easy portability (Hofer 2011a and 2011b).



Tibetan society to which the Dalai Lama and his head physician addressed themselves and some of the earliest recorded social practices of Tibetan Buddhist history and Indian precedents.<sup>51</sup> Jampa Tupwang's few additions and annotations take on greater significance within the tightened framework of the text, however, which is otherwise copied largely verbatim and unattributed from its earlier sources (see Table).

Jampa Tupwang's subtle but repeated references to cleanliness, purity and even vulnerability to contagion indicate a concern that runs closely parallel to, while never directly referencing, the central topic of British and colonial medical practice at the time, namely germ theory and related discourses of hygiene.<sup>52</sup> In particular, as discussed further below, the specific materiality of his references to purity (the pure cloth for the infant's mouth in Chapter 5, the clean bowl and purified butter for easy digestion in Chapter 16) is markedly different from the general, gendered concern with birth as a 'contaminated' act prevalent in Tibetan and South Asian cultures.<sup>53</sup> By far the clearest departure of *Treasure of the Heart* and the Thirteenth Dalai Lama's edict from principal earlier versions of *byis pa nyer spyod*, however, is also the one least associated with early twentieth-century medical developments, namely, a greater emphasis on astrological calculation.<sup>54</sup> The intent of these astrological additions will also be discussed below.

By their British contemporaries' standards, the Tibetan physicians, never fully trained within the British system, could not be recognised as true peers. Lamden Jampa Tupwang and Khyenrap Norbu, meanwhile, implicitly critiqued

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<sup>51</sup> In addition to the childcare edict, the Thirteenth Dalai Lama also wrote the closing verses or *par byang smon tshig* for *Treasure of the Heart*.

<sup>52</sup> Nevertheless even the ancient content of *byis pa nyer spyod* dovetails in significant ways with the content of mothercraft literature. The concept of guarding the child from contagious diseases (*go nad*) is extant in both the *Four Tantras* and Sangyé Gyatso's chapters on childcare. And like British texts, which focused primarily on pneumonia and stomach ailments as causes of infant mortality, the Tibetan texts emphasized dangers related to weather and nutrition.

<sup>53</sup> In Chapter 5, Jampa Tupwang suggests gently wiping out the amniotic fluid from the child's mouth with a dampened 'pure' (or 'white') cloth (*ras dkar*) just after birth, whereas Sangyé Gyatso had instead described using the right-hand index finger for this purpose. In Chapter 16, describing a broth that can be made as the child's first soft food at the sixth or seventh month, Jampa Tupwang adds a warning for parents to use a clean bowl and to melt the butter for the broth without burning in order to remove impurities and to ensure it can be digested in the infant's stomach. See Yuthok for a discussion of the concept of birth contamination among Tibetans and description of a purification ceremony (1995, p. 174).

<sup>54</sup> In Chapters 2, 6 and 17 respectively, Jampa Tupwang instructs parents 'in accordance with [the family's] financial circumstances' to note the date and time of childbirth for calculation of a natal horoscope, to consult a local astrologer regarding a suitable nursemaid, and (as mentioned above) to conduct a ceremony for the child's first outing on an astrologically auspicious day.

Table: Chapter outline of Jampa Tupwang's *On Childcare: Treasure of the Heart Benefiting Beings* (*Byis pa nyer spyod 'gro phan snying nor*)

Note: aspects that do not occur in either the *Blue Beryl* or the *Oral Instructions and Methods* by Desi Sangyé Gyatso are indicated in italics.

1. Auspicious signs of a normal birth.
2. Inauspicious or 'opposite' signs *and noting down the exact timing and details of birth for astrological calculation.*
3. Verses to say just after birth (see epigraph).
4. Cutting the umbilical cord, tying it off with a woollen thread and cleansing the child's body with medicine no. 1 in warm water.
5. Cleaning out *phlegm* from the child's mouth *using a dampened, pure cloth*, applying a 'stamp' of the syllable 'hrIH' on the child's tongue using medicine no. 2 as the 'ink', then giving the child medicine no. 2 as a mixture with butter and *sugar*.
6. Giving mother's milk for the first time. If there is no mother's milk, instructions for finding a nursemaid, including her appropriateness according to the fit of her and the child's birth years (*gives examples of harmonious astrological signs*).
7. Methods for putting the child to sleep with the head facing the auspicious directions of north and/or east, giving up sleep for two days to watch and guard over the child, draping a warm oilcloth over the head as a hood, and giving medicine no. 3 as a topical ointment for the navel.
8. After three days, an offering ceremony *to whatever birth deities have been recognised, in accordance with the family's economic conditions.*
9. Other rituals including first raising victory banners on the roof and secondarily the 'life-arrow' ritual, monthly offerings, ransom rites, etc.
10. Naming the child by consensus.
- 11–12. Two days after birth in the morning, in order to engage the intellect marvellously and develop vigour and agility, administer medicine no. 4 mixed with honey, rock sugar and treacle.

Table (cont.)

13. On the morning of the third day, administer medicine no. 5 *combined with treacle, honey and butter*. If the child is a boy, also mix with father's urine; if a girl, mix with mother's urine. This preparation encourages long life, strength and a stable personality. The child will become invisible to ghosts and demons, *and they will obey their father and mother*.
14. Wear medicine no. 6 at the neck as a protective amulet pill, wrapped in cloth of a colour concordant with the child's elemental constitution.
15. After seven or eight months, pierce the child's ear(s), first massaging the ear flaps with thumbs (boys first from right, girls first from left) in order to open them up.
16. To eat, butter with sugar or honey *should be made as a sweet clarified broth in a clean bowl, as unpurified butter cannot be digested by their stomachs*, sometimes with small pieces of meat. Also, at the end of each week, administer a little of the preparation of medicine no. 7 mixed with boiled goat's milk, for wisdom and intelligence, good memory and expressiveness, and a pleasant voice to develop. Rely on the sweet medicinal butters from this section, which not only are life-extending but also demon-suppressing, *in proportion to the family's economic circumstances*.
17. Behaviours [to follow] *after one month* include *performing the 'child festival' and healing rituals in preparation for the child's first visit outside*;<sup>55</sup> keeping the child from being burned by the sun and out of the cold; keeping it from being upright too early and protecting against fire, predators, infectious diseases and from fear. If sometimes massaged or warmed an appropriate amount in the sunshine, the [child's] bodily constituents will 'unfold'.
18. Administer medicine no. 8 mixed with honey when the child's first teeth begin to come in, for 'quick growth' and 'disease/pain prevention'. If the child is born with teeth, make burnt offerings for the 'demon of children with six faces', etc.
19. When the child reaches one year, release the 'life-arrow' and make thanksgiving offerings to the gods with an auspicious feast *according to one's economy*.

<sup>55</sup> The wording here is 'opening the gate' (*sgo 'don*), Gendun Jamyang Gyatso of the Men-tsee-khang explained this as being for the child's first outing (personal communication 2010). Yuthok also describes following such a custom, but after two months, following her first child's birth in 1933 (1995, p. 175).

the exclusive truth-claims of colonial medicine by proceeding according to their own ‘definitive methods of analysis’ for determining what techniques of childcare should be effective and important. Under their leadership, the Mentsikhang and its childcare programme were positioned not only as less threatening instances of reform than the Thirteenth Dalai Lama’s more military-industrial projects but also as part of the social and epistemological framework for cultivating a competitive national body.

### Cultivating health, strength and a civil society

The Thirteenth Dalai Lama’s edict described in detail how the Mentsikhang’s childcare programme should be put into practice with the help of the monastic community, local officials and parents of both high and low classes. Implementation of the childcare programme, he wrote, will be like ‘the development of a new custom’ and not only should everyone practise it, they should do so while cultivating as much as possible ‘a sense of social responsibility’ (*spyi tshogs ’khur bsam*).<sup>56</sup> At this historical moment the concept of a Tibetan nation had not yet been distinctly articulated, but through the children’s public health-care programme the Dalai Lama formulated an aspiration for social changes with clear implications for building a sense of national identity.<sup>57</sup> To inculcate a sense of social responsibility amongst his subjects, he assigned a unique task in the implementation of the programme to each level and sector of Tibetan society.

<sup>56</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 167.

<sup>57</sup> Although the childcare programme documents do not use a fixed word for ‘nation’, the concept does begin to emerge, particularly through use of the terms *mi rigs* and *bod khongs mi rigs* for ‘the people’ or ‘the Tibetan people’. Here these terms expressly designate the people ‘of the districts and estates’ of ‘the government, mandated by heaven, of all the beings, in general and in particular, of the land completely encircled by pure snow mountains’ (TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 164). The Thirteenth Dalai Lama also uses the common metaphor ‘sprout of the family’ or ‘sprout of the people’ (*rigs myug*) for the children who are the beneficiaries of the post-natal programme (Ibid., p. 165), evoking a concept of lineage descent in addition to territoriality that is characteristic of PRC-era usage of the term *mi rigs* to evoke ideas of race, ethnicity, and (minority) nationality (see Tuttle 2005, pp. 144, 277 ft. 57). Finally, it is striking that whereas Sangyé Gyatso, whom Jampa Tupwang otherwise largely quotes verbatim, uses the term *mi rgya* to refer to lay people and distinguishes them vis-à-vis *ban bon* (referring to clerics, Buddhist and Bönpo), the later author instead uses *mi rigs* and focuses his attention on class rather than lay-clerical distinction as the major social grouping. Jampa Tupwang also refers to the Tibetan people in general as ‘everyone, high and low’ (*mchog dman mtha’ dag* or *mchog dman tshang ma*) and as the ‘common people’ (*phal pa’i skye bo* or *mi rigs phal cher*).

The childcare programme consisted of three main elements: (1) the distribution of medicines; (2) the calculation of natal horoscopes and (3) the collection of a fixed-sum payment, all of which was to be accomplished ‘without difference’ and with clear record-keeping for each child under the jurisdiction of the Ganden Podrang Government.<sup>58</sup> The edict called for the eight types of compound-medicine pills (*ril bu*) made under Lamden Jampa Tupwang’s direction, as well as a stamp of the syllable *hrIH* and the text of *Treasure of the Heart*, to be dispatched by the Mentsikhang to the ‘96 districts and estates’.<sup>59</sup> There the medicines should be dispensed by each local official (*do dam*) to ‘pregnant women about to give birth’ and administered to infants ‘without mistake or confusion’.<sup>60</sup> Soon after birth, the syllable *hrIH* should be stamped using medicine no. 2 as the ‘ink’ on each infant’s tongue, ‘creating auspicious connections [for the child] to have the fortunate powers of buddha-speech, wise speech, and the ability to speak’.<sup>61</sup> In addition, the Dalai Lama commands, ‘from this day forth’ the year, month, planet and time of birth should be ascertained truthfully for children ‘from each level’, and natal horoscopes should be calculated for each child born within the jurisdiction of the Ganden Podrang Government, ‘earnestly, in detail [and] in accordance with [each] one’s economic conditions’.<sup>62</sup> A register of these calculations should be made, with one copy of the results sent to Lhasa and one copy stored by the local official ‘without mistake’. Families without an astrologer or those poor parents unable to send the calculations to the local government should instead send the child’s birth date and time, etc., to the Mentsikhang, which will return the ‘calculations of fortune and misfortune’.<sup>63</sup>

Most strikingly, the decree states that the local officials of each district or estate should distribute the medicinal materials ‘regardless of [people’s financial] circumstances, happy or miserable, fortunate or unfortunate’, and, further, that those families with good economic conditions should supply the fees for medicines on behalf of those who cannot afford them.<sup>64</sup> It is absolutely not permissible, the Dalai Lama adds, to transmit to the poorer people any direct or indirect ‘brutal fee that causes [financial] shock’. The price for the materials is fixed at 2 *srang* and 4 *zho* per child ‘without difference’, and

<sup>58</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 166.

<sup>59</sup> Byams-pa ’Phrin-las 1990, p. 418; bSod-chung 2004, p. 35. See footnote 4 regarding the number of districts and estates.

<sup>60</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 165.

<sup>61</sup> The sacred syllable *hrIH* is associated with Avalokiteshvara, bodhisattva of compassion, of whom the dalai lamas are considered to be incarnations. Byams-pa Thub-dbang 2001, p. 243.

<sup>62</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 167.

<sup>63</sup> Ibid.

<sup>64</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 166.

payments on behalf of each newborn should also be kept in a register.<sup>65</sup> This 'clear and truthful' register, marked with each official's authentic seal, should be sent along with the monetary offering to Lhasa every six months.

In its implementation, then, the new childcare 'custom' calls for increased efficiency in the Central Tibetan bureaucracy, instituting procedural regulations according to high standards of accounting and accountability, as well as for a major expansion of its scope. It is important to note that this edict was published four years before the Thirteenth Dalai Lama's reform of the tax system and creation of the Revenue Investigation Office, which was designed to find new ways of generating government income in order to meet the need for providing new services, particularly army maintenance and communications.<sup>66</sup> The childcare programme, which was hoped to be at least financially self-supporting (if not revenue-generating), was an early, important and perhaps more judicious priority.

It is unclear whether the fees collected in conjunction with childcare were to be applied to government expenses other than the maintenance of the Mentsikhang and the cost of the medicines for the programme itself, but there were other clear goals for the state in implementing the programme. First, enumeration—here, through the collection of a register of names and birth data on each child born under the Lhasa Government's jurisdiction—was the first step of population management according to the powerful new British colonial model and furthermore would have provided written recognition of the Lhasa Government's legitimate, direct rule over these households from every social strata. Significantly, this new technique of reckoning the *size* of the (children's) population by register was connected in the Tibetan programme to the indigenous technique of reckoning the *type and qualities* of those making up the population by astrological calculation, a dimension which will be discussed further below.

Second, the Thirteenth Dalai Lama envisioned ruling his subjects via a more direct, regulated and unified bureaucracy. In the edict, when he charges local officials with serving as intermediaries between the Mentsikhang and

<sup>65</sup> Ibid. Assuming the measurements remained constant from the seventeenth century, 10 silver *zho* (one-tenth of an ounce) were equal to 1 silver *srang* (1 ounce) (Ahmad 1970, p. 183 n. 54). Byams-pa 'Phrin-las records that one *Tam dkar* (or *srang*) along with a white ceremonial scarf (*kha brags*) were given as the fee for the medicines (*smam yon*), while 3 *zho* were given for calculation of the natal horoscope (*rxis yon*) (undated, pp. 4–5). Since his figures do not match those in the edict, it is possible that later the fees were reduced; regardless, it is likely that the relative costs broke down close to these proportions.

<sup>66</sup> Goldstein 1989, p. 87.

local households, he refers not only to the ‘real officials living in each district’ but also to any assisting officials serving by appointment.<sup>67</sup> Often the district governor, serving by inherited right to appointment as a member of an aristocratic family, would appoint a proxy administrator to stay in the rural province while the governor himself resided in urban Lhasa. The Dalai Lama writes that assisting officials, both monastic and lay, have been appointed by the Central Government according to analysis of the needs of each locality. This situation obviously caused some friction at the local levels, as the hierarch felt the need to command that the regional officials, estate owners and assisting officials disseminate the work of medicine and astrology as much as possible to every place connected with the local government authorities ‘regardless of whether there is unanimity [*gcig gyur*] or not within the district’, in order to make all the localities ‘appropriately in accordance [with each other; *mtshun gyur*].’<sup>68</sup>

Third, there was the matter of requiring families from good financial circumstances to cover the medical fees of children from less well off families. The Thirteenth Dalai Lama has been characterised as a reluctant and autocratic progressive, restructuring taxes at a late date mainly in order to implement economic and military reforms that would consolidate his own power.<sup>69</sup> Through his childcare edict not only do we see an earlier example of attempted economic reform tied to the provision of direct social services to the entire population, the ruler himself made it clear that he recognised his own limited capacity to enforce these structural changes without wider civic participation. He exhorted ‘those with good economic conditions’ to shoulder the cost of the programme for their less fortunate fellow subjects ‘out of a devoted mind (*dad ’dun blos*)’.<sup>70</sup> Perhaps inspired by witnessing British aristocracy in India partner with the monarchical government and its officials to organise various social programmes through ‘voluntary associations’ (from women’s medical funds to the Society for the Prevention of Cruelty to Animals), the Thirteenth Dalai Lama here encouraged a similar sort of voluntary progressivism in Central Tibet.<sup>71</sup>

This last motivation should be kept in mind when evaluating the Mentsikhang childcare programme’s immediate and long-term impact—a

<sup>67</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 166.

<sup>68</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 167.

<sup>69</sup> Goldstein 1989, pp. 66, 85–7.

<sup>70</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 166.

<sup>71</sup> Bell 1987, p. 121. Bell mentions the Thirteenth Dalai Lama being ‘impressed’ by the SPCA.

task made difficult because of the lack of related sources. According to Jampa Trinlé, although the programme had demonstrated ‘clear accomplishments’, after Lamden Jampa Tupwang’s death in 1922 the provision of children’s medicines and calculation of natal horoscopes gradually deteriorated, and two years later the initiative was officially discontinued.<sup>72</sup> Tax reforms had been instituted in 1920–1, and officials of the districts and estates began to complain about the childcare programme’s fees ‘behind the back’ of the Dalai Lama, ‘on the pretext’ of the financial hardship caused for peasants.<sup>73</sup> The turbulent political times also undoubtedly contributed to the childcare programme’s demotion as an official priority.<sup>74</sup>

Documentation of the childcare programme’s early years is especially thin.<sup>75</sup> Within Khyenrap Norbu’s two related texts on childbirth and children’s illnesses published in 1924, however, there are references to the medicines sent out in conjunction with the *byis pa nyer spyod* programme, as well as five childbirth prescriptions (for pain, for inducing a difficult birth and to stem excessive bleeding) numbered in the same manner as in *Treasure of the Heart*, indicating that they could have also been made available for sale around this time.<sup>76</sup> Khyenrap Norbu writes that as early as 1910–1916, when he was serving as a physician (*sman sbyin pa*) at Drepung, Lady Namgyel Drolkar of Shelkar Ling consulted him for help with her first delivery, of twins, thus providing impetus for his research on the childbirth text.<sup>77</sup> Hofer has found evidence, furthermore, that this childbirth text circulated in both printed and manuscript form as far as Ngamring (near Shigatsé).<sup>78</sup>

<sup>72</sup> Byams-pa ‘Phrin-las undated, p. 12.

<sup>73</sup> Byams-pa ‘Phrin-las undated, p. 12. The edict had specifically stated, of course, that the fees should not be passed on to this group.

<sup>74</sup> Goldstein states that the Thirteenth Dalai Lama retreated from his reform programme after dismissing Tsarong Shape as Commander-in-Chief of the army in 1925 (1989, p. 138). The childcare programme’s troubles do not seem directly related to the tension between the Dalai Lama and the reform-oriented clique of military elites or his suspicion of British involvement. But the ruler’s attention was clearly divided and his ability to enforce the fledgling health policy initiative compromised by the general political and economic turmoil.

<sup>75</sup> In a 2010 interview, Dr Tashi Yangphel Tashigang, a student of Khyenrap Norbu during the 1940s, confirmed early efforts to implement the programme but said that these had probably not lasted long.

<sup>76</sup> mKhyen-rab Nor-bu 2001, pp. 233–9, Hofer 2011a and 2011b. However, Yuthok says that ‘Tibetan doctors’ had no medicine for relieving mothers’ morning sickness or labour pains at the time of her delivery in 1933. With difficulty, she was able to find ‘a special dried fish from the Mapham Lake’ in Western Tibet for speeding delivery (1995, pp. 171–3).

<sup>77</sup> mKhyen-rab Nor-bu 2001, p. 239.

<sup>78</sup> Hofer 2011a, p. 75, and 2011b.



The most detailed account of the programme by one of its beneficiaries may be found in the memoir of Lady Dorjé Yudon from the noble Yuthok family of Lhasa. Describing her first delivery in 1933, she mentions both the text *Treasure of the Heart* and requesting its medicines from the Mentsikhang, along with a 'small wooden plate' with the stamp of the syllable *hrIH*, which her husband applied to their daughter's tongue.<sup>79</sup> She also corroborates that these medicines 'would be sent to all the ninety-six Dzongs or districts of Tibet; however, in Lhasa we were able to request them whenever the need arose'.<sup>80</sup> Even at this late date, then, the Mentsikhang continued to make the childcare materials available, though the programme's implementation was no longer said to be mandatory.<sup>81</sup> How many mothers and infants, particularly the non-elite and those outside Lhasa, benefitted over time from the programme nevertheless remains an open question.

Between 1924 and 1950, the Mentsikhang received only irregular continued support from the Lhasa Government. However, the entrepreneurial Khyenrap Norbu did succeed in finding benefactors among the merchant class who financed him to conduct trade across the Indian border in sheep's wool for medicines.<sup>82</sup> Along with the sale of calendars, this trade allowed the Mentsikhang to continue its work, including ongoing efforts to train students from many areas and to provide health care and astrology to all sectors of society. In this way, the Mentsikhang began to constitute exactly the sort of voluntary and 'productive' enterprise for communal benefit that the Thirteenth Dalai Lama had encouraged in his childcare edict. It is clear that the childcare programme's implementation never reached the systematic extent envisioned by the Thirteenth Dalai Lama. But the programme certainly contributed to the Lhasa Mentsikhang's early development, and to its lasting legacy as a powerful institutional model for reconfiguring ideas of society and social responsibility in Tibet.

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<sup>79</sup> Yuthok 1995, pp. 172–3. This reference is cited in McKay 2007, pp. 168, 274 n. 112. Lady Yuthok also requested medicines from the Mentsikhang for later illnesses of her first and second children (1995, pp. 176, 183).

<sup>80</sup> *Ibid.*, pp. 172–3.

<sup>81</sup> Yuthok says that her family 'regularly' provided their own house's servants with medicines, but she does not mention the children's medicines specifically in this regard or mention providing them to the family's tenants on their other properties (*Ibid.*, p. 161).

<sup>82</sup> Byams-pa 'Phrin-las undated, pp. 6, 14.

### Childcare and monastic reform

In addition to encouraging the Central Tibetan aristocracy to support those less fortunate for the development of the country, the childcare programme also included a significant undertone of monastic reform. While local officials were associated with the largely lay administrative branch of the government, the Mentsikhang was predominantly monastic in character. Mentsikhang students, who carried out the time-consuming labour of compounding medicines and calculating natal horoscopes, relegating their own studies to the evenings, were almost all young monks sent under obligation from Central Tibetan monasteries.<sup>83</sup> A concerted effort was made to enlist recruits from rural areas not represented at the largely aristocratic and Lhasa-centric Chakpori, and some students came from the lower classes.<sup>84</sup> The students' home monasteries were also required to contribute to the cost of their representatives' Mentsikhang education.<sup>85</sup> Director Khyenrap Norbu himself was well known for having risen from humble origins; at the time he was appointed to the dual directorship of the Mentsikhang and Chakpori he was also invested as a monk official of the fifth rank (*rtse drung las tshan pa*).<sup>86</sup> This title indicates as well that he was part of the Yiktsang Lekhung administration, that is, the central government office with authority over monk officials and all monastic affairs, which was independent of the lay administration and at that time under the leadership of Jampa Tupwang, as 'Chief Abbott'. According to former Mentsikhang student and director Jampa Trinlé, it was the Yiktsang Lekhung that undertook bureaucratic management of the childcare programme, processing the records and payments sent from the regional administrative

<sup>83</sup> Byams-pa 'Phrin-las undated, p. 5. Yuthok also mentions that the childcare medicines were made twice a year, and that Khyenrap Norbu 'together with fifty of his pupils would pray for three or four days to bless the medicinal preparations' (1995, p. 172).

<sup>84</sup> Byams-pa 'Phrin-las undated, p. 2; Tenzin Choedrak 1998, pp. 73–9. My thanks to Amchi Choelothar of the Men-Tsee-Khang for pointing out the class issue (personal communication, 2009). Although the Mentsikhang is also well known for admitting non-monastic students, this did not take place on a large scale until 1938 with the admission of military recruits (Byams-pa 'Phrin-las undated, p. 17). Before that year, a handful of tantric adepts and astrology students who may have been laymen attended classes (Byams-pa 'Phrin-las undated, p. 2 and *passim*). Khyenrap Norbu also famously had one female student, dByangs-can lHa-mo or 'Khandro Yangga'. She came to the Mentsikhang sometime after 1920; around 1945 she was studying cataract surgery with fellow student Lobsang Wangyal (Byams-pa 'Phrin-las 1990, p. 444; Lobsang Wangyal 2007, p. 8; Hofer 2011c).

<sup>85</sup> Byams-pa 'Phrin-las undated, p. 2.

<sup>86</sup> Byams-pa 'Phrin-las undated, p. 1; 'Who's Who in Tibet' quoted in Tashi Tsering 2010, p. 4.

officials every six months.<sup>87</sup> The Yiktsang Lekhung would then forward these documents and payments to the Mentsikhang, where astrologers and physicians were to draw up the horoscopes and refill the prescriptions. Immediately after producing the horoscopes, duplicate copies would be made and catalogued at the Mentsikhang before affixing a return address and sending the original documents back in a batch to the local official.

Monastic reform was thus bidirectional: as the Lhasa establishment expanded the scope of its recruitment and provision of educational opportunity, these educated medical monks assumed a responsibility to serve the greater population as physicians and astrologers. And along with broadening the monastics' service responsibility in the temporal realm, the Government also attempted to broker an expansion of the lay populace's traditional responsibility to support the monastic establishment—in connection with services rendered. The fees collected (from the wealthy) for childcare would in turn be used, according to the edict, for the sake of developing 'the hospital with the virtuous lineage' so that (in a poetic expression), the 'eye medicine may benefit the eyes'.<sup>88</sup>

### Childcare, gender and family

From the point of view of the lay households, and setting aside analysis of the medicinal compounds from the perspective of the 'scientific' paradigm as it existed then or now, the children's public health-care programme should have provided welcome recognition of and assistance with the widespread incidence of infant mortality for mothers and families. Even today many Tibetan women, especially in poor families or rural areas, often give birth alone without many formal preparations of any kind and sometimes outdoors 'so as not

<sup>87</sup> Byams-pa 'Phrin-las undated, p. 5. Although the Dalai Lama himself is clearly the impetus behind the new childcare programme, the edict is signed in name by three branches of the Ganden Podrang government (*bka'* [blon] *mda'* [dpon] *rtsis* [dpon]). This signature associates the programme as well with the largely lay administrative apparatus: the Kalön or four ministers of the Kashak (the highest government office conducting all administrative affairs), the Dapön or army generals and the Tsipön or head minister of the Tsikhang (revenue office). Since the edict names the Tsipön, it is possible that Byams-pa 'Phrin-las is actually describing the Tsikhang's role, but it seems more likely that Jampa Tupwang as head of the ecclesiastical branch of the government and the Yiktsang Lekhung took charge of the childcare programme's administration via the Mentsikhang and worked in tandem with the local officials who reported to these other branches. As mentioned above, the exact financial arrangement is unclear, particularly whether and what percentage of the fees collected were appropriated for non-Mentsikhang or childcare-related expenses.

<sup>88</sup> TA-la'isKu-phreng bCu-gsum-pa 1989, p. 166.

to offend household protector deities and other spirits or pollute the hearth'.<sup>89</sup> Although the Mentsikhang programme resembles efforts of the Ayurvedic revitalisation movement in India seeking to expand the reach of the textual and elite (male) medical tradition into the domestic sphere, it seems that there was no formal system of female midwives being displaced in Tibet, as in the case of Indian *dais*.<sup>90</sup> In fact, just who should administer the medicines to the infant and perform associated rituals is left unclear, for although references were made to consulting a local physician for birth complications or an astrologer for calculations, both the edict and *Treasure of the Heart* also acknowledge the likelihood that these will not be available. Parents are given ultimate responsibility, and many daily care instructions in the childcare manual are intended directly for them.

Thus, the Mentsikhang programme is one of education rather than direct care, aiming to mobilise parents to reduce the costs of the ambitious programme. Furthermore, both the Thirteenth Dalai Lama and Jampa Tupwang addressed parents in general (*pha ma*), rather than mothers in particular, as children's caretakers. While *Treasure of the Heart* acknowledges the mother's special role in nursing through the sixth or seventh month, the only other time she is expressly referred to is in the context of Chapter 17's advice for daily care behaviours, and this advice is actually addressed to 'the mother or caretaker' (*ma'am bu rdzis*).<sup>91</sup> The childcare manual does not specify who should perform intimate care such as guarding over the infant in sleep, administering medicines and the first solid foods, making offerings and performing other rituals, piercing the child's ears, etc. When the child receives a name, the text specifically recommends that the family choose one by mutual consensus.<sup>92</sup> The religious specialists designing the programme (all monks from the Gelukpa order) also took pains to be sensitive to household autonomy in another way that mattered within the Tibetan context. Jampa Tupwang wrote that the offerings for the prescribed childcare rituals should be made 'to whatever birth deities have been recognised', which seems like an effort to remain inclusive and even ecumenical, especially in light of the

<sup>89</sup> Craig 2009, p. 150.

<sup>90</sup> Lal 1994, p. 47; Van Hollen 2003. Although this has been the general assumption about Tibet, as Hofer notes, 'Much work is needed to ascertain the role of women in healing more broadly, i.e. as mothers, midwives, other kinds of healers such as oracles, as well as *amchi*' (2011a and 2011b). Yuthok's delivery was assisted by two midwives, as well as her own maid and her mother's attendant. She also mentions first consulting a male religious expert (a 'high lama') for advice 'on what particular rituals should be done for the baby, as well as what important things I should do during the pregnancy' and for 'the safe delivery of the child' (1995, p. 171).

<sup>91</sup> Byams-pa Thub-dbang 2001, p. 247.

<sup>92</sup> Byams-pa Thub-dbang 2001, p. 244.

Thirteenth Dalai Lama's accompanying verses that pay 'constant homage to the [monastic] community irrespective of sect'.<sup>93</sup>

What is not explained directly in *Treasure of the Heart*, or in the earlier Tibetan medical texts it draws from, is the relationship between such ritual offering ceremonies and folk ideas about purifying the contamination of childbirth. Lady Yuthok writes that her family performed ritual offerings three days after her child's 1933 birth, much as prescribed in *Treasure of the Heart's* Chapter 8 (see Table). In a description at pains to translate her early twentieth century experience into terms a late twentieth century English readership can understand, Yuthok calls this a 'religious purifying ceremony', explaining that 'in Tibet... [c]hildbirth itself is treated as being very impure'.<sup>94</sup> Furthermore, she says the ceremony for girls is performed after three days while the ceremony for boys is after two, 'because boys are regarded as being more pure than girls'.<sup>95</sup> In practical terms, the contamination of childbirth was considered harmful to those with weak eyesight, and caused her meals to be prepared in a separate kitchen during these first days. On the day of the ritual, all the objects in the delivery room were taken out and 'thoroughly cleaned', the room itself was purified with the contents of a bucket of milk and water mixed with cow dung (a substance considered to have 'a special quality of purification' and that 'acts as an antiseptic', in her later understanding), and finally the room was washed again while a religious specialist chanted a blessing.<sup>96</sup> At the end, the room was 'considered both clean and pure as before', and for the first time friends and relatives could be invited to visit.

Lady Yuthok's memoir, while it cannot stand in for the experience of all women of her time, points significantly to how the event of childbirth—along with new mothers' and infants' bodies—was considered impure or contaminated in a highly gendered way that is not directly expressed in the canonical *byis pa nyer spyod* texts. With this in mind, Jampa Tupwang's ungendered annotations referencing purity in *Treasure of the Heart* (as mentioned above, the pure cloth for wiping out the infant's mouth, and the clean bowl and purified butter for easy digestion) seem to be a particularly novel formulation.<sup>97</sup>

<sup>93</sup> 'Go zhing bsten pa'i lha 'am / bisgrub pa'i lha sogs skyes lha gang yin ngos bzung (Byams-pa Thub-dbang 2001, pp. 244, 248).

<sup>94</sup> Yuthok 1995, p. 174.

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

<sup>97</sup> It can also be considered significant that none of the texts associated with the childcare programme reference ritual or medicinal measures for ensuring the birth of a male infant. Such rituals are found in the *Four Tantras* and its Indic antecedents, and have been a topic of Tibetan commentaries up to the late twentieth century (Garrett 2008, pp. 73–4).

*Treasure of the Heart* specifically mentions differences between boys and girls only in two physiological instances, in relation to medicine no. 5 (which establishes a relationship of obedience through ingesting the urine of your same-gendered parent) and ear-piercing (which references the difference between male and female tantric physiology in the *Four Tantrās*, manifest here in girls being pierced on the left side first and boys on the right).<sup>98</sup> Customs such as naming practices and rituals such as that of the arrow and the spindle (Chapter 9 of the *Treasure of the Heart*, see Table) often have a gendered aspect relating to the child's ideal future social and familial role.<sup>99</sup> Like the purification offerings, however, these aspects are not explicitly made clear in *Treasure of the Heart*, though they may be present as an undercurrent. Nevertheless, reference to the child's future social responsibilities is made instead in conjunction with astrological calculation of the natal horoscope.

### The use of astrology in social reform

As mentioned above, the childcare programme's astrological component brought together two different modes of calculation. Requiring and documenting a natal horoscope for every child involved the Tibetan state in reckoning this segment of its population, but this reckoning was more than just enumerative. Natal astrology first and foremost is about predicting the course of a child's life, including proclivities, strengths and weaknesses. Jampa Tupwang writes in *Treasure of the Heart* of the need to determine the child's destiny 'in detail, good or bad, cleric or layperson'.<sup>100</sup> A natal horoscope may include, in highly variegated and personal fashion, information about lifespan, character, likes and dislikes, emotional and physical type, obstacles and illnesses to avoid or treat, aptitude for future skills and predictions for future financial and family circumstances. According to an anthropological study by Childs and Walter, even today in remote areas and among the illiterate natal horoscopes may be cast whenever possible, for both boys and girls.<sup>101</sup> Though birthdays are generally not celebrated and many people do not bother to remember the exact year of their birth, in their family home the natal horoscope document might still be carefully stored away for future reference.<sup>102</sup>

<sup>98</sup> See Gyatso 2004 for discussion of Desi Sangyé Gyatso and debates over the channels and gender.

<sup>99</sup> See dGe-'dun 'Jam-dbyangs rGya-mtsho 2001 for further discussion of these practices.

<sup>100</sup> Byams-pa Thub-dbang 2001, pp. 242–3.

<sup>101</sup> Childs and Walter 2000. Their study was conducted with Tibetans in northern Nepal.

<sup>102</sup> *Ibid.*, p. 52.

In the Thirteenth Dalai Lama's estimation, however, the children of most common people in Central Tibet had not had recorded the position of the planets and stars at the time of their birth. These children, he wrote, 'are not different in their true fundamental nature' from those who had been able, through circumstance or financial ability, to calculate a natal horoscope. He was concerned that

Only by shooting an arrow into the darkness of [children's] worldly destiny can their capacity for enlightened activities and service be seen. How many faults arise by the power of mistaken interdependent connections, such as not knowing each one's fate and capacity for standard of living, and not attaining these, etc.<sup>103</sup>

This formulation presented astrology for all children as a progressive effort to identify talent and not to ignore or mistake the potential contributions of children from humble backgrounds, while placing the Lhasa Government in control of this effort (and thus ultimately over their destinies). Several leading figures of the time might be said to have embodied such discovered potential, having risen to prominence from poor or rural circumstances during the Thirteenth Dalai Lama's reign. This includes his powerful personal attendant Kumbela, the army commander-in-chief Tsarong Shape and the Ment-sikhang's own Khyenrap Norbu.<sup>104</sup> By giving his government the responsibility to administer a programme of natal-horoscope calculation and to keep records of the background and abilities of each child under its jurisdiction, the hierarch seems to be building a routinised capacity to identify amongst his subjects those with potential for future beneficial action (*'phrin las*) and service (*zhabs 'degs*) to the State. In this project, birth as a boy or girl, future cleric or layperson, did not matter as much as realising one's potential and, in particular, one's 'capacity for standard of living' (*lto gos kyi las thabs*).

To inspire such a sense of possibility, however, required refuting notions of fatalism in a highly stratified society. Dr Lobsang Wangyal, student of Khyenrap Norbu and personal physician to the Fourteenth Dalai Lama (b. 1935), acknowledged the tension between fatalism and the Buddhist concept of karma within a discussion of childcare:

In Buddhism it is believed that merit and demerit, or, in another words [sic], karma that one has accumulated in previous lives, comes to fruition in this life.

<sup>103</sup> TA-la'i sKu-phreng bCu-gsum-pa 1989, p. 166.

<sup>104</sup> Tsarong Shape was first noticed as Jampa Tupwang's valet during their time in exile in Mongolia (Bell 1987, p. 160; Goldstein 1989, p. 66 n. 4). Kumbela's story does not start out sounding progressive, as he was brought to Lhasa in fulfilment of a serf obligation, but his rise like Tsarong's occurred because the Dalai Lama recognised and rewarded his abilities (Goldstein 1989, p. 147). Of course in addition to being capable, these men rising from humble origins would also have good reason to be loyal to the Dalai Lama.

This would mean that events in the course of our lives are pre-determined. However, much is in our hand... to change the child's future. Beginning with conception, and foetal growth in the mother's womb and eventual birth, Tibetan medical tradition gives many childcare guidelines and rituals, which, when properly followed, can dispel harm, ensuring a healthy growth.<sup>105</sup>

Two stories recalling the impact of childcare practices on the lives of major figures in Tibetan Buddhism, told by Jampa Tupwang in *Treasure of the Heart*, illustrate the idea that worldly destiny (*'jigs rten gyi las skal*) is a mutable concept that must be fulfilled.<sup>106</sup> His first example is none other than the Buddha Shakyamuni, for whose birth 'the methods of many midwives and diviners were relied upon, causing these [methods] to be spread far and wide'.<sup>107</sup> The fact of Shakyamuni's birth into the mundane world made it necessary for his caretakers to rely on mundane methods for the recognition of his destiny and nurturing him into adulthood, which in turn enabled him to become a great being. The methods of childcare and astrology are thus partly credited for setting Shakyamuni's extraordinary human life into motion, while the Buddha reciprocally is given credit for setting the methods of childcare into motion within the wider world.

The second example is the fount of Jampa Tupwang's own Gelukpa order, the 'gentle protector and Dharma king' Tsongkhapa. As soon as the great Tsongkhapa was born, Jampa Tupwang relates, his teacher Chöjé Dondrup Rinchen had to carry out the essential aspects of childcare properly 'for the sake of many necessities in the immediate and long-term'.<sup>108</sup> After thus humanising these legendary historic figures, Jampa Tupwang concluded, 'It goes without saying that ordinary people should diligently rely on these methods [as well]'.<sup>109</sup> The effect is one of placing 'ordinary people' on the same rhetorical level as the pillars of Tibetan Buddhism; their children too may fulfil their greatest 'capacity for enlightened activities', if properly recognised and cared for.

Recognising the enormity of the social and mental shifts he was trying to help set into motion, Jampa Tupwang pleaded directly to parents to put the childcare methods into practice within their own homes:

<sup>105</sup> Lobsang Wangyal 2007, p. 221.

<sup>106</sup> This is the term used by the Thirteenth Dalai Lama (TA-la'i sKu-phreng bCu-gsum-pa 1989, p. 166).

<sup>107</sup> Byams-pa Thub-dbang 2001, p. 241.

<sup>108</sup> *Ibid.*, p. 241.

<sup>109</sup> *Ibid.*, p. 241.



Also, parents, ripening their identification with the compassionate qualities of the Medicine Buddha, protector of beings, need to abandon any wrong hesitation or doubts.

Everyone, no matter high or low, is beseeched to exert effort to be continuously aware of the importance of the fundamental welfare of their own tender sprouts.

Through listening, reflective study and meditative cultivation, mastery of these types of virtuous and great actions may be attained.<sup>110</sup>

Data on the extent of literacy does not exist for pre-1950 Tibet, but the physician gestures here to the alternate possibility that the text *Treasure of the Heart* could be transmitted orally to the common population. The Thirteenth Dalai Lama, meanwhile, also addressed the problem of popular reception by further appealing to parents on a practical level, asserting that through their conscientious adoption of right actions and avoidance of wrong actions with regard to post-natal care, they would be able to elicit desirable qualities in their children just as much as a physician would. He assured his subjects it was 'candidly true' that this programme of childcare would deliver the promised benefits, and that these would 'be unmistakably established through experience'.<sup>111</sup>

### Conclusion: the benefits of childcare

The Thirteenth Dalai Lama sought to establish empirically three different levels of benefit from the implementation of methods of childcare. Above all, he promised these methods would bring 'long life without illness, intelligence, and clear sense faculties [sight, hearing, etc.]' to weak individual bodies.<sup>112</sup> As much as this claim was about direct benefit to real people, it was also an assertion about the efficacy of Tibetan medicine—'the system of the Great Country', in Khyenrap Norbu's words. Jampa Tupwang, physician and head of the monastic branch of government, made it clear that the strength of his people and the strength of the Buddhist medical teachings were jointly at stake:

During this time the continuum of medical teachings has deteriorated and progressive decline in the transmission of previous experience has caused ignorance of the methods of childcare. Therefore the wits, stamina and physique of the people in general (*mi rigs phal cher*) are weak, life spans are short and illnesses many, and those with wicked natures do not listen to their parents' speech. Not being able to bear these kinds of undesirable faults and defects that have suddenly arisen, I have set down the principles from the King of the Glorious [Four]

<sup>110</sup> Ibid., pp. 247–8.

<sup>111</sup> TA-la'i sKu-phreng bCu-gsum-pa 1989, p. 166.

<sup>112</sup> Ibid., p. 166.

Tantras for the methods of caring for, cherishing, and nourishing children in a series of complete steps for easy understanding.<sup>113</sup>

In this way, Jampa Tupwang turns the late nineteenth and early twentieth century public health ideal of ‘hygienic modernity’ on its head. His words stand in particular contrast to nationalist Chinese reformers, who began around this same time to link fears for the decline of the Chinese ‘race’ with valorisation of colonial medicine and disparagement of (what they now termed) ‘traditional’ Chinese medicine.<sup>114</sup> The Tibetan physician reaches a hybrid and novel solution, championing the approach of proving his government’s beneficence in an indigenous, Buddhist idiom rather than by adopting foreign medical theories, training and institutions. Certain foreign techniques could be appreciated and incorporated without compromising the integrity of the Tibetan Buddhist medical system that had been institutionalised at Chakpori and now reconfigured at the Mentsikhang. Such integrity was vital to maintain for a state that depended on its Buddhist epistemological resources for legitimacy and leverage.

Second, the Thirteenth Dalai Lama asserted that physical and mental benefits would lead to the development of economic strength by being ‘interdependently connected with prosperity and well-being if performed together without confusion’.<sup>115</sup> In this light, Jampa Tupwang’s ambiguous concern with improving the ‘wicked natures’ of children who did not obey within the basic social unit of the family seems to echo British mothercraft literature, in which children with proper upbringing would become not only healthier but better behaved, leading to a more productive and engaged workforce.<sup>116</sup> Furthermore, as in British initiatives, the rural poor are presented especially in need of saving from their undesirable (if not unhygienic) conditions—and of including in a project of nation-building. The Dalai Lama writes that in order to reverse the ‘manifestations of the five degenerations’, a great effort ‘in the customs and practices of caring for “young shoots” and increasing [their] intelligence’ is necessary, and in his edict these degenerations are said to specifically include such ‘undesirable occurrences’ as dumbness (*glen lkugs*) and ‘untimely death among most people living in rural conditions’.<sup>117</sup>

<sup>113</sup> Byams-pa Thub-dbang 2001, pp. 241–2.

<sup>114</sup> Rogaski 2004.

<sup>115</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 166.

<sup>116</sup> Davin 1978, pp. 54–5.

<sup>117</sup> TA-la’i sKu-phreng bCu-gsum-pa 1989, p. 165. In Buddhism, the *snyigs [ma] lnga* refer to the five degenerations ‘of lifespan [shrinking to fifty years], of mental afflictions [anger, desire, ignorance etc. becoming more prevalent], of living beings [behaviour, attitudes and wealth declining], of views [the number of non-believers in Buddhism and its precepts increasing], and

But while British programmes fostered a cult of motherhood and held individual women accountable to prevent infant mortality, the Mentsikhang literature, with its main focus on class and social roles rather than gender, presented a wider view of this responsibility. The future rested equally with the 'righteous monarch' under whose benevolent leadership the programme was instigated, members of the monastic community who were called upon to serve the greater population as physicians and astrologers, local officials who must administer the programme, aristocratic landowners who should cover fees for the poor and parents of every class (and both genders) who should implement the programme in each of their households. In this way, the entire community was called upon to assist parents in their role as proxies of the State nurturing young subjects.

Third, the hierarch directly linked the welfare of the Tibetan population and its newborns to the welfare of the Central Tibetan state, calling the work of children's medicine and astrology 'the great and profound basis of prosperity and well-being benefiting sovereign and subjects alike'.<sup>118</sup> Jampa Tupwang reciprocally declared that managing the health of the population was the 'root' of enlightened governance by a Buddhist monarch:

Furthermore, the basis of realising liberation and omniscience for all beings is the precious teachings of the Victorious One and the enlightened governance activities of the righteous monarch, which should spread and remain a long time. For this, the root is obtaining the flourishing of intelligence, great effort and striving, long life, youthful vigor and happiness, etc. for excellent beings and high and low people. On the strength of these [attainments], the general welfare (*sems can spyi mthun*) as well as each individual's karma, aspirations and merit will certainly be achieved.<sup>119</sup>

In this Tibetan Buddhist formulation of medical benefit, enabling the physical and mental basis for 'all beings' to realise the Buddhist goals of liberation and omniscience was a sign of legitimate and benevolent rule—a particularly relevant gesture, so soon after the Dalai Lama's return from his almost ten year exile. As a method of generating revenue and reasserting his sovereignty over the districts and estates, health care for children no doubt offered a much gentler initial approach than some of his later measures.

200 years earlier through his Chakpori 'Sanctuary of Knowledge Benefiting Beings', Desi Sangyé Gyatso had also linked the state's medical work to benefit for 'all beings'. He wrote that an increase in the reach of Buddhist medical

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of the times [epidemics, famines, wars and poor harvests becoming widespread]' (Gyatso and Kilty 2010, pp. 349, 537 ft. 723).

<sup>118</sup> TA-la'i sKu-phreng bCu-gsum-pa 1989, p. 167.

<sup>119</sup> Byams-pa Thub-dbang 2001, pp. 240–1.

teachings would benefit both the 'self', or the physician on a path to buddhahood, and 'others', or those suffering from illness, 'in every realm of the ten directions'.<sup>120</sup> When the Thirteenth Dalai Lama and Lamden Jampa Tupwang referred to the bodhisattva intention behind their provision of children's health care, however, they formulated it in terms that were not so open-ended. The Mentsikhang programme would nurture the achievement of individual aspirations for the 'subjects of the districts and estates, everyone of high and low stature', and likewise the welfare 'of all the beings, in general and in particular, of the government mandated by heaven, of the land completely encircled by pure snow mountains', to which the childcare edict was addressed.<sup>121</sup> By justifying a greatly enlarged government role within the domestic sphere, the two men constructed the childcare programme as a tool for the delineation and organisation of a territorially bound Central Tibetan state.

What is more, on the basis of shared behavioural, nutritional and ritual practices in a Tibetan Buddhist idiom, every household included—of high and low stature—would be encouraged to intimately experience themselves as part of this community and their children as 'sprouts' (*rigs myug*) of a Tibetan nation. Rather than simply borrowing similar prescriptions from a foreign context, the Thirteenth Dalai Lama and his physicians discerned from their own 'definitive methods of analysis' how, in order to realise the potential of a Tibetan nation-state, they would need to identify and cultivate the potential of its children (and encourage their elders) to contribute towards mutual well-being and prosperity. At the same time, these architects of social prosperity did not scoff at foreign technologies they deemed beneficial but began incorporating techniques such as vaccination as they became available, affordable and of demonstrated usefulness. In this way, the Mentsikhang and its childcare programme can be said to have helped set into motion both the reconfiguration of Tibetan medical practice and the imagination of a Tibetan community.

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<sup>120</sup> In *Mirror of Beryl*, Sangyé Gyatso describes his motivation for founding Chakpori as two-fold: to develop an authoritative, systematic field of medicine and to increase both the quantity and quality of medical providers. He expresses the latter goal through a quotation in the form of a prayer: 'In every realm of the ten directions / May there be medicine, doctors and nurses, / Suitable food, drink, and every provision' (Gyatso and Kilty 2010, p. 352).

<sup>121</sup> TA-la'i sKu-phreng bCu-gsum-pa 1989, pp. 164–5.

## Acknowledgements

I would like to thank Tashi Tsering of the Amnye Machen Institute for his great assistance during this project and especially for bringing the text of the Thirteenth Dalai Lama's edict on childcare to my attention. Also I am indebted to Gendun Jamyang Gyatso of the Literary Research Department at the Men-Tsee-Khang, Dharamsala, for our discussions of the childcare texts, to Gray Tuttle, Alex McKay and the anonymous reviewers for their helpful comments, and to this journal's editors, especially Heidi Fjeld and Theresia Hofer. This publication was made possible by support from the Social Science Research Council's International Dissertation Research Fellowship, with funds provided by the Andrew W. Mellon Foundation.

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