Medicine and New Knowledge in Medieval Japan: Kajiwara Shôzen (1266-1337) and the Man'anpô (2)

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Availability and Substitution:

The existence of a pharmaceutical macroculture and a broader sense of the pharmaceutical ecology in East Asia did not mean that items were equally available, and in consequence efforts were made to identify acceptable substitutes. Shôzen's reference to these activities suggests a considerable degree of professional engagement, and also suggests that knowledge and information was not blindly accepted, but was subject to clinical evaluation. Indeed, we note Shôzen's clinical evaluation and recommendation of substitute ingredients even when the issue seems not to be one of comparison between "Chinese" and "Japanese" *materia medica*. For example, in discussing the medicine *Yuhakuhi-san* 楡白皮散, prescribed in order lubricate the birth canal and facilitate an easier birth in cases when it has become less moist due to pre-partum secretion, Shôzen notes that if there is no seed of Abutilon (*Dongkuizi/Tôkishi* 冬葵子, *Malva verticillata*) available, then use Yellow Hollyhock (*Huangkuizi/ôkishi* 黄葵子, *Abelmoschus manihot*); if there is no white bark of Elm (*Yubaipi/Yuhakuhi* 楡白皮, bark of *Ulmus pumila*), then one should instead use the root of Abutilon.[134] In another case, that of a medicine to treat post-partum urination where there is no cessation of blood flow, Shôzen cites the *Daquan liangfang/Taizen ryôho* as

noting that mulberry and praying mantis eggs and other *materia medica* being difficult to obtain they will not be discussed in that section, but that the reader should refer elsewhere for information on them. Shôzen's comment is that if one has no mulberry or praying mantis eggs then perhaps mulberry white-bark and silkworm dung could be employed as substitutes.[135] But let us return to our concern with "Chinese" and "Japanese" comparison.

Sometimes Shôzen's suggestion is to go the route of import substitution, with the possible implication that for all practical purposes there was litlle difference in efficacy: since no amber was available in Japan (although a Chinese work of 1387 does note its existence in Japan),[136] use Japanese *kunroku* 薫陸.[137] In contrast, there are also instances when it appears that there simply no substitute for obtaining the denoted *karamono* 唐物 (Chinese good), such as the excrement of the cricket;[138] one implication here might be that something referred to as a *karamono* is a regular item of *materia medica* in Japan, and is not simply a general reference to something from China; or, since Shôzen is not "consistent" in this, perhaps he is noting "new *karamono*."

In other cases substitutes are identified just in case the preferred items are unavailable. One example here involves the use of Clematis root (*Weilingxian/Ireisen* 威霊仙, *Radix Clematadis*, root of *Clematis chinensis*) which Shôzen notes is used both China and Japan (和漢 *Wakan*), but that if there is none available then what is employed as a substitute is Chinese licorice (*Gancao/Kanzô* 甘草, *Radix Glycyrrhizae*, being the dried root and rhizome of Glycyrrhiza glabra L.) and Cape-jasmine fruit (*Zhizi/kuchinashi* 梔子, *Fructus gardeniae*, being the dried ripe fruit of *Gardenia jasminoides*).[139] The example is intriguing for it is onesuch that sheds light on the broader issue (not addressed in this paper) of the pharmaceutical macro-culture of East Asia and the dissemination of *materia medica* to Japan. To date it has been thought that the first reference to the use of Clematis in Japan comes from Yûrin's Fukudenpô of the

1360s,[140] so Shôzen's comment provides us with both a closer date for when Clematis would have come in (i.e. by the 1320s), and a reminder that he was truly well informed about the provenance and availability of the *materia medica* that he mentions.

Other items that are too difficult to get are simply "here abridged," as in one prescription that called for Bezoar (*Niuhuang/Goô* 牛黄, *Calculus Bovis*), Tiger's eye 虎睛 (literally the eye of a tiger), Brain musk (*nôja* 脳麝 being?), and Scorpion (*Quanxie* 全蝎, being the dried body of *Buthus Martensii Karsch*).[141] In other instances, while the entry may be "here abridged," the further advice is given that if one can employ it, then the items are centipede 蜈蚣 (*gokô, mukade*), newt 石蜴蜴 (*sekieki, imori*), Chinese blister fly (*yuanqing/gensei* 芫青 [*aohanmyô*] *Mylabris phalereta Pallas*), Bezoar (small character comment on item, finishing with 'the others [=the ingredients not listed here?] are easy to get and easy to know').[142] In another case, relating to medicines for various infant damp-heat (febrile) diseases, in this case fetal heat of the newborn, the unavailability of ingredients makes it impossible to employ a suggested medicine, and so he abridges and suggests alternative substitutes:

"I say, as to the recipe for *Gin'eki-tan* 銀液丹 that is to be found in the *Youyou xinshu/Yôyô shinsho*, volume nineteen, as well as in the *Shûsaen* 朱砂円 [noted in the] *Wanquanfang/Manzenhô* 万全方, all of the medicinal ingredients are difficult to obtain, so I haven't quoted them here. Such things as *Shigenshi* 紫元子, *Sogôkô-en* 蘇合香円, and *Seisei-san* 惺々散 should be good. Further, the *Youyou xinshu/Yôyô shinsho* volume twenty-one deals with infant fetal cold, cold of deficiency type which are in this *Man'anpô* volume forty-four."[143]

Reflecting on Medicine

Motivations for Shôzen's Endeavours

As Hattori has pointed out,[144] some of Shôzen's comments (notably in the *Ton'ishô*) strongly suggest that he was motivated to

write by a sense of Buddhist compassion, and that he felt that unless a physician approached his work with that spirit then irrespective of the numbers of books he read or wondrous medicines that he prescribed they would be of little help.[145] Perhaps at times Shôzen had an opinion like that of another physician, Koremune Tokitoshi 時俊, who noted in 1293 that the ignorant feel that after reading medical works for three years they feel able to treat any ailment, but that after three years of practice realise there's nothing they can do to help.[146] Nonetheless, Shôzen felt that one way to improve the situation was to disseminate medical information widely, and thereby benefit as many people as possible, rather than hold that knowledge for one's own professional benefit.[147] While we may point to other places in Shôzen's writings where he enjoins his successors to hold certain precriptions close and not share them with outsiders, the fact that he produced the *Ton'ishô* and that he wrote it in Japanese script (rather than Chinese, a preserve of the highly-educated) supports Hattori's overall point. In addition, it is reasonable to assume that Shôzen was influenced by the example of the priests Eison and Ninshô, the latter in particular (even to the extent of Shôzen taking a similar priestly name),[148] who devoted a considerable part of their careers to tending to mendicants, and to establishing hospice facilities for lepers. Compassion, the exhibition of which is a prime "good" in Buddhism, is admittedly difficult to attribute without qualification, but we do know that "good works" were highly valued during this period.

Indeed, hospice activity had been inspired in this period by a sense that for some segments of society poor living conditions and attendant illnesses were sufficiently prevalent as to constitute a social problem demanding the active engagement of those in holy orders. We have only to look at depictions of illness and of the afflicted in contemporaneous pictorial sources,[149] or of the extent to which something like malnutrition found its way into depictions of "hungry ghosts,"[150] to sense that an acute awareness of human suffering

was one element of daily life. In this regard Shôzen's comments in the *Man'anpô*, that "recently" many infants in Japan have been afflicted with infant malnutrition (*fûkan*) and that physicians should know about both the existence of a desirable medicine (the one he prescribes) and how to apply it,[151] seem poignant when we read a description of some of the symptoms: oral cavity problems include loose teeth, swollen gums, rotten teeth, stinking gums, teeth falling out, gums and cheeks inflamed and leaking pustulent blood;[152] other symptoms could include the infant's hands and feet being constricted and bent, being unable to open their eyes, sometimes laughing or getting frightened and crying out by themselves, and with their fingernails and the back of the hand being greenish and resembling those of a demon.[153]

An even more compelling medical, and social, problem was presented by the apparent upsurge of an affliction termed *rai*, a term which later came to be used to denote leprosy. It was difficult to cure, and as noted by the physician Koremune Tomotoshi, it was a disease that defied any treatment.[154] And as we know, sufferers from it from this time onward were subject to significant social distancing and discrimination.[155] Shôzen's response was to take it up as a medical issue, to that end devoting one volume (volume 34) of the *Ton'ishô* to it, a significant conceptual departure from discussing it as part of the traditional category of an ailment caused by "winds and chills". He broke *rai* down into at least twelve different types, based on the colloquail terminology of the time. He was as puzzled as anyone else about its causes, and noted at least four different theories about its origin.[156] One of these, the notion that it was a " karmic disease," and thus a divine punishment, seems to have been given greatest credence at the time, and Shôzen's evident preference for that interpretation seems to have exercised a large influence on medieval views of the affliction.[157] That said, his challenge was to find what medicines might work. And, for some of the forms of *rai*, that effort seems to have been fruitful: he notes that one of these,

Gusentan is a "secret transmission" for bringing down red *rai*, and a wonder medicine for lowering heightened *qi*, that can be given to male and female, old and young.[158]

Shôzen also seems to have been exercised about the poor state of obstetrical knowledge. Indeed, despite the importance of reproductive health, and the long-term concerns about infant mortality and death from childbirth that appear in records over the preceding centuries, and were no less of concern in Shôzen's time,[159] it was not until the middle of the thirteenth century that there appears to have been efforts to recognise the problem as demanding specialised attention.[160] One illustrative example of the extent of the problem comes from a famous incident recorded in a 14th century work *Taiheiki* 太平記,[161] when the Tanba and Wake physicians initially consulted could not determine a woman's condition—she was pregnant—since they felt it impossible that a woman could conceive beyond the age of forty (fortunately another doctor did provide the correct diagnosis). The lengthy section in the *Man'anpô* dealing with issues of women's health indicates the degree to which Shôzen saw the state of knowledge in this area as a problem. In addition to some comments we shall encounter below, we might note two contributions that he made. He suggested that the prevailing view that men's and women's reproductive medicine might not be amenable to a unified approach, and that treatment for women ought to be placed in a category in its own right;[162] and he developed a vaginal suppository for controlling bleeding and expelling afterbirths, a treatment that does otherwise not appear in medical writing again until the late 16th century.[163]

We might note a final point, perhaps one already understand by now but nonetheless deserving of reiteration, regarding factors that may have motivated Shôzen. He was concerned that physicians generally did not have access to, or the ability to understand, medical texts,[164] with the obvious corollary that their practice of medicine was inherently inferior. He did not exclude himself from

being among the ignorant. He notes in the *Ton'ishô* that, not knowing himself, he had asked a number of physicians about what exactly was the ailment referred in a *materia medica* book as *keibyô* 継病 and in Japanese popular terminology as *otomitsuwari* オトミツワリ, but that no-one knew; and it was only access to a newly arrived work from China that enabled him to identify it as *hiki* 被慰, a form of infant malnutrition, and to obtain some useful information about treatments.[165]

Evidently, there was much to improve, and much to learn.

Observations from the Man'anpô

Shôzen's thoughts ranged widely, and he seems to have given attention to the appropriate understanding and treatment of illnesses and conditions in the same way that he gave great attention to *materia medica*. In this section we shall look a little at Shôzen's attention to such issues as: the question of to what extent Chinese treatment might be applied unmodified in Japan; identification of illnesses that were difficult to treat; reflection and commentary upon prevailing Japanese practices; and some more general musings none the less valuable for that. These comments provide information about issues of medicine, illness, and society that is, as far as I am aware, not really touched on in other sources, and which were made possible really only because of Shôzen's engagement of newer Chinese knowledge.

One broad area of inquiry was whether treatments and illnesses found in China could be automatically assumed to occur in Japan. For example, in volumes 10 and 25 Shôzen took up the question of whether a type of ailment, specifically two forms of a miasmic illness (one was a form of malaria, the other a form of *kakke* 脚気[166]) which were prevalent in specific parts of China, might be found in Japan. Shôzen notes that in the first case (the ailment called in Japanese *Eno yami* エノヤミ[167] or *furui yami* フルイヤミ, shaking ailment) that the miasmas arise from places in the Guangnan 広南

region of China with its mountains and rivers, earth vapors, mists and close airs, and that if one considers this there is a certain amount of this miasmic illness in Japan (*Nihon*); he then goes on to discuss various explanations, the difficulty of distinguishing miasma from malaria, and some of the medicines prescribed in such works as the [*Heji*] *jufang*/[*Wazai*] *Kyokuhô*.[168] In the second instance, that of *kakke* from Jiangdong 江東 and Lingnan 嶺南, Shôzen notes similarly that the Japanese (*honchô*) lands that are misty and damp, cloudy and rainy, have mountain air, and swampy are probably no different from the Jiangnan 江南 and Lingbiao 嶺表 areas, and that the various illnesses [which he lists] are similar, so that one cannot go wrong in using the treatments noted.[169]

Another area of exploration was trying to work out what might be appropriate treatment when the origins of an affliction were not known. Leprosy, as we have noted, was a particular challenge, with significant ramifications for the social treatment of those afflicted, and for hypotheses on susceptibility. Yet speculation on why someone may be susceptible to a condition, or recognition that the origins of a condition were unknown, were not limited to such "high-profile" conditions. Whatever the degree of understanding or success in treating the problem, the physician nonetheless is expected to provide some treatment. In one case, Shôzen speculates that an innate propensity, which evidently is not regarded as caused by "karmic action," may account for a condition:[170]

"With respect to "fox-smell" (*koshû* 狐臭) [underarm odor] and "leaked-fluid" (*rôeki* 漏液) [excessive perspiration] (both being armpit stench). I say that underarm odor and excessive perspiration together [result from] an inborn disposition to perspiration (*umare tsuki ekikan ki* 天生液汗気). As to this odor, even though there are excellent medicines such as five-fragrance or seven fragrance *en*, once the fragrance has been taken the odor returns; and if not done in timely fashion it permeates clothes or else as a result the smelly sweat stains robes. So, treatment must be given based upon this

understanding. Also, even though it is not treated the odor can of itself recede. However, one should look at the the *Qianjingfang/ Senkinhô*, the *Sanyinfang/San'inhô*, volume thirty-nine of the *Youyou xinshu/ Yôyô shinsho* and such texts [for treatments]; so I omit these [here]."

In another example, when summing up one volume in a section dealing with pediatrics, and noting a number of ailments, Shôzen notes that:

"Infants often get infected with these ailments. Physicians do not understand the origins of the ailments and nor do they know [what] medicines [to use]. [So] rather directly it leads to death; there are no correct treatments that can be applied. So now a number of prescriptions are copied out, one thinks about them in great detail, and administers them to infants. How can these not be techniques for bringing blessings to the people?"[171]

On other occasions, the physician may be confronted with the problem of not being able to diagnose in the first instance. Early symptoms might be common to a number of ailments, and so accordingly it would be necessary to observe the further progress of the affliction and the appearance of additional symptoms so that, by process of elimination, a more apposite diagnosis might be made, and medicines prescribed accordingly. In one example, Shôzen notes that: "I say that exposure to ""summer heat,"" cold febrile damage, and ""damp-disease,"" resemble each other in their initial manifestations, and one sees these afflictions at midsummer. If one has doubts [about which of these it is] firstly treat with *Gorei-san* 五苓散, *Goshô-tô* 五聖湯, *Shôki-san* 正気散, *Irei-san* 胃苓散 and the like, and then administer medicines in accord with the that evidence (*shô*)."[172]

Yet in other cases the issue of identification was related to confusion in medical sources themselves; or, to the differing understandings of cause (and thus classification) noted in earlier texts and in more recent, Song texts. In one example the issue was not simply one of trying to get the eventual right diagnosis, but of being able to

properly treat the symptoms of the two most deadly afflictions in pre-modern Japan, smallpox and measles.[173] (This is in addition to general new advice in treating both, such as that it is important to not give purgatives to people, even if they are constipated, should *mogasa* 斑瘡 or *tôsô* 痘瘡 poxes appear.)[174] Thus we find Shôzen remarking that "the *hôsô* 疱瘡 and *aka-mogasa* 赤斑 listed in the *Shanhan* [*lun?*]/*Shôkan* [*ron?*] are all different from true *mogasa* and *tôsô* 斑瘡 豆瘡. The above are not to be wrongly mixed in with the theories in the *Shengji zonglu*/*Seizai sôroku*.[175] He also notes, on febrile cold damage giving rise to *mogasa*, "I say that this is *aka-mogasa* 赤斑瘡 (measles). Currently people take *aka-mogasa* and classify it under *hôsô* 疱瘡 (small-pox), but there is no basis for this. The various texts classify it under febrile cold damage, and this is fitting."[176]

This last caution points to another set of problems involving, simply, inadequate medical knowledge, or bad medical practices, to be found in Japan. While these may result not from malice, but from ignorance and lack of access to good medical information, Shôzen leaves us in no doubt of the deleterious consequences of the failings. Since these observations are of particular interest for getting a sense of the overall state of Japanese medicine at this time, I shall give several examples.

On the failings of Japanese physicians to deal with fevers (including high temperatures and sweating) which appear to have accompanied many afflictions, Shôzen offers a number of critical observations:

"It is unfortunate that in Japan these days there are those who use cold therapy as well as mistaken needling and indiscriminate moxibustion and cannot discriminate the rationale for so doing."[177]

"From of old, from the onset of fever related to swellings (*sôshû*, 瘡腫 *kasahare*), there are many instances where Japanese physicians have used cold water or cold packs and the like and given cold therapy, but before people have recovered many get wind syndrome

(中風 chûfû) get cold shakes, and die; this type of medicine [i.e. *Shinkô takuri san* 神效托裏散] must be used quickly to ward off the fever. However, [any] *suikaku* 水角法 treatment must be applied after drying out [i.e. patient no longer sweating, has dried out?]."[178]

"I say that with the various swellings, one does not inquire about cold or hot, and simply has warming treatments; absolutely one does not employ cold treatment techniques. Today Japanese physicians do not refer to medical works, and simply in accord with their own opinion they take a wetted stone and forcefully cool [the swelling]. They wilfully apply cold treatment, and as a result of this many [patients] get very ill with direct attack of cold or apoplexy, and this leads to painful death or sudden death. The afflicted party further does not know that that the person rendering the treatments is making mistakes. When one thinks about all this illnesses are the will of Heaven. For heat-toxic swellings furthermore there are no theories about [treating them] with cold treatment. How much the moreso in the case of cold carbuncles or cold swellings. One must consider this very prudently. In sum apart from this we have toxic swelling, wind swelling and *qi* swellings. Their appearance [shape] is similar but the treatment is not the same. One must look at volume 135 of the *Shengji zonglu/Seizai sôroku*, as well as volume 7 of the *Keyongfang/Kayôhô* 可用方, and the second volume of the *Jingyifang/Seigihô* 精義方. I have not recorded here for other types of swellings."[179]

Shôzen also speaks critically of the state of obstetrics in Japan, and provides an extraordinary window into the time that is not, as far as I am aware, repeated in non-medical sources nor noted by scholars to date. Those who are familiar with literary sources and have wondered about high rates of death due to childbirth or about infant deaths may find this material of particular interest.

In discussing *Tanjin-kô* 丹参膏, an ointment designed to foster the fetus, and which is reputed to make [the fetus] slippery and smooth and thus make the birth easy (a notion regarding the use of external

ointments in the birth process that continued to hold sway for some centuries),[180] Shôzen notes that:

"in the present age [*kondai* 今代] Japan [*honchô* 本朝] employs this from the seventh month. In many cases they mistake the admonitions that they must not re-prescribe it. In recent times [*kindai* 近代] in China [Sôchô 宋朝, Song Court] they do not employ this [i.e. Tansan-kô]. Simply they use *Kyûsei-san* 救生散. [see following entry, XXXIV-12, 13 for this, 2-3 times per day every day from the ninth month until the birth]. This is wonderfully effective."[181]

But having given birth, a process that could be very fatiguing, it is also necessary to give attention to the well-being of the woman:

"I say that "the custom of Japan is that for seven days and seven nights after birth [the woman] does not sleep." This practice is of long-standing. In sum, men and women, whether giving birth or not giving birth, if for two or three days they go with no sleep and rest, then their body and mind are extremely pressed, their blood/vigor is completely deranged. How much the moreso is it the case when a woman who has gone through the labors of childbirth has no rest and sleep for seven days and nights. How can she get any tranquility and peace? As a result of this mind and soul are extremely pressed, speech is disordered. The physician is unable to render treatment. He himself says that there are malignant spirits and the attending nurse employs prayers. And after all that she has lost her life. This is something for which we must have pity. The *Qianjin*[*fang*]/*Senkin* [*hô*], *Shenghui* [*fang*]/*Seikei* [*hô*], *Waitai miyao*/*Gedai hiyô*, *Heji* [*jufang*]/*Wazai* [*kyokuhô*] and other texts all have it that after giving birth absolutely she is to go up to the bed/resting area and lie down (not lying down on her side). I have yet to see one text or one medical work which says she is to raise herself up on her knees (and not stretch out her legs). And the theory that from the first night up through the seventh night one does not sleep is a perverted custom (*fûzoku no jasetsu* 風俗之邪説). Even though the world employs this custom, how can a physician not rectify it? The

[*Heji*] *jufang*/[*Wazai*] *kyokuhô*'s rules for post-partum safe-guarding states (continues)."[182]

Shôzen also provides a suggestion for alleviating post-partum fatigue, which seems to be based on his own clinical experience:

"I say that after the birth is completed, then take a paper-cloth napkin, steep it in vinegar, then like the palm of one's hand place it on the forehead of the birthing woman, and when it has dried then replenish it. For thirty to fifty days after the birth it will also ward off agonies and dizziness. Further, [one can also] heat a number of small stones, steep them in vinegar, then hearing the vapor [?], day and night [the woman] will not be fatigued. If there is dizziness and fatigue then you should provide *Seikon-san* 清魂散, *Kokushin-san* 黒神散, *Sogokô-en* 蘇合香円, *Zôson Shimotsu-tô* 増損四物湯. Then after that you should administer treatment in accord with the symptoms."[183]

It is possible that while this advice might have been taken—after all, it does not seem intrusive and might well be classed as a "nursing technique" rather than a "medical technique"—the physician might have had to deal with some popular concerns about the effect of medicines, concerns that, while no doubt not misplaced, were not seen as well-informed by the physician:

"I Shôzen state that for people who are weak and debilitated one must give a four-type cluster-mix of medicine. Five to six times day and night give medications and meet with them. Even though the person is weak and the medicines strong one cannot do damage. In recent times patients (*kanke* 患家) have been afraid of medicines which are aggressively effective (薬性猛利 *yakushô môri*) and avoid medications of multiple medicines; simply this strengthens the illness and conversely if one increases the strength of the medicines this only reduces [its effectiveness?]. This is what Yu Shinan (虞世南) calls nurturing illness and avoiding treatment. If a person however experiences one illness then numerous illnesses will break out in contention and then one must hurl all kinds of medicines through-

out the body. If one gets this import then one should not be afraid of medicines which are aggressively effective and one should not regard them as the source of weakness in vitality/energy. With dispatch, pursue ailments as a soldier pursues an enemy; if one's military might is not continuously applied then one cannot achieve conquest over the enemy. From the outset employ Yu Shi[nan]'s import."[184]

Then, in sections which provide us with some sense of the role of physicians in the birth process, and of the importance of properly treating the umbilical cord (and thus hopefully prevent umbilical tetanus and some puerperal illness), Shôzen notes:

"I say that with a bamboo knife cutting the length at six *sun* is the best. As to bathing, further the theory that this is done after three days is the best. As to the theory that the umbilical cord is to be cut after the new-born infant's first bath I have some reservations, what I fear is that as a result of the bathing there will be an adverse effect on the infant's vital energy (血気, blood and *qi*). Further, with methods for cutting the umbilical cord, one must understand this rationale very well and must be very careful with the cutting; simply one has due respect for doing it carefully and properly."[185]

"I say that for the methods for tying the umbilical cord simply the Japanese custom is that it is in accord with the opinion of an old woman with much experience. If there are any mistakes then the fault is returned to the physician. If one is asked about any diseases then accordingly one administers treatment. Even so, one should not not know the older theories."[186]

Throughout the *Man'anpô* Shôzen makes other observations that underscore the breadth of his reading and his clinical experience, and a sampling of these gives us some additional texture for the work. For example, he notes that chest pains affect everybody but that there seems to be a lot of this among women (*nyonin ooi*);[187] the medicine *Shôsaikaku-tô* 生犀角湯 noted in the pediatrics section also "should be prescribed for men and women young and old, it has

great efficacy;"[188] "I say" that it is a great mistake for people these days not to prescribe this [*Senkin-in* 千金飲] when treating infant heat of deficiency [condition];[189] in a section dealing with pelvic pains, "I say"... for male pelvic pain give *Jûzen-in* 十全飲... for female pelvic pain give *Shimotsu-tô* 四物湯;[190] when discoursing on infant *chûfû* he notes that while the amount of medicine and moxa to be given is different from adults to children, the treatments themselves are the same.[191]

Concluding

In this introduction to the life and part of the written legacy of Kajiwara Shôzen, I have attempted to outline some of the influences that enabled Shôzen to complete his *magnum opus*, the *Man'anpô*, to discuss some of the technical issues with which he had to deal, and to illustrate some of his evaluations of the state of knowledge of Japanese medicine. I leave for another occasion such topics as the *Ton'ishô*, the influence of Shôzen's works on medieval medicine, his introduction of new anatomical knowledge, the engagement between "Chinese" and "Japanese" medicine, and the pharmaceutical ecology to which Shôzen (and others) had access. Let rather me note three points that may serve to augment those made in preceding sections.

First, Shôzen was a singular beneficiary of the stream of Chinese cultural influence and trade items (books and *materia medica* being the most prominent items in Shôzen's world) that entered Japan from the mid-thirteenth century, and of the opportunity thus presented (especially in the city of Kamakura) to have personal contact with Chinese emigres and returned Japanese "students." That is, Shôzen was part of an East Asian and Buddhist macro-culture. Certainy Shôzen was aware that he was Japanese, that Japan and China (references represented by a variety of terms) were not the same place. Yet, apart from some examples that suggest that Shôzen was interested in clinical observation and inquiry about the efficacy

of treatment, Shôzen the physician implicitly assumes that medical treatment and understanding is unrelated to political and cultural entities. And, as a Buddhist priest, he was already located in a tradition in which institutional lineages and intellectual traditions had long taken primacy over other affiliations.

Second, Shôzen and his work exemplify, or at the very least indicate, the fact that at least in one area of Japanese medicine that enterprise had moved beyond some older notions about treatment, and was arguably more "scientific," in two evident ways. First, in terms of types of medicines, we see an earlier regime that placed great reliance on decoctions and in which the numbers of ingredients used in prescriptions was fairly limited, to a newer regime in which pills (which were more portable and could be pre-prepared) were widespread and in which more sophisticated prescriptions containing a larger number of ingredients were common. Second, medicine had evidently moved some way from religion. Shôzen was a Buddhist priest, yet his practice of and writing about medicine (as opposed to his reasons for practicing medicine, which appear to have been strongly religious) provides little evidence of what we may term "Buddhist medicine." There is little recourse to prayers and amulets, to invocation of figures in the Buddhist cosmology, and (as far as I can tell) virtually no reference to Buddhist texts which contain explications of medicines or which articulate the origins of disease (the role of *karma* in somebody becoming afflicted with leprosy is an obvious exception, but *karma* is a very broad category).

Finally, since most of our focus has been the physical product of the *Man'anpô*, it is useful to note the evident difficulty of understanding and translating Chinese medical and pharmaceutical knowledge. This is more than noting that the Chinese medical corpus was itself very large, and that simply to read, absorb, and to make professional judgements about individual writings and prescriptions was a formidable task for anyone (in China as well as in Japan). In addition, Shôzen needed to deal with some issues—such as determin-

ing relevant standards of measurement, correctly identifying materia medica and their variant vocabulary—that were fundamental, and that unless resolved the entire project of absorbing new medical knowledge would have been unable to proceed. The effort needed here must have been immense, and even allowing that Shôzen was evidently able to draw upon much support (access to books, contact with Chinese, and, basic but easy to forget, provided with a considerable amount of paper over many years), his achievement is remarkable. It stands as a major example of the ways in which new knowledge was engaged and absorbed in the medieval era.

Notes

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References

134) *Man'anpô* (KS p. 934), XXXVI-11.

135) *Man'anpô* (KS p. 984), XXXVIII-32, 33.

136) See Maejima Norimoto 前島, "Nihon kodai no kôhaku no michi" 日本古代の琥珀の道 *Museum*, 443 (1988), 4-9.

137) *Man'anpô* (KS p. 443), XV-111: *Kohaku* 琥珀, three *ryô* of each; Japanese *kunriku* 薫陸 is to be used. *Man'anpô* (KS p. 600), XXI-135: (Headnote) Japanese *kunroku* is acceptable for *Kôhaku*. *Man'anpô* (KS p. 1293), XLIX-94: *Kohaku*, I say that Japanese *kunroku* is also good.

138) *Man'anpô* (KS p. 61), II-38. I have the sense that the *karamono* identified as such in the *Man'anpô* could be "new" items in the Kamakura period, since *materia medica* such as rhinoceros horn would have had to have been imported; perhaps such were no longer exotic and unfamiliar.

139) *Man'anpô* (KS p. 78), III-23.

140) See Okanishi Tameto, "Chûgoku honzô no torai to sono eikyô," 150-153;

and Takahashi Shintarô, "Chûgoku no yakubutsu ryôhô to sono eikyô," 414-415. Also, Okanishi notes that 41 of 114 items listed in the *Fukudenpô* are not found in near-contemporary reference works (though he seems unaware of the *Man'anpô* example here cited), and Takahashi notes that 28 of the 114 are "new additions" to the Japanese pharmocopoeia.

141) *Man'anpô* (KS p. 1049), XLI-35. He remarks that, however, the medicines are widely noted in volumes eight and nine of the *Youyou xinshu*/*Yôyô shinsho*.

142) *Man'anpô* (KS p. 580), XXI-54, 55.

143) *Man'anpô* (KS p. 1115, 1116), XLIII-90, 91.

144) Hattori Toshirô, *Kamakura jidai igakushi no kenkyû*, esp. 98ff.

145) *ibid*, 99), citing *Ton'ishô* volume 46.

146) Noted in *ibid*, 166).

147) *Ibid*, 99), citing *Ton'ishô* volume 8.

148) Ishihara, "Kajiwara Shôzen no shôgai to chosho," 1744-1745.

149) See briefly Shinmura Taku, "Yamai no zuzô hyôgen" 病の図像表現 in Takeda Sachiko 武田佐知子 ed., *Ippen hijirie wo yomitoku* 一遍聖絵を読み解く (Yoshikawa kôbunkan, 1999), 162-180. Also, Fujimoto Masayuki 藤本正行, "「Ippen Hijiri-e」no kaishaku wo megutte" 一遍聖絵の解釈をめぐって *Nihon rekishi*, 554 (1994), 20-36.

150) William LaFleur, "Hungry Ghosts and Hungry People: Somaticity and Rationality in Medieval Japan," in M. Feher ed., *Fragments for a History of the Human Body Part One*, (New York, Zone Publications, 1989), 270-303.

151) *Man'anpô* (KS p. 831-832), XXX-59, 60, 61.

152) *Man'anpô* (KS p. 831-832), XXX-59, 60, 61. The medicine recommended is to be applied to the gums; or else take some cotton, roll it into a cylindrical shape, put it in the mouth, and soak it with that.

153) *Man'anpô* (KS p. 1163), XLV-46.

154) *Idanshô*, 227-228 - "denshi raibyô jisu bekarazaru koto."

155) For some useful reading, see: Yokoi Kiyoshi 横井清, *Chûsei minshû no seikatsu bunka* 中世民衆の生活 (Tôkyô daigaku shuppankai, 1975), 295-334; Kuroda Hideo 黒田日出夫, "Chûsei minshû no hifu kankaku to kyôfu" 中世民衆の皮膚感覚と恐怖, in *Kyôkai no chûsei, shôchô no chûsei* 境界の中世 象徴の中世 (Tokyo daigaku shuppankai, 1986), 233-258; Kobayashi Shigefumi 小林茂文, "Kodai chûsei「raija」to shûkyô" 古代中世癩者と宗教

in Fujino Yutaka 藤野豊 ed., *Rekishi no naka no「raija」* 歴史のなかの癩者 (Yumiru shuppan, 1996), 13-79; Yokota Noriko 横田則子 "「Monoyoshi」kô - kinsei Kyoto no raija ni tsuite" 「物吉」考—近世京都の癩者について *Nihonshi kenkyû*, 352 (1991), 1-29; and Suzuki Noriko 鈴木則子, "Shodai Manase Dôsan no rai igaku" 初代曲直瀬道三の癩医学 *Nihon ishigaku zasshi*, 41.3 (1995), 349-368.

156) *Ton'ishô* (KS, p. 518), XVI-12.

157) Shinmura Taku, *Nihon iryô shakai shi no kenkyû*, 206-211.

158) *Ton'ishô* (KS, p. 517), XVI-7. This the *Gusentan* of the *Tonishô* lists 12 ingredients (with a possible substitution bringing the total to 13), and has different doseages than, the *Yuke Gusentan* described in the *Man'anpô* that was noted earlier in this essay.

159) See an undated letter from Kanesawa Sadaaki (1278-1333) expressing joy at the safe birth of a child, but great concern that the afterbirth was taking a long-time to be expelled from the mother, noted table 2 # 22, in Higuchi Seitarô, "Kanesawa Saadaaki monjo no ishigaku teki kenkyû" 金沢貞顕文書の医学史的研究, *Nihon ishigaku zasshi*, 40.2 (1994), 185-200.

160) See Kosoto Hiroshi, "Nihon saiko no sanfujinka sensho" 日本最古の産婦人科専書, *Nihon ishigaku zasshi*, 39.1 (1993), pp. 74-76. Kosoto suggests that it was possibly written by a member of the Tamba family, and for the use of the Imperial family or higher nobility. This work, housed in the Maeda Ikutokukai Senkaku bunko, is the oldest known Japanese text on obstetrics and gynecology; it was previously thought that the earliest work was the 14th. century *Sanshô ruijô shô*.

161) *Taiheiki* 太平記, vol. 25, "Miyakata onryô roppon sugi ni kansuru koto tsukete ishi hyôjô no koto," (*NKBT* edition vol. 2, 447-450). This episode is also the first occasion on which there is reference to the specialty of surgery (*geka*).

162) Hattori, *Kamakura jidai igaku shi no kenkyû*, 109.

163) Kurakata Hiromasa 蔵方宏昌, "Kajiwara Shôzen to Nakajô ryû no chitsu zayaku, sono dokusetsu sei ni tsuite" 梶原性全と中条流の膣坐薬その独創性について *Nihon ishigaku zasshi*, 31.2 (1985), 232-233, noting *Ton'ishô*, chapters 29 and 30.

Ton'ishô vol. 29 (KS p. 456; XIII-145, 146); *Ton'ishô* vol. 30 (KS p. 462; XIV-12). In the latter instance the KS edition and the copy used by Kurakata vary in ingredient amount, in frequency of use (twice a day

compared to once a day), and the KS edition does not have a drawing of the suppository; but the fact of a vaginal suppository is not in doubt.

164) *Man'anpô* (KS p. 661), XXIII-51.

165) Cited in Hattori, *Kamakura jidai igakushi no kenkyû*, p. 112. See *Ton'ishô*, volume 35, (KS, p. 541), XVI-103, 104. On the same ailment, see also *Man'anpô* (KS p. 1022-1023) XL-31-34. Newly arrived books also also helped him to find medicines to prescribe for vomiting, and for dealing with the difficult to treat depression: see *ibid*, p. 106, 107, citing *Ton'ishô* volumes 13 and 18.

166) See Yamashita Seizô 山下政三, *Kakke no rekishi* 脚気の歴史 (Tôkyô daigaku shuppankai, 1983), 43-48. Yamashita notes that the range of symptoms subsumed under the rubric *kakke* expanded over time, to include beriberi, articular rheumatism, and gout.

167) For the probable origin of this popular term, from the year 1233, see Hattori Toshirô, *Kamakura jidai igakushi no kenkyû*, 88-89.

168) *Man'anpô* (KS p. 260, 261), X-98, 99, 100.

169) *Man'anpô* (KS p. 713), XXV-96, 97.

170) *Man'anpô* (KS p. 1292), XLIX-90.

171) *Man'anpô* (KS p. 1151), XLIV-91, 92. Referring elsewhere to one of these ailments, *Teikei* 丁奚 Shôzen remarks [*Man'anpô* (KS p. 1150), XLIV-85, 86]: "I say that therefore it is known that [it can affect children?] from the age of one to the age of six, from under seven to before fifteen, and under fifteen; as to the name of *Teikei*, I do not know the origins. Is this [what is noted in the] [*Honzô*] *Wamyô* as *abihashi* アイワレ?"

172) *Man'anpô* (KS p. 235), IX-34.

173) On smallpox and measles, and premodern afflictions more generally, see Anne Bowman Jannetta, *Epidemic and Mortality in Early Modern Japan* (Princeton, Princeton University Press, 1987).

174) *Man'anpô* (KS p. 1076), XLII-38.

175) *Man'anpô* (KS p. 198), VII-127.

176) *Man'anpô* (KS p. 195), VII-115.

177) *Man'anpô* (KS p. 643), XXII-167.

178) *Man'anpô* (KS p. 648), XXII-185, 186; and headnote at XXII-185. Hattori Toshirô, *Igaku* 医学 (Kondô shuppansha, 1985), 78, notes this comment as being from the *Ton'ishô*, but this seems mistaken. For the *Shinkô takuri san*, see *Man'anpô* (KS pp. 647-648), XXII-184, 185.

179) *Man'anpô* (KS p. 661-662), XXIII-51, 52, 53.

180) See for example *Tamon'in nikki* 多聞院日記 entry for Eiroku 11=1568/6/9 (2.76) for a method of correcting breech births which involves shaving the woman's head, rubbing ointment on the shaven spot to draw the child back up, then applying ointment on the sole of the woman's foot to draw the infant back down correctly.

181) *Man'anpô* (KS p. 903), XXXIV-11.

182) *Man'anpô* (KS p. 914), XXXIV-55, 56; for the full passage of Shôzen's remarks see (KS p. 914-915) XXXIV-55, 56, 57, 58, 59.

183) *Man'anpô* (KS p. 912), XXXIV-47, 48.

184) *Man'anpô* (KS p. 393-394), XIV-146, 147.

185) *Man'anpô* (KS p. 996), XXXIX-12.

186) *Man'anpô* (KS p. 998), XXXIX-17. See too the preceding discussion on tying the umbilical cord, (KS p. 997-998) XXXIX-15, 16, 17.

187) *Man'anpô* (KS p. 293), XII-34.

188) *Man'anpô* (KS p. 1131), XLIII-11.

189) *Man'anpô* (KS p. 1125), XLIII-128.

190) *Man'anpô* (KS p. 1351), LI-131.

191) *Man'anpô* (KS p. 1068), XLII: (Small characters, for note that infant chûfû is the same as for adults, see this work volume 1), I say that moxa treatment and medicinal application it is exactly the same as for adults, so I am not writing separately here; the amount of medicine given and the number of moxas are different; if there are variant symptoms refer to the *Youyou xinshu/ Yôyô shinsho*.