

THE WORLD IN A BOWL OF URINE

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Corneille Jest was the first researcher I met, when as a young physician posted in Nepal and completely outside the field of Tibetology, I began to be interested in Tibetan medicine. It is in great part due to his support and encouragement, as well as those of David Snellgrove and Gene Smith, that I persevered in a domain of research which was to take up more and more of my time, drawing me inexorably away from medical practice. Over the years, Corneille became first a friend whose constant dedication was never lacking, and later a colleague under whose direction I had the privilege of starting my professional career as a researcher.

At about the time of our first meeting, Corneille had published his book *Tarap, une vallée dans l'Himalaya*, Paris, Seuil, 1974, and I remember the keen interest and the intense aesthetic emotion that were roused in me by the numerous photographs it contained. It seems to me now that the complete reorientation of my career, then free of any academic knowledge as far as Tibetology was concerned, probably had its source in my contemplation of those images which "spoke" so eloquently. The reasons which guided my choice of the photo by Corneille and with which I would like to pay him homage as an ethnologist and photographer are multiple: personal, documentary and aesthetic.

First, this picture was among a series of photographs Corneille very generously put at my disposal for inclusion in my PhD¹. He had himself already published it, along with a caption reading "Diagnostic d'une maladie par une divination avec l'urine du malade", in his master work *Dolpo. Communautés de langue tibétaine du Népal* in connection with a short passage dealing with the medical activities of the local priests. As far as I know, it was then the first picture to document this technique of diagnosis-divination which has now practically died out among Tibetan doctors. Even if they still practice uroscopy, although much less frequently than pulse examination, for strictly medical diagnosis, they seem to have abandoned almost completely the complex techniques of urine divination for which its surface must be divided in a number of sectors. I was never able to observe it myself spontaneously practised, and the few publications devoted to Tibetan urinalysis do not usually deal with this aspect². Yet, an important part of the vast chapter dealing with urinalysis in the *rGyud-bzhi*, the fundamental treatise on Tibetan medicine, concerns different divination techniques.

Corneille's photo has thus a great documentary value. It was taken during a medical consultation by Meme Tenzing of Kagar, as in another photograph taken at the same location, he checks the pulse on the left wrist of a village woman³. The related text does not provide clues about the circumstances of this consultation, but one can assume that the urine examination concerns the

same female patient. I found this picture all the more interesting since it shows a very rustic type of Tibetan medical practice, apparent as much in its setting - on the ground in front of a village house, as in the garb of its figures, the long hair of the therapist, coiled up in a turban, indicating that he is a tantric priest (*sngags-pa*), who in addition to his medical functions, probably minor among his activities, is a socially prominent farmer who provides mainly religious and ritual services. We witness here the situation which was the most common in traditional Tibet, far from the idealised image of Tibetan medicine usually shown today to the Western public.

The tantric priest-doctor is in the centre of the photo. In front of him, directly on the ground, a cup of white porcelain contains urine with small bubbles appearing to float on the surface. He has just placed two pairs of small sticks across each other on the bowl so as to form a grid. He probably has simply taken those sticks from the heap of twigs beside him as he still holds a bunch in his left hand. The doctor is using a cup in accordance with the requisites formulated in the *rGyud-bzhi*: white porcelain with no decoration on it so as not to blur the examination. Ideally, the urine should have accumulated in the bladder during the second half of the night, and should be examined immediately after it has been passed at daybreak.

Strictly speaking, medical urinalysis does not require any other device and should, theoretically, follow three stages. First, when the urine is still warm, the colour, vapour, odour, and bubbles are examined. Then, when the odour has dispersed, the suspension and the layer which forms at the surface are observed. Finally, when the urine's aspect changes, the timing and manner of its transformation, as well as its final characteristics are analysed.

But here, the aim is not to diagnose a nosological entity according to medical classification, but to identify the evil spirit causing the patient's suffering. In order to achieve this, the urine bowl is likened to the "tortoise of the world" (*srid-pa'i rus-sbal*), lying on its back if the patient is a male or lying on its belly if the patient is a female; its head is always pointing south. This layout pertains to the complex divination tradition ascribed by the Tibetans to China. Male patients are supposed to urinate in the bowl from its eastern side, whereas females should do so from its western side. As we can see in the picture, the surface of the urine is divided into nine sectors (*re'u-mig*) by two pairs of crossed sticks; their criss-cross pattern is said to evoke the grid marking the upper and lower shells of tortoises. Around the central sector, the other eight sectors are oriented towards the cardinal points and their intermediary directions. On the right side of the tortoise and starting from its head, the three sectors are, successively, those of the gods, the humans and the evil spirits (*gdon-sa*). The three sectors of the middle are, following the same direction, those of the paternal ancestors, of the patient himself and of the offspring. Finally, the three sectors

on the left side of the tortoise are those of the cemetery (*dur-sa*), of the house, and of the fields.

The divination consists in localising, with respect to the examination grid, the figures : points, circles, cracks, etc. formed in the urine by the bubbles, the surface layer, the suspension etc.. For example, if such a figure appears in the sector of the gods, the pathological disorder is said to be caused by a protective deity (*lha-srung*) associated with the paternal ancestors or the patient himself. In such a case, the cure must consist of confession and propitiation.

The *rGyud-bzhi* and other Tibetan medical texts also discuss other divination techniques based on urine; some entail quite sophisticated calculations making use of a larger number of sectors dividing the surface of the

urine, and taking into account the directions of space as well as elements of astrology and geomancy⁴.

Finally, an analysis of the aesthetic qualities of this photograph, whose lines and masses immediately suggest, at first sight, the equilibrium of a classical painting; this impression is even reinforced by the chiaroscuro effect as well as the attitude of the main figure, the priest-doctor, at once dynamic and restrained. A perfect isosceles triangle is in the centre and takes up half of the surface of the photo. Its base is made up of the entire length of the picture's lower edge and its summit crowns the head of the priest-doctor. The left side of this triangle is marked by the right arm and leg of the physician, underscored by light, and by the legs of a bystander in the lower left corner of the picture. The



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right side of the central triangle, more obscured by darkness, is suggested by the fold of cloth thrown over the left shoulder of the therapist, and the lower edge of the robe of a seated figure, probably the sick woman. The head of the physician, at the summit of the triangle, is bent forwards, thus bringing his face into the shadow projected by his bulky head-dress. His glance falls vertically on the bowl filled with urine, along the exact bisecting line of the central triangle. This composition draws one's glance down to the bowl, the focal point of dazzling brightness on which, one confusedly feels, the glances of the bystanders also converge although they are out of the frame. The attitude of the doctor eloquently expresses the concentrated tension with which he scrutinises the bowl: the forward movement of his head and his right side with the hand floating in the void, seems to be restrained by his left arm and leg bent towards him.

I know of no other picture which succeeds in capturing with such eloquence the moment at which the Tibetan physician, having become a seer, suspends the rational discriminative analysis of the standard medical diagnosis in favour of an intuitive perception. His consciousness is sunk into the iridescent space of the urine bowl which becomes the mirror of the world.

Notes :

1 Paris, Seuil 1974.

2 *Gso-ba rig-pa. Le système médical tibétain*, Paris, Editions du CNRS, 1987, p. 160.

3 With the exception of Y. Parfionovitch, F. Meyer & G. Dorje. *Tibetan Medical Paintings*, London, Serindia 1992, pp. 143-148.

4 C. Jest 1975, *op. cit.* p. 324.

5 For a summary presentation of those techniques and the traditional iconography illustrating them, see Y. Parfionovitch & al. *op. cit.*