

Portrait of the Practitioner through a Spreadsheet

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Abstract

Acupuncturist and researcher David Mayor, known for his pioneering work on electroacupuncture, has captured almost four decades of clinical practice in a single spreadsheet. The result is a monument to the effectiveness of acupuncture, to the potential of judicious data gathering, and, ultimately, to the power of the therapeutic relationship. Lara McClure talked to David in Spring 2025 about the process by which he created this unique resource, prompted both by curiosity about the nature of his practice from the vantage point of completion and by a hoarder's sensibility. Here, she draws on that conversation alongside excerpts from the spreadsheet itself to celebrate the life and career of a prolific practitioner, teacher, thinker and collaborative author. Emergent priorities include the reasons why patients sought David's help, the language they used to describe their health, and the reasons why their treatment ceased. David's personal and intellectual backstory unfolds, and he advises fledgling practitioners on how to gather data within clinical practice for the benefit of patients, practitioner and profession.

Keywords

Electroacupuncture, acupuncture, clinical audit

Introduction

 JCM readers are likely to be aware of David Mayor and his pioneering work as an author, practitioner and teacher of electroacupuncture. David kept meticulous handwritten notes throughout almost four decades of clinical practice; on retirement, he consolidated these into a single spreadsheet. In the spring of 2025, I had the privilege of interviewing David about the process by which he created this unique resource. During our conversation, David unpacked a lifetime of thought and clinical decision-making. Reading about this might give other practitioners ideas, those messy, biased flashes in the brain that form the basis of all intellectual enquiry.

'I'm not very good at throwing things away'

Practitioners who were working from home in 2020 might relate to the necessary closure of David's acupuncture practice, which he had been running from his home in Welwyn Garden City (a location chosen for its 'tradition of eccentricity') since 1982. The COVID-19 pandemic practically mandated David's retirement. 'At that point', he recalls, 'I thought, oh, what the hell am I going to do with all these patient notes? Because I'm not very good at throwing things away ... So I thought, well, let's make use of them. Let's kind of distil them down'. This kind-of-

distillation became a meticulous many-month working-through and typing-up of longhand records into a single monumental spreadsheet covering every patient encounter across David's clinical lifetime, some 2082 individuals who he treated between once and 282 times each.

The process of selecting information from his copious paper notes for inclusion in the spreadsheet prior to shredding the documents was an instinctive one, shaped by priorities developed over the lifecourse of the practice and sensibilities already in place when that practice was new. The trajectory of David's progress as a practitioner can be read in this dataset – that 'slow development of adeptness through the living of a clinically useful life' described by Judith Farquhar (1994, p.226) – a usefulness attested to by the patient voices represented here. These voices are captured in a hybrid form of reported speech, filtered through two distinct layers of David's curation: firstly, what he chose to write down during therapeutic encounters, and secondly, what he chose to record from those original notes when constructing the spreadsheet. This doubly-glossed repository does not, then, carry exactly *what individuals said*, but rather what David deemed important to extract from what they said, initially in service of clinical decision-making, and latterly in constructing an archive. *De facto* verbatims come in where David includes text from patients' written correspondence as squirrelled away in filing cabinets alongside their notes, itself a curatorial act. Arguably the selections presented here add a further gloss, and the reader will bring yet another.

Through these layers, the voices are compelling, in places noteworthy idiosyncratic; patient #1425's sciatica (107 treatments, 1991–4) made them feel like they were 'dying from the feet upwards'. patient #817 (3 treatments, 1985) expressed their emotional state in deeply personal terms: 'I've hacked my way through the wood to the ginger bread house'; 'even God was not enough'. Patient #1508's anxiety and depression (3 treatments, 1991) finds acute expression in the words: 'I'll run away'. Patient verbatims could hint at pathologies in play; patient #1634 (13 treatments, 1986–90), presented with anxiety, self-identifying as 'a typical worrier', adding 'I should have a dividing line inside me – that's enough'. David listened with his pen, capturing details to which he could return and thus facilitating uniquely tailored care. Shifts in patient #1634's sense of that 'dividing line' following acupuncture makes an outcome measure you won't find on a conventional researcher's list (eg NHS, 2019).

In recording 'to some extent what they'd said', David came

to the realisation 'that what people say and what people experience are not necessarily the same at all, but that they can bounce off ... and illuminate each other.' Patients' testimony *in their own words* could be triangulated with David's trained observations to the enhancement of both, personalising treatment. Capturing a curated selection of these words involved sequential decision-making and prioritisation that mirrored the very process of differential diagnosis that the information was collated to serve.

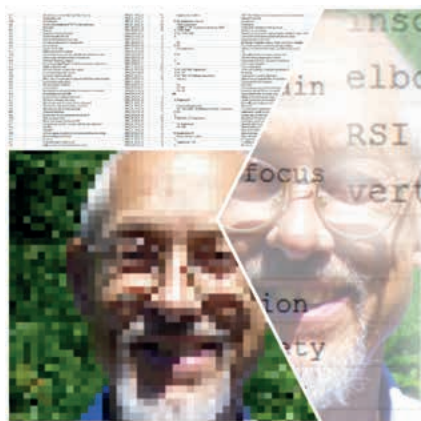
Layers of decisions

An acupuncturist's *modus operandi* involves making decisions based on evidence gleaned through observation and interrogation, acting on these decisions, and evaluating the result before beginning the cycle anew. A decision-tree diagram makes an apt revision tool for those rehearsing the *scientific rules* of Traditional Chinese Medicine and the *fine art* of applying them. Patterns are sought and connections

made. The cumulative record of the process becomes a resource, the appearance and style of which can showcase the particular character of a practitioner, and by extension, of their practice. The nature of this is as infinitely variable as the personality of the practitioner, to the consternation of some commentators: 'when it comes to acupuncture we might see that some practitioners' minds are inherently mathematical, while others have a poetic, storytelling bias' (Maxwell, 2025, p2). In David's

case there happen to have been distinct elements of both these things.

David acknowledges the effect of his information-collecting behaviour on his therapeutic work. 'Did my data gathering influence my clinical decision making? ... Well, definitely ... writing things down to clarify my thoughts and help me think about the next step.' He perceives value both in the creation of the resource and in subsequent returnings to it, 'whether it's the writing of things down or whether it's the reading of things.' The spreadsheet captures distinct layers of decision-making: what David chose to do within single appointments, strategies he decided to pursue across each patient's full treatment arc, novel techniques he experimented with, and some of the reasoning behind each of these steps; with that fundamental stratification into *what he chose to record at the time* and *what he chose to extract to the spreadsheet* additionally in place, a rich archaeology of decision-making has been laid down.



In questioning patients and recording their answers in service of diagnosis, David was aware of the presence of myriad extraneous factors. There might be ‘a huge family discussion going on in the background’ of someone’s lived experience ‘that you want to kind of get your finger on’ in case it were to prove diagnostically revelatory. Clinical relevance might be found in the most apparently trivial utterance. These elephants in the clinic room might have escaped a conventional intake form, but freeform note-taking gave them space, and the retrospective imposition of the spreadsheet’s organisational principles allowed structure to follow content rather than vice versa. Thus each encounter was rendered with some contextual reality.

A clinical practice consists, of course, of many such patient encounters in series. Revisiting the whole lot in one go allowed David a backward gaze across the span of his clinical life from a position of completion. That viewpoint prompted questions about the practice, and the patients who had inhabited it - ‘when did they come? How many sessions? How far did they come? What’s their likely income because of where they live?’ - and so he sought to arrange the data to serve such curiosity. He recorded the distance each patient travelled to the practice, and the average house price in their home locale at the time; how they had found the practice; which auxiliary modalities he had incorporated into their treatment plan; when, and ostensibly why they stopped treatment. Some of these questions have accessible, quantitative answers, others are gnarlier: ‘A lot of it is about number. But a lot of it is about language ... because it’s how the patients tell their stories.’ Consolidating these tells the story of the practice as a whole.

Why they came

The reasons individuals gave for seeking out David’s services were an emergent priority. ‘I tried to extract ... how they talked about their illness, why they came’. Firstly, the means by which they practically discovered him appear in the ‘How Found’ column, which catalogues internet searches, networks of recommendation, zeitgeisty mentions of acupuncture in newspapers at a time when statutory regulation of the profession seemed like a live possibility in the UK, and a collective outpouring of sudden responsibility for health and motivation to improve it prompted by circumstance. Going to see an acupuncturist was a lifestyle choice which many of these patients were proud to own.

Further, the health reasons behind each individual’s commitment to that choice are captured in the ‘Main Condition’ column. Few of the presenting conditions appearing here would make a straightforward ICD-11 entry (WHO, 2025). Some are lengthy, some split into multiple separate parts where individuals returned to the clinic many times as new issues arose, much as they might with their GP. Some presenting conditions appear in inverted commas, hinting perhaps at self-diagnosis, or that the reason initially stated for seeking help didn’t remain the main focus of treatment as things unfolded. Plurality and complexity in the presenting condition increased as the practice matured and David grew into his own note-taking system, maximising its clinical utility by including verbatims. Patient #1465 (30 treatments, 1992-4), for example, prompted to seek acupuncture by an article in *The Independent*, presented with thrush, cystitis, a feeling of swollenness in the lower abdomen and ‘a history of not feeling too brill most of the time’. Any of these factors may have been the catalyst for seeking help; this sort of self-diagnostic detail formed the beginning of the evidence trail on which David could base clinical decision-

making. Understanding how someone typically expresses themselves is an excellent starting point for a therapeutic relationship, one of the most ‘valued precepts of traditional

care’ for an acupuncturist (Anastasi *et al.*, 2023, p5).

Frequently David chose to capture the *metaphors* through which patients articulated their experience of ill health. patient #1216 experienced knee pain (42 treatments, 1991-4) ‘like worms inside the kneecap’; patient #1312’s frozen shoulder (11 treatments, 1991) felt ‘like a broom handle being pushed in’; patient #1751’s morning sickness (8 treatments, 1996) was ‘a little volcano building inside’. These are evocative and succinct, holding complexity in a few words. David has written about metaphor-based thinking as an underpinning principle of therapeutic modalities including Traditional Chinese Medicine (Mayor, 2009; Mayor, 2011; Mayor & Micozzi, 2011).

Metaphors provided eloquent differentiation between superficially similar cases. patient #1691 (36 treatments, 1987-89) had arthritis which felt ‘like carrying a spiked sack of coal’, whereas patient #2064’s arthritis (53 treatments, 1998-2020) made them feel ‘like a trapped deer’. Elsewhere, too, David noted impacts of health states as a composite part of a ‘Main Condition’; patient #1414’s arthritis (24 treatments, 1991-4) was remarkable for its deleterious effect on their game of golf. These metaphorical and

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practical caveats to the presenting condition qualify the nature of what each individual sought from David. While any literature search on acupuncture for arthritis will yield stats on improved condition-specific scores, pain levels and quality of life, the specificity of enhanced golfing prowess or degree of spiked-sack-of-coal-awareness is uniquely customised.

‘Moments of physical contingency’

If patients described distinctive reasons for coming to David’s practice, the practitioner himself articulates equally peculiar reasons for being there. The backstory of David Mayor as a thinker explains why 1982 saw him poised not only to help people using acupuncture, but also to catalogue that endeavour comprehensively as a necessary component of the process.

A self-confessed teen nerd, David subscribed to Fibonacci Quarterly (still in print, and still devoted to finding ‘new proofs of old ideas’: Fibonacci Association, 2025) and went up to Cambridge intending to study mathematics, then sidestepped into studying the history of art. The ease with which he made that leap - and, with hindsight, discusses it - betokens a capacity to move between the quantitative and the qualitative as if there were no conceptual barrier involved. David’s undergraduate dissertation concerned kinetic artists Pol Bury and Nicolas Schöffer’s experiments with means to incorporate movement in solid objects. Bury inserted his attention into the liminal space between motion and stillness, and sought to represent that state however he could; his works ‘demonstrate moments of physical contingency that belie gravity’s certain pull’ (Guggenheim, 2025). This attitude to states of change certainly influenced David.

Observing change is fundamental to an acupuncturist. From the *I Ching* comes acceptance that change is constant and unpredictable, that transitional states are the norm and that humans may learn from observing our own responses to change (Wilhelm & Baynes, 1989). An acupuncturist’s goal is to catalyse change in a patient’s health and well-being, bear witness to it and follow its course. Each clinical decision is immediate, each action taken subtle and minute, each shift in state temporary. Incremental accumulation of these micro-episodes make up a treatment plan in a thickly plural process. For David, meticulous recording of this was integral. David’s patient notes catch fleeting moments of stasis, snapshots along the course of health trajectories. Messy, even contradictory detail signifies understanding of change as inevitable, necessary, inspirational. Each spreadsheet entry is an arrested movement, a foray into that liminal space between motion and stillness. It’s a brave and exciting place to insert your attention.

Meaningful experience of change can be tracked through the words of David’s patients. Some sought to quantify incremental shifts in symptoms and wellbeing using temporal markers: patient #989’s back pain (13 treatments, 1984-5) became ‘each week a little better’; following treatment for postherpetic neuralgia, patient #113 (15 treatments, 1984) felt the ‘best I’ve been for a long time’. Others described the positive impact of treatment in terms ranging from the clearly defined to the poetically abstract: patient #1106 met their weight loss goal (17 treatments 1985-6), patient #1046 considered their bronchitis ‘cured’ (9 treatments, 1983-4), patient #747’s treatment for sleep, anxiety and menstrual issues (26 treatments, 1995-6) ‘gave me back the self-confidence to live with my weaknesses’. Acupuncture fulfilled tangible, individualistic goals for these folks, relieving pain, facilitating mobility, allowing a return to beloved activities, adjusting the quality of lived experience. To peruse the spreadsheet is to glimpse profound shifts achieved on individuals’ own terms, however idiosyncratic. ‘How people describe their improvement’, muses David, ‘may be more to do with mindset than with the physical’.

‘Unconventional methods of looking at the body’

Newly-graduated David rode the momentum of his studies in kineticism into a founding role at the Beau Geste Press, ‘a community of duplicators, printers, and artisans’ which ‘federated visual poets, neo-Dadaists and international artists affiliated with the Fluxus movement from 1971 to 1976’ and ‘was undoubtedly one of the most productive and influential publishing ventures of its generation’ (Les Presses de Réel, 2025). Fluxus, as the name encapsulates, embraced flow, chance and possibility, circumventing the perceived stagnation of the art world (Tate, 2025a). David’s role was one of curatorship; his tendency to catalogue and preserve was honed here. Recognising the cultural significance of the ‘artists’ detritus’ accumulated following the travelling ‘Fluxshoe’ exhibition (1972-3), he gathered it together and deposited it in the Tate archive (Tate, 2025b). In the course of our conversation, David refers to himself as a ‘hoarder’ three times. Hoarding, we understand, is guardianship; a hoard is a precious thing.

David’s own health issues in his late teens led him to an interest in ‘unconventional methods of looking at the body, I suppose you’d say’. He began postgraduate studies at the University of Exeter under the supervision of Mike Weaver, with whom he co-edited a series of audio magazines, *The Revealer Cassettes* (eg Mayor & Weaver, 1979), named for the dowsing device (see Jenkins, 2022) and covering the work of many alternative

therapists and thinkers beginning with Mike's father, Herbert Weaver, and going on to include Bernd Senf, Eva Reich, Gerda Boyesen, acupuncturist Roger Hill and electroacupuncturist Ioan Florin Dumitrescu. David absorbed ideas from each of them and began to move towards a career in this field. 'Eventually I thought, well, look, I can't just go on being a publisher and a layabout and pseudo artist and all this stuff. I've got to do something that's going to be helpful to other people'. He trained in radionics, biodynamic psychology and massage, which developed his diagnostic skill and 'got me used to people and their bodies'. The incorporation of acupuncture into this palette was organic: 'I went up to Leamington for an interview with Jack Worsley ... and he said, you'd be a fool if you didn't. So of course I did.' Along with wife Susan, whose influence he attributes as instrumental in bringing professionalism to the practice, he relocated to the 'smallish, kind of mid Hertfordshire town' of Welwyn Garden City and set up shop.

The practitioner as researcher

As his practice developed, David enjoyed experimenting with many supplementary treatment devices - Transcutaneous Electrical Nerve Stimulation (TENS), AlphaStim, Ryodoraku and especially electroacupuncture.

The spreadsheet column for additional modalities shows this fascination growing from the late 90s onwards, prompting David to hypothesise: 'if you stimulate something at a certain frequency, maybe you'll see those frequencies in the brain waves in the EEG [electroencephalogram]!' David began to investigate this in 2001, and in collaboration with independent neurofeedback researcher and practitioner Tony Steffert, conducted a series of small pilot studies under the supervision of Tim Watson at the University of Hertfordshire. These culminated in a major study measuring changes in EEG, Heart Rate Variability and other markers in response to TEAS (transcutaneous electroacupuncture stimulation, or TENS applied at acupuncture points), yielding a rich dataset: 'from 2015 to 16 we gathered data which I've been analysing ever since'. Immersed in this data, David was drawn to the *unpredictability* of his experimental results, spawning 'a fascination with entropy' that underpins much of his research work - paradoxically, perhaps, a pattern arising from the observation of randomness.

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Perusal of pathways of connectedness that leap out of David's spreadsheet of patient notes is satisfying to the subconscious and feels like a naturally TCM-ish thing to do. Once found, patterns can themselves shift and fragment, and we might be tempted to see patterns in that. This receptiveness to apparent correlation is a human tendency, both a gift and a limiting factor. Patterns can be divined even amongst the individualistic metaphorical descriptors offered by David's patients. Of the 6 patients who describe their pain as being 'like a knife', 3 were suffering from sciatica. The term 'toothache' is used by 10 patients as a proxy for pain elsewhere in the body; 3 of these had trapped nerves. If patterns can be discerned, however, awareness also arises of the absence of pattern. The interactions and reactions catalogued in David's spreadsheet exhibit that delicious random quality. If we feel the need to find correlation here, maybe it is between the entropic and the kinetic, unpredictability in motion. David's research work embraces the chaotic.

For David, research has always been definitionally collaborative. He talks about his work with Tony, Tim, Mark Bovey, Deepak Panday and many other co-authors in the same spirit of delight with which he reminisces about

the avant garde artists at the Beau Geste Press. Collaboration works, reckons David, at least in part because there's an element of the competitive in teamwork that pushes everyone to do more and to do better. Recently he has

co-created an open access software package, Complexity and Entropy in Physiological Signals (CEPS), specifically designed to promote collaborative working (Mayor *et al.*, 2021). David has talked about his research work frequently and widely, to the Acupuncture Research Resource Centre (ARRC) Symposium (eg Mayor *et al.*, 2014; Mayor *et al.*, 2021), the Acupuncture Association of Chartered Physiotherapists and the British Medical Acupuncture Society (BMAS).

David's textbook on electroacupuncture is a modern classic, canon for students and practitioners of the sub-discipline (Mayor, 2007) and it was David who contributed the chapter on electroacupuncture to the BMAS textbook (Mayor, 2016). His classes on electroacupuncture were part of the curriculum at the main UK acupuncture degree courses for more than two decades. David harnessed these settings with opportunistic zeal to gather data from consenting students about their experience of the modality that could be written up for publication (Mayor, McClure

and Clayton McClure, 2017). David has also undertaken practitioner-focused survey work (Mayor and Bovey, 2017; Mayor, McClure and Clayton McClure, 2018) and continues to write on TEAS - always collaboratively (eg Lopez Alves *et al.*, 2025; Mayor *et al.*, 2025. See David's publication footprint at ORCID, 2025).

Fifty ways to leave your acupuncturist

'And then I also thought. Well, people don't come forever. Why do they leave? ... What reasons do they give?' Cessation of treatment became a second emergent priority for David. The rationale for releasing an individual from one's care might be corollary to the reasons for their recruitment, and a retrospective viewpoint perhaps places inevitable focus on endings. That this was a forced stoppage brings its own texture, a vibe of shutting up shop in a hurry - the farewells carry a sense of an arrested dynamic, relationships which would otherwise have continued rather than the natural end-point of a therapeutic journey. David acknowledges, too, that 'part of this ruminating over the patients I've seen and the changes observed has also been to do with me observing my own ageing and changes over time'.

We are reminded that the arrangement between a private patient and an acupuncturist has been a voluntary one throughout the timeframe of David's career, in which much change can be traced in the acupuncture profession: the rise and fall of University-based acupuncture courses, fashion, likelihood of professional regulation waxing and waning, varying levels of mainstream acceptance and remuneration by insurance companies - and in this environment the arrangement can be terminated at patient whim. Financial reasons are often in play here; patient #619 (5 treatments, 2008) cancels further treatment for sciatica and shoulder pain on the grounds that 'my finances are in a mess', adding 'I did enjoy coming - particularly your company and the massage bits!' Patient #1125 demonstrates a sense of responsibility on departure - 'I've not run off and left you'.

Patient #1874 (172 treatments, 1995-2020) initially came to David for smoking cessation support, returning at intervals for issues as diverse as alcohol intake reduction, 'emotional pain processing', hypothyroidism, stress, shingles and sciatica. In multiple hand-written cards, they thanked David for listening, supporting and 'being there'. What can be read here is the place of acupuncture, and

the acupuncturist, in the health life of an individual; the modality and the practitioner having 'proved' themselves in the initial course of treatment for smoking cessation, acupuncture with David was a natural recourse when further issues presented later in life and became a lifestyle choice, used repeatedly at point of need for many distinct physical and emotional conditions and incorporated alongside allopathic treatments such as chemotherapy, knee surgery and gallstone removal.

For patient #2035 (106 treatments, 1995-2020), David recorded emotions and life events alongside physical symptoms: a frozen shoulder, a daughter's mental breakdown, bursitis, a growth under one eye, the privilege of being with a friend at their moment of passing, a feeling of being 'walled-in by others' demands', depression, marriage difficulties, sadness, exhaustion, loneliness, liberation, fun and pleasure, dreams of desert landscapes, boredom, frustration - 'how many last straws can you have?', abandonment, directionlessness, chest infection, overload, stress, weariness and falls. Terminated by the pandemic, this vast and deep

therapeutic relationship is summed up in the patient's final communication: 'You are a superb practitioner, David, and have been such a steady influence throughout the last 28+ years.' Patient #2071 (26

treatments, 2006-19) came for multiple ailments, and in response to David's announcement of the closure of the clinic told him that 'there were so many times I came to you depleted and exhausted ... I truly felt treated as a whole person, and not a list of ailments'. Each of these individuals had their own version of David, and he inhabited all of these versions of himself, caught in multiple, fractal between-states of stasis and motion, always active and interested and capable of being amazed.

'I wombled into this... you've got to think ahead a bit'

David's hindsight-inflected advice to a new practitioner setting out to gather data within their clinical practice is: 'don't be too ambitious...Keep it simple. Try and define some parameters ahead of the game... Try and define your methodology a little bit ahead ... because I wombled into this and through this without much structure ... you've got to think ahead a bit about what is going to be useful'. Acupuncture teaching clinics could be modelling this, and it would be prudent to add the obtaining of ethical

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permission from patients to use their data for research purposes as part of the intake process to ensure GDPR compliance (not a thing when David set up). Nicely spun, this request can be therapeutic in itself as the patient might feel *interesting*.

David recommends that any system devised is a realistic one that you will actually make use of: 'I guess it's not only just keep it simple. It's also try and be true to yourself and how you naturally do things without being a victim of your shortcomings.' Data collection should be both clinically practical and developmental for the practitioner: 'How can you best record data (so) that it's not going to be sapping, that it's going to feed you in a way.' He acknowledges, too, that 'of course everyone will do this differently'. You might approach it as the cultivation of a certain symbiosis between your clinical practice and the capturing of that clinical practice 'and how the two kind of interact and influence each other'.

To emulate David's process as well as take his advice, the key qualities to foster are *hoarding* and *collaboration*. Collect copious data and store it safely; interrogate it frequently to satisfy your own clinical curiosity, and do this in the company of others.

'So pleased to have been your patient'

Patient #2003 (118 treatments, 1993-2020) discontinued treatment for neuralgia and migraine amongst other conditions because of the pandemic. David recorded copious minutiae of the physical, the psychological and the practical from their bustling file. Their final communication expressed thanks to David not for providing acupuncture or alleviating symptoms, but *for the therapeutic relationship itself*: 'For myself this chapter I have always felt was of the utmost support, relief and the oddest remedial treatments! So pleased to have been your patient'. The centrality of David's care in this person's life was such that it constituted part of their remembered identity. Patient #1832 (92 treatments, 1987-2019) was nostalgic at the news of the clinic's closure: 'Dear David, I think I've been coming to see you for 30+ years! Thank-you for keeping me sane ... I shall plant a tree in memory of all our time ... enjoy retirement'. Acupuncture was, again, part of this patient's lifestyle, an occasional, habitual recourse, but what the tree commemorates is not acupuncture, but the time spent with David, whatever therapeutic modalities he chose to employ.

Others, too, verbalised the fact that it was a dose of David they were after rather than a dose of acupuncture, patient #1183 (9 treatments, 1986-7) admitting 'I like seeing you but I don't like needles'. For patient #1379 (116 treatments, 1985-95), David's care completely

resolved a lifelong reflux problem. Their written thanks demonstrates that it wasn't acupuncture *per se* that they valued, but David's application of it, and indeed the nature of the treatment itself was unimportant to them: 'I feel I must thank you for whatever treatment you gave me, I feel a different person. I hardly dared write before, in case it didn't last'. Patient #1844 saw David for support through a series of pregnancies and associated complications (53 treatments, 2008-16). 'I know you will say you were just doing your job', they write, 'but we really can't thank you enough ... [we are] very appreciative of your magic'.

David acknowledges the compulsion not to waste this data as a driver in turning his hoard of patient notes into an interrogable resource. He is cognisant, too, that the output of this might be exponential - 'the analysis, you know, is just endless' - as if the potential resting in that spreadsheet demands mobilisation into a state of productive kinesis. 'My wife says don't start something, please... because it'll just go on forever.' David has ambitions for the dataset which include the application of Natural Language Processing technology (IBM, 2024). If humans can play with patterns and anti-patterns, Artificial Intelligence can do so exhaustively. The backward gaze becomes a Janus stance, simultaneously looking towards what will come next - cue team-building montage! I suggest to him that this story reads like an epic quest, and he agrees: 'there's still a quest. Yes, the quest will go on till I snuff it. Which is fantastic.'

Lara McClure is a clinical hypnotherapist and performance storyteller based in North Yorkshire. For 21 years Lara performed a series of roles at the Northern College of Acupuncture, where she was privileged to meet David Mayor and be drawn into his collaborative research endeavours. Lara sat on the British Acupuncture Accreditation Board and the Council of Heads of Acupuncture Courses, and is currently an external examiner for the College of Integrated Chinese Medicine.

With a Cambridge degree in mathematics and fine arts, after an early career as an artist, publisher and arts curator, **David Mayor** trained as a health practitioner, first in biodynamic psychology, and then as an acupuncturist, with a special interest in electroacupuncture. After practising for over 40 years, his career as a practitioner was brought to an end by the COVID pandemic, but he has continued in research and has published widely on electroacupuncture and other acupuncture-related subjects. He is an honorary member of the Acupuncture Association of Chartered Physiotherapists and a Fellow of the British Acupuncture Council.

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