INTRODUCTION

This book, the first monograph in English to examine aspects of medieval Japanese medical history, is largely based on a study of the medical writings of the Buddhist priest and physician Kajiwara Shōzen (1265–1337).\(^1\) His two extant works—the *Ton’ishō* 頓医抄 (Book of the Simple Physician) of 1304\(^2\) and the *Man’anpō* 万安方 (Myriad Relief Prescriptions) of 1327\(^3\)—are landmarks in Japanese medical history. The former is the first medical work written in Japanese rather than in Chinese script and the first medical work that was intended for wide dissemination. The latter, written in Chinese and directed at a more learned audience, is the most extensive medical compilation produced in Japan prior to at least the seventeenth century. It is longer than the much better-known tenth-century (984) compilation the *Ishinpō* 心方 (Formulas from the Heart of Medicine),\(^4\) which is based on hand-written Chinese medical texts produced no later than the eighth century. Both *Ton’ishō* and *Man’anpō* draw extensively on Chinese printed medical works of the Song (and Yuan) era, and at the very minimum they represent the first substantial updating of Japanese understanding of Chinese medical knowledge in over three centuries. Those three centuries witnessed significant developments in Chinese medicine. Surprisingly, however, Shōzen’s writings have not been extensively studied. The present work is the first in any language to focus on them.

The theme of this book is the dissemination and appropriation of Song medical knowledge in thirteenth- and fourteenth-century Japan. That process was part of the second wave of Chinese cultural influence in Japanese history (which is perhaps most commonly associated with the implantation of Chan or Zen Buddhism). Accordingly, we will be looking at Japanese medical history in the context of contact and interaction in East Asia. Concomitantly, we will be looking at Chinese medical
knowledge in a wider East Asian context rather than solely in the context of medical history in China. In doing so, I both recognize the contemporary existence of an East Asian macroculture, of which medicine was an integral component, and build upon recent scholarly trends in the study of medieval Japan. These trends see medieval history as naturally incorporating contacts in East Asia rather than as a process that somehow stops at the low-tide mark of the Japanese islands, and they see overseas contacts as continuous rather than sporadic.5

In looking at the impact of Song medical knowledge, I also hope to provide some sense of how that was shaped, facilitated, or limited. After all, knowledge is transmitted in historical context and by human beings rather than through some amorphous or inevitable process. Chapters 2 through 5 are devoted to different topics on medicine and medical knowledge, and in those chapters various factors and contingencies that are germane to those topics will emerge naturally. However, I have devoted chapter 1 to an exploration of some broader elements that will help us address the basic question of what made it possible for Kajiwara Shōzen to gain access to Song medical knowledge and to write his landmark texts.

Chapter 1, “The Kamakura Context,” draws attention to four salient factors. First, I note the fact that Japan’s aristocratic political elite in central Japan had very little contact with the outside world and very little interest in exploring new knowledge. In contrast, people living in northwestern Kyushu (the southern island lying roughly halfway between central Japan and southern Chinese ports) had increasingly greater contact and a much more expansive worldview. One manifestation of this was the growth of a Chinese merchant community around Hakata Bay and the development of international contacts beyond the narrow purview of the central polity. Second, while there was very little official Japanese cultural interaction with China after the 850s, I draw attention to the growth, after the 1150s, of contacts with China in which the role of Buddhist priests was central. That interaction utilized links with the Chinese merchant community, but it drew more fundamentally upon what appear to have been long-term Buddhist networks in East Asia. These networks, while to date not given the attention they deserve by scholars, operated through a combination of institutional linkages and personal acquaintances that provided a web of contacts through which information could be shared. The third factor I note is the growth of Buddhist charitable activity in Japan during the thirteenth century, most notably that associated with the newly formed
Ritsu Precept sect of Buddhism. This sect was devoted to the cult of the Mañjuśrī Buddha and placed great emphasis on attending to the spiritual and physical needs of the bereft in society. From the mid-1200s, the sect received official patronage from Japan’s new warrior government in the eastern city of Kamakura and founded what soon became the largest medical facility in premodern Japanese history. Kajiwara Shōzen was a Ritsu Precept sect priest and worked at that facility. The fourth factor I note is the expansive attitude towards China and Chinese that we find in the Kamakura warrior government and more generally among the population of Kamakura, which by the mid-1200s was Japan’s second-largest city. Trade with China was actively encouraged, and Kamakura developed new sea routes that connected it to the East Asian maritime networks. Chinese goods were prized, and printed Song books were eagerly acquired. In Kajiwara Shōzen’s time, Kamakura provided a unique environment that facilitated the engagement of Song medical knowledge.

In exploring the appropriation and dissemination of Song medical knowledge in chapters 2 through 5, I look at two general themes and at two topics in each of those themes. The first theme that I take up is the availability and shape of Song medical knowledge, and the two topics are the availability and influence of written medical texts and of materia medica. The second theme that I take up is the impact of Song medical knowledge on medical issues of great concern in contemporary Japanese society. I look first at the problem of leprosy 病 and second at the issue of battle injury. Throughout, readers will be able to observe the interplay between existing and new understandings of medicine and medicines; the mechanics of the appropriation and incorporation of new information; and some of the interaction of knowledge and perspectives drawn from three broader medical systems: the Japanese, the Chinese, and the Buddhist. I hasten to add that these medical systems were not exclusive nor unchanging, and they present challenges to precise definition. However, they were contemporaneously recognized as components of medicine in Japan.

Chapter 2, “Song Medicine: A View from Japan,” focuses on the understanding of Song medicine that Kajiwara Shōzen was able to gain from printed Song medical works. Against a background of the scarcity of Japanese medical works and the plethora of information that became available in a new media as a result of the Song printing revolution, I first sketch the contours of what is best understood as the appropriating context of Song medicine. The chapter examines the variety of Song printed medical
works and then looks in more detail at some of the works that Shōzen consulted. From this, readers can gain a sense of what he would have understood of Song medicine and how Song medicine would have shaped his idea of medicine. The chapter then looks at how Shōzen benefited from Song knowledge, both in terms of learning new things and in terms of identifying shortcomings in Japanese medicine. Considered are a number of general examples and then some that relate to women's medicine.

In chapter 3, “A Silk Road of Pharmaceuticals and Formulas,” I focus on the materia medica and formulas that appear in Song medical texts. I note how some changes in the Chinese pharmaceutical regime from the Tang through the Song—and an extensive trade network that brought materia medica to Japan from as far away as the Middle East—combined to reshape the form and content of medicines in medieval Japan. The early portions of the chapter explore technical matters in some detail. I do so in order to provide information on the variety of materia medica; to emphasize the fact that the natural world is integral to medical history; and to convey a sense of the significant technical challenges involved in introducing new formulas, new weights and measures, and new materia medica into Japanese medicine. It is perhaps fair to say that the topics of technology, science, and technical translation during the medieval period have not been well studied to date, and it is hoped that this will serve to shed some light on them. Readers will also discover that aspects of Islamic medicine that had been incorporated into Chinese medicine were also conveyed to medieval Japan. To illustrate the rich complexity that underlies this, I describe how Shōzen was able to understand a new Song category of illness—Disorders of Qi—in the treatment of which Islamic-influenced formulas were prominent, because it resonated with understandings of Buddhist disease etiology with which he was already familiar.

In chapters 4 and 5, the focus shifts to an examination of two medical issues that were of contemporary concern. In taking up the topics of leprosy and battle injury, it is possible to explore how and why Song knowledge was applied in two quite different areas of medicine. We see that the impact of Song knowledge was varied.

Chapter 4, “Leprosy, Buddhist Karmic Illness, and Song Medicine,” takes up one of the most socially, religiously, and medically complex afflictions of the medieval era. Whereas prior scholarship has given much attention to leprosy as a social and religious matter—examining issues of discrimination and marginalization and aspects of Buddhist teachings,
particularly the notion of karma, that may have justified some discrimina-
tion—in taking it up as a medical matter, we not only gain insight into
changes in medicine, we are also able to appreciate that it was a more
nuanced phenomenon than generally represented. I also provide the first
detailed description of this affliction. The chapter starts with a look at
leprosy as a clinical matter and notes the symptoms and the treatments
available. I then move to Shōzen’s initial understanding of the Buddhist
etiology of leprosy as a karmic disease. While the concept is well known,
there is little understanding of what this meant as a medical matter in
medieval Japan, and so I then explore that issue. It is apparent that the
idea of karmic illness was not well understood and that the idea of leprosy
as a karmic illness was not fixed. One major discovery is that, as a result of
clinical experience and acquaintance with Song medicine, Shōzen came to
reject the idea of leprosy as a Buddhist karmic illness. This provides a clear
example of how existing understanding of an illness that was not based on
medical knowledge could be reevaluated in light of clinical experience and
new Song knowledge.

Chapter 5, “Warfare, Wound Medicine, and Song Medical Know-
ledge,” pursues the medical response to the unprecedented explosion of vio-
lence and warfare in the early fourteenth century. This topic permits us to
explore a different range of factors that shaped the availability and reception
of Song medical knowledge, and it identifies an area where Song medical
knowledge was not obviously more advanced than Japanese medical knowl-
dge. Wound medicine is of great interest because it was not a recognized
area of medical specialty prior to the fourteenth century, despite the long-
term existence of the Japanese warrior class: It became so in direct response
to a pressing need. Kajiwara Shōzen dealt with the topic only in passing,
and, since he died in 1337 after the completion of the Man’anpō in 1327
and soon after the destruction of Kamakura in 1333, we of course do not
know how he might have responded to the new medical need. But we are
able to learn how other physicians responded by examining the first texts
written on wound medicine. We learn that physicians extrapolated from
existing medical knowledge found in popular medicine (which includes
information of the type noted in the Ton’ishō) rather than from Chinese
textual knowledge. The exigencies of the times and the level of literacy
of physicians may have been factors in this. It is also clear, however, that
knowledge of wound treatment found in Chinese books likely to have been
available in Japan would not have been particularly helpful. Despite this,
I identify two ways in which Song medicine influenced Japanese wound medicine. The first was that some materia medica acquired through overseas trade and utilized because of the introduction of Song formulas was integral to wound medicine. The second influence was that the conceptual basis for the field of wound medicine was derived from Song medical writing.

I conclude this study with some thoughts on what we are able to learn of the processes by which knowledge was acquired, understood, and appropriated in the premodern era. In addition, I suggest that the rich detail made available in Shōzen’s work at least suggests something of the manner of scientific inquiry in premodern Japan.

Since I will be drawing on Shōzen’s two writings to learn about the influence of Song medicine in Japan and will not be focusing simply on these works, a brief overview of the structure and content of the Ton’ishō and Man’anpō at this point will be useful.6

The Ton’ishō is written in Japanese, which is to say it combines Chinese characters and Japanese katakana phonetic syllabary in Japanese word order. Though there are occasional passages in Chinese (and a chapter titled “Secret Transmissions of Medicines” is in Chinese), citations from Chinese works are almost always translated into Japanese, and Shōzen’s own comments are written primarily in colloquial Japanese. His reason for doing so was twofold. On the one hand, he felt that Japanese physicians did not have high levels of literacy and rarely consulted medical works. On the other hand, he felt that medical knowledge should be made available rather than not shared.

When I looked at a certain medical work [it was evident that] this matter [treatment for diarrhea] was an exceedingly important one. There is a major oral transmission, and even though it is a secret matter, my aim in writing in phonetic syllabary is to make things widely known to people and to help everyone in the realm. The average physician either focuses on profit and conceals things which are not difficult, or else out of self-interest keeps secret those things which are of benefit. This is absolutely contrary to the heart of heaven and in no way benefits people’s bodies. As to secret matters, from the very beginning I have encountered them in explanations of teachers, in oral traditions, and also in [over] thirty books; and in my heart I believed that this was wrong. Having come to this understanding, I have used it as my strong guide when treating. This alone is the core of this path of medicine.7
The text used in the modern facsimile edition of the *Ton’ishō* is roughly 3,000 leaves (pages) in length. A separate handwritten copy that I also used is roughly 2,700 leaves in length. *Ton’ishō* contains a little over 1,400 formulas, cites around fifty-five Chinese medical works, and is divided into fifty chapters. The chapters are not based on a single organizing principle but on such things as etiology, specific medical challenge, symptoms, or topics of interest. While being aware that not all ailments noted in premodern East Asian medicine have exact correlations with modern medical understandings—and there is always the positivist danger of anachronistically trying to identify something—I will describe the chapters as covering the following topics: Cold and heat affecting five viscera and six bowels; wind ailments; cold damage disorders (exogenous febrile disease); abdominal mass (lump); corpse transmitted disease; ailments of the qi; vomiting and sunstroke; hemorrhoids, abdominal edema, and swelling; consumption虚損 and lumbago; various urological problems; asthmatic and esophageal problems; depression and madness; ear, nose, and throat; oral cavity and mouth; colic and testicular problems; diabetes; bleedings from bodily cavities; noxious factors (which can cause mental imbalance) and stroke; sores and carbuncles; seven chapters on women’s medicine (menstruation, miscellaneous ailments, conception, pregnancy, birth, postpartum); leprosy; five chapters on pediatrics; permitted and prohibited foods; pulse diagnosis; acupuncture and moxibustion; viscera; sexual intercourse; ethos of the physician; characteristics of medicines and flavors; secret transmissions on medicines; and nurturing longevity.

The *Man’änpō* is written in Chinese, suggesting that the intended audience was educated medical professionals (initially perhaps those in Shōzen’s lineage), Buddhist priests, and the better-educated members of the social elite. Shōzen’s comments are also in Chinese. One also finds, however, that Japanese pronunciations (in katakana phonetic syllabary) for names of materia medica and ailments are often provided alongside the Chinese terms.

The *Man’änpō* in the modern facsimile printed edition is roughly 6,800 leaves in length. It cites at least 270 Chinese medical works (there are also some three Japanese medical works mentioned), although not all are direct citations. It contains over 3,100 formulas. The version completed in 1327 was transcribed by Shōzen with the assistance of his son Fuyukage, an émigré Chinese by the name of Daoguang, and another anonymous Chinese. It consists of fifty chapters. After Shōzen’s death,
other of his writings were added to give us the extant Man'anpō of sixty-tw...}

In the Man'anpō, as with the Ton'ishō, while in general each chapter has an introduction and we find throughout comments of varying length by Shōzen, formulas and instructions for preparation comprise the bulk of each chapter. The chapters cover such topics as endogenous wind syndrome/apoplexy; head colds; bad skin and various wind affictions; cold damage; sunstroke; malaria; choleric disease; chest pain; disorders of qi; consumption 虚勞; phlegm retention syndrome; edema; colic; jaundice; diarrhea; leukorrhea; bowel and urinary problems; sores and carbuncles; various swellings; incised wounds; kakke 腳氣 (beriberi, articular rheumatism, gout); scrotal and testicular problems; piles and hemorrhoids; eyes, ears, and nose; and oral cavity and throat. There are eight chapters on obstetrics, which are devoted to the topics of pregnancy, wind syndrome during pregnancy, prescriptions for calming the fetus, characteristics at different ages of pregnancy and charts for tranquil births, eighteen prepartum indications, twenty-one postpartum ailments, and postpartum consumption. There are eleven chapters on pediatrics that cover such things as cutting the umbilical cord, insufficient milk being produced by the mother, fright, wind syndrome, coughing and dyspnea, night sweats, various infant malnutrition ailments, vomiting and diarrhea, and miscellaneous ailments. The twelve chapters later added to the original fifty cover such topics as theory of medicine, viscera and anatomy, points (“holes”) for moxibustion, a two-volume referential identification guide to Chinese and Japanese names for materia medica, and a two-volume guide to tastes and flavors of medicines.

This study will touch on only a portion of the material contained in the Ton'ishō and the Man'anpō. It by no means exhausts the range of topics that may be engaged, but it is hoped that this initial exploration may suggest other areas that invite inquiry. I also hope that it will convey some sense that medical texts can tell us much about such issues as medicine and society or the appropriation and construction of knowledge, as well as making the obvious point that it is intrinsically worthwhile learning about medicine and medicines.