

**What a Household with Sick Persons Should Know:  
Expressions of Body and Illness in a Medical Text of  
Early Nineteenth-Century Japan**

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## **Declaration**

I hereby declare that the work presented in the thesis is my own.

Keiko Daidoji

## Abstract

This thesis assesses the image and expressions of the body and illness in Japan during the Edo period (1603-1867), by examining a text on the cultivation of life, *Byōka suchi* (What a household with sick persons should know). A unique feature of *Byōka suchi* is its use of script combining Chinese characters and Japanese readings in the form of *furigana*. *Furigana* are conventionally employed to signal the pronunciation of Chinese characters, but the *furigana* in *Byōka suchi* function as a means for giving the author's translation into the everyday native language of medical terms which are traditionally written in Chinese characters, which were of originally foreign for Japanese. This thesis particularly scrutinises the gap between the Chinese medical terms and their *furigana* glosses, as it shows how Chinese medicine was transmitted and imbibed by a Japanese physician in order to facilitate understanding lay readers who had not made a formal study of medicine.

The thesis consists of three main parts: The first part reviews the intellectual background of cultivation of life culture in both China and Japan, with reference to some of the relevant insights by previous studies. The second part explores how the author's view of body and illnesses can be reconstructed from a close examination of *furigana* in the text. The third part is devoted to the translation of the first fascicle of *Byōka suchi*, which concisely represents the author's basic views on medicine, body and illnesses. The translation with meta-commentary will enable us to appreciate the effect of the Chinese characters-*furigana* combinations, as well as to examine the essence of the physiology, pathology and medical ethics of the text.

The principal contribution of this research to the field lies in reassessing how the Edo views of body and illnesses deviated from their Chinese counterparts. As a conceptual study, it will also shed light on the uses of special features of Japanese script in transmitting technical concepts into more colloquial and popular language.



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## Chinese Dynasties

Zhou dynasty	11 <sup>th</sup> century-221 BCE
Western Zhou dynasty	11 <sup>th</sup> century-771
Eastern Zhou dynasty	770-256
Spring and Autumn period	770-476
Warring States	475-221
Qin dynasty	221-206
Han dynasty	206 BCE-220 CE
Former Han dynasty	206 BCE-24 CE
Later Han dynasty	25-220
Three Kingdoms	220-280
Jin dynasty	222-589
Western Jin dynasty	265-316
Eastern Jin dynasty	317-420
Northern and Southern dynasties	317-589
Sui dynasty	581-618
Tang dynasty	618-907
Five dynasties	907-960
Song dynasty	960-1279
Northern Song dynasty	960-1127
Southern Song dynasty	1127-1279
Liao dynasty	916-1125
Jin dynasty	1115-1234
Yuan dynasty	1271-1368
Ming dynasty	1368-1644
Qing dynasty	1644-1911

## Periods of Japanese History

Early Japan	Until 710 CE
Nara period	710-794
Heian period	794-1192
Kamakura period	1192-1333
Kenmu Restoration	1333-1336
Muromachi period	1336-1573
Warring (Sengoku) period	1493-1603
Southern and Northern (Nanbokuchō) period	1336-1392
Azuchi-Momoyama period	1573-1603
Edo period	1603-1867
Meiji period	1868-1912
Taishō period	1912-1926
Shōwa period	1926-1989



## Introduction

### Scope of thesis

Keeping healthy is a matter that concerns not just medical professionals, but all of us. This thesis is about images and expressions of the body and illness in popular nineteenth-century Japanese texts. Coming from a non-medical background myself, I became interested in the amount of information on staying healthy that circulates among us nowadays through the medium of books, magazines, television and so forth. Some of this material appears to follow advances in medical knowledge, and to be based upon experiment and argument. But at the same time it often seems speak to images of the body and illness that we have unknowingly internalised. For instance, vending machines offer herbal “circulation tea 巡茶”<sup>1</sup>, which is supposed to promote good circulation in the body. Pharmacies sell purgatives that eliminate “lodged faeces 宿便” as a slimming aid. Products like these point to a potential fear of stagnation and concern with circulation among the Japanese public. Later I read a great deal of literature that showed how biological phenomena such as pain or chronic ailments are sometimes moulded within a social/cultural and historical context;<sup>2</sup> and circulation is just such a case. Many of these images can be traced back to pre-modern times.

This is a case history of how a pre-modern health manual speaks of the body and illness, as reconstructed from the analysis of a text of late Edo-period Japan, *Byōka suchi* 病家須知 (What a household with sick persons should know), written

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<sup>1</sup> Coca Cola, 2006.

<sup>2</sup> See for example Yamada Keiji and Kuriyama Shigehisa (eds) 1997, *Rekishi no naka no yamai to igaku* (Shibunkaku, Kyoto), and Ōtsuka Yasuo (et al.) 1999, *Medicine and the History of the Body* (Ishiyaku EuroAmerica, Inc. Publishers, Tokyo). Kuriyama Shigehisa (ed) 2001, *The Imagination of the Body and the History of Bodily Experience* (International Research Centre for Japanese Studies, Kyoto).

by Hirano Jūsei 平野重誠, and published between 1832-1835. It is a text in the “cultivation of life” 養生 (*yōjō* or *yōsei* in Japanese) genre, with a special focus on obstetrics. Hirano Jūsei was a relatively well-known physician who left more than ten texts in his name on subjects ranging from medicine to national history.

In Japan, the Edo period (1603~1867) saw an explosion of interest in health, and a large-scale health market grew up to meet the resultant demand. Fuelled by the development of publishing culture and increased literacy, countless books on health and medicine circulated. Japanese medicine owed its theoretical and practical basis largely to the Chinese medical tradition, which was founded upon complex philosophical and natural studies. Prior to the Edo period, medical knowledge in Japan had mostly been restricted to an upper-class intellectual elite. In the Edo period however, a number of health manuals and annotated texts that digested and transmitted complex and difficult medical knowledge became available to the general public.

The notion of “cultivation of life”, known as *yōjō* in Japanese (*yangsheng* in Chinese), has its ultimate origins in ancient China, as the pursuit of a higher and more sophisticated way of life through managing the body and mind. The knowledge and practice of *yōjō* began to be transmitted to Japan around the seventh century CE. In the Edo period, *yōjō* took shape as a phenomenon that became an everyday concern for many people, and crossed social class lines. Kabayama (1976) provides a matrix for the understanding of *yōjō* texts in Japan, as follows. *Yōjō* texts are usually written in simple language, and are aimed as much at non-medical lay people as at medical professionals. In most cases the authors are medical professionals or at least have substantial medical knowledge. Being manuals of popular practical medicine, these texts often cover such topics as hygiene, dietetics, basic physiology, nursing,

medicine, first aid, and simple remedies. The authors set out to produce books with a broad popular appeal, and so they suited their style and content to a mass audience, and tried to make them relevant to the everyday lives of their readers.<sup>3</sup>

Tracing the development of *yōjō* culture in Japan, one sees that Japanese *yōjō* diverged substantially from its Chinese counterpart in the process of transmission. *Byōka suchi* epitomises one of the “Japanised” versions of *yōjō* concepts and practice. What are the characteristics of *Byōka suchi*? Firstly, *Byōka suchi* deserves in-depth examination because it explicitly shows the full range of medical knowledge possessed by the author. It incorporates various kinds of medical knowledge from internal medicine to surgery, paediatrics, obstetrics and gynaecology in a single volume. It consists of eight fascicles, the third of which is devoted to obstetrics, while the seventh and eighth fascicles are devoted to midwifery. It is also worth noting that *Byōka suchi* emphasises the necessity of precise, accurate knowledge for the non-professional attendant caring for a patient at home. This is clearly manifested in the title itself 病家須知, which I translate as “What a household with sick persons should know”. In fact *byōka* 病家 can be literally translated as “the sick”; however in *Byōka suchi* the term refers to the family members as well as the patient. Moreover the instructions in the text are addressed not only to the sick person him/herself, but often to the attendant as well. Thus the translation of the title tries to reflect both context and content. Seeking basic principles from the vast resources of the traditional classics, *Byōka suchi*'s practices actively utilise up-to-date knowledge and the author's own experience.

Secondly, *Byōka suchi* can be considered from the perspective of how the author sets out to disseminate knowledge about the body and illness. *Byōka suchi*'s author is

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<sup>3</sup> Kabayama Kōichi 1976, ‘Yōjōron no bunka’, in Hayashiya, 435-471.

committed to writing about medical matters in plain language, directed at lay readers who may be less familiar with medicine. His endeavours to digest medical knowledge are most explicitly manifested in the unique expressions for the body and its disorders employed in *Byōka suchi*.

In particular, I would like to pay special attention to the writing system used in the text. This text is written in both Japanese phonetic script and Chinese ideographs, most of the latter being provided with Japanese phonemic readings termed *furigana*. In the Edo period, academic works including many medical texts were written in Chinese (*kanbun*). It is naturally assumed that such texts were addressed to those who had a certain educational background. Yet the usage of *furigana* as a reading aid brings interesting transmutations that emerge from the hybrid of Japanese and Chinese: a term represents both the original meaning of the Chinese ideographs as used in Chinese and the meaning of the Japanese word used to gloss them. Take からだ 気血, drawn from the *Byōka suchi*, as an example. The Chinese characters 気血 literally denote *qi*<sup>4</sup> and blood, which are the two most vital components of the human body in traditional Chinese physiology. Meanwhile the appended *furigana karada* is a common Japanese word for “body” in the Edo period. It can therefore be assumed that this collocation expresses the author’s perception of the body as fundamentally consisting of *qi* and blood. In this sense, it is possible to say that the text is a vector for the transmission of medical knowledge in two dimensions: from Chinese tradition to Japanese scholarly physicians, and to Edo-period Japan; and from Edo-period medical professionals to the ordinary Japanese householder.

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<sup>4</sup> *Qi* (pronounced *ki* in Japanese) is the most essential concept in East Asian medical tradition. It used to be translated with terms such as ‘pneuma’ or ‘energy’ or ‘vapour’. However, it is widely accepted that none of them can precisely render *qi*, which is a far more complex notion. Therefore recent scholarship has preferred to leave the term *qi* untranslated. This paper also supports this view, and hereafter *qi* or *ki* (in the context of Japanese medicine) will be used without translation.

Similar free combinations of Chinese characters and Japanese readings are often found in popular literature of the Edo period. However, it is rather unusual for a *yōjō* text to utilise this device, and *Byōka suchi* succeeds thereby in presenting a vivid picture of body and illness. Compared with other *yōjō* texts of the period, the variety of *furigana* in *Byōka suchi* is noteworthy. Let us consider, for example, *Yōjōkun* 養生訓 (On cultivating life, 1713) by Kaibara Ekiken 貝原益軒 (1630-1714), the most famous “cultivation of life” text of the Edo period.<sup>5</sup> The text is written with both Chinese characters and Japanese phonetic script, but *furigana* are rather rare. For instance, the most frequently used term for the body is the character 身, without any *furigana*.

Surveying the *yōjō* literature of the early nineteenth century, one finds that in many texts, *furigana* are appended to at least half, or the vast majority, of Chinese characters, but the pattern of readings is more fixed than in *Byōka suchi*. For instance, in *Chōmei eiseiron* 長命衛生論 (Discussion of longevity and cultivating life, by Motoi Shishō 本井子承, 1813), *furigana* are appended to more than half of the Chinese characters, though not to all of them. The Chinese character 體 is always read either *karada* or *tai*. Without exception, the reading *karada* (body) is appended to the Chinese character 體, and the reading *konare* (digestion) to the Chinese characters 消化.<sup>6</sup> In *Yōjōben* 養生弁 (Discussion of cultivating life, by Mizuno Takusai 水野澤齋, 1842), *furigana* are provided for most Chinese characters, but the readings are not as varied as in *Byōka suchi*. With regard to terms for the body, the author uses the Chinese characters 身体, 身, 體, and 躰. The *furigana shintai* is always appended to 身体, while 體 and 躰 are always read *karada*. 身 is read

<sup>5</sup> *Yōjōkun*, by Kaibara, Ekiken 1713 (annotated by Ishikawa Ken, 1991, Iwanami, Tokyo).

<sup>6</sup> *Chōmei eiseiron* 長命衛生論, by Motoi Shishō 本井子承, 1813. Facsimile 1997. *Edojidai josei bunko* vol. 43 (Taikūsha, Tokyo).

either *mi*, *shin*, or most frequently, no *furigana* reading is provided.<sup>7</sup> In contrast to these texts, *Byōka suchi* provides *furigana* for almost all Chinese characters. There are 17 patterns of Chinese characters for the reading *karada*, as we shall see later (Table 1, page 104 of this thesis). For the reading *konare*, there are 16 patterns of Chinese characters, as shown in Table 10 (page 134 of this thesis). What effect is obtained by these *furigana*?

## Themes and existing studies

Thematically, this thesis intends to address the fundamental hypothesis that an examination of *Byōka suchi* will illuminate the ways in which the ideas and specialised terminology of medical tradition were explained in more familiar language during the Edo period. With particular attention to the effect of the writing system, my analysis will bring to light a pattern of innovative Japanese interpretation of Chinese medical tradition; and in particular, the relationship between Chinese tradition, Japanese scholarly physicians and the lay public, who are understood to form the main audience of this text. To complete this research as an integrated whole, each section will provide a different approach to this overarching theme.

Before describing the structure of this thesis, it is necessary to refer to some preceding studies of the history of *yōjō* culture in Japan that are relevant to my project. Firstly, Mugitani (1995)<sup>8</sup> investigates the theory and practices in the famous *Yōjōkun* of Kaibara Ekiken, demonstrating both influences and differences from Chinese tradition. For instance, in addition to the preservation of the physical body, Kaibara attaches special importance to cultivating the mind, which seems to

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<sup>7</sup> *Yōjōben* 養生弁, by Mizuno Takusai 水野澤齋, 1842. Facsimile 1999. *Edojidai josei bunko* vol. 93 (Taikūsha, Tokyo).

<sup>8</sup> Mugitani Kunio 1995, 'Chūgoku yōjō bunka no dentō to Ekiken', in Yokoyama, 235-257.

indicate the influence of trends in China, particularly from the Song period (960-1279) onwards. On the other hand, Kaibara's *yōjō* practices differ from Chinese tradition in two aspects: Firstly he excludes practices related to Daoism, which constitute one of the core elements in China. Secondly Kaibara does not give medical prescriptions with amounts of ingredients, as is commonly done in Chinese cultivation of life texts. Mugitani considers that these divergences from Chinese models are mainly due to the dominance of Confucianism as an official teaching during the Edo period, and Kaibara's awareness of differences between China and Japan in geography, customs, and physical constitution.

As *Yōjōkun* became a prototype for subsequent *yōjō* texts of the Edo period in terms of structure, theory, and practices, these findings can be applied to many other *yōjō* texts of the period, including *Byōka suchi*. However, more than a hundred years lie between the publication of *Yōjōkun* and *Byōka suchi*; therefore it may be possible to point out further differences that are characteristic of the late Edo period. Furthermore, Mugitani, as a scholar of Chinese thought, does not enquire into possible differences in pathology and physiology between Chinese medical tradition and the medicine of the Edo period, which I wish to explore further.

For the significance of *furigana* in relation to medicine, I have benefited from Kuriyama (2004)'s study of *shaku*. A culture-specific Japanese term, *shaku* is the name for an intense shooting pain in the area of the stomach. It was a common ailment until around the end of nineteenth century, but later gradually disappeared from both medical diagnosis and the everyday speech of laypersons. Kuriyama discusses the decline of *shaku* as an issue of linguistic translation as well as broader transfers in technology and social organisation (such as changes in the sense of time). As the Westernisation of medicine proceeded at the national level, *shaku*, a

disease within the framework of traditional medicine, was adapted and translated into other terms in accordance with new (Western) medical theory, such as liver cancer, hepatitis, and other medical conditions. Eventually this affected the experience of the disease itself.<sup>9</sup> Although the root of *shaku* goes back to the ancient Chinese disease called *ji* (accumulation), in Japan *shaku* became different from its Chinese ancestor. He demonstrates that during the Edo period, *shaku* could be written with any number of *furigana*-character compounds that generated various different pathologies (I shall later return to the idea of *shaku* in the Edo period and specifically in *Byōka suchi* in Chapter 2).

In a passage that is particularly germane to my study, Kuriyama claims that “*furigana*-character compounds epitomize in their very form the hybridity that defined Edo medicine in general... Theories and practices imported from China profoundly influenced Japanese doctors, and this influence was reflected in the wholesale adoption of Chinese terminology. But... knowledge of sickness in the Edo era was molded in the tension between the enthusiastic embrace of foreign notions and the persisting sense of their foreignness”.<sup>10</sup> Rather than a mere pronunciation guide, he considers *furigana* as ‘conceptual translation’, a means to translate or interpret the ideas of Chinese medicine in Japanese indigenous vocabulary. Hereafter I will refer to the particular use of *furigana* in *Byōka suchi* as ‘conceptual translation’. At the very outset of my research, this statement made me aware of the possibility of studying *furigana* in the discourse of medicine. Kuriyama argues that Western scientific translation eventually dissolved the traditional notion of *shaku*. However it is my challenge to focus on the semantic differences and gaps between Chinese characters and *furigana*, which is more

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<sup>9</sup> Kuriyama Shigehisa 2004 ‘Translation and the History of Japanese Irritability’, *Traduire, Transposer, Naturaliser*, 27-41.

<sup>10</sup> Kuriyama 2004, 31.



subtle and tends to be neglected. For this purpose, *Byōka suchi* is an excellent subject to examine: While on the one hand it adopts Chinese medical terminology, on the other hand the *furigana* often appear to belong to the everyday speech of laypersons. Through the analysis of medical terms and their readings, I wish to shed light on some unknown aspects of the relationship between Chinese tradition, Japanese doctors, and the lay public in the Edo period.

### **Structure of thesis**

The thesis will be divided into three chapters.

To begin with, I use historiographic and biographical methods to delineate the cultural background of *Byōka suchi* and its author in the context of the early nineteenth century. In so doing it is necessary to make clear the position of *Byōka suchi* in the history of *yōjō* culture in Japan. Thus introductory Chapter 1 reviews the intellectual background of *yōjō* culture. It sets out to give an outline of *yangsheng* (cultivation of life) in China, which exerted a great influence on Japanese *yōjō* culture. In the process of importing and disseminating ideas and practices from China, Japanese *yōjō* evolved certain features that differentiate it from its Chinese counterparts. These characteristics of *yōjō* will be related to the contemporary social/cultural environment with reference to relevant secondary sources which offer eclectic insights on the subject.

The second chapter focuses on the annotated text of *Byōka suchi*. It begins with a survey of the historical and cultural features of the early nineteenth century in order to set the scene within which *Byōka suchi* was written and read. It goes on to present the biography of the author Hirano Jūsei, his works, and the content of *Byōka suchi*. Although his personal background remains largely unknown, a few recent works of scholarship have tried to shed light on his life, his writing, and the medicine that he

learnt and practised. Secondly, it presents a textual analysis which examines the perception of the body and illness in *Byōka suchi*. Focusing on the expressiveness of compounds of Chinese characters and *furigana*, it explores selected terms and treatment methods that play a key role in the pathology and physiology of *Byōka suchi*. Through comparisons with both Chinese texts and other texts of the Edo period, it elucidates the intricate relations of the various medical views that *Byōka suchi* transmits to its audience.

Chapter three is devoted to a translation of the first fascicle of *Byōka suchi* with meta-commentary. Two things justify this endeavour. First, this fascicle concisely discusses the main points of all eight fascicles: basic regimen, physiology, pathology, the roles of physician, patient and attendant in treating illness, and so forth. Some features are further delineated in other fascicles, and introducing the first fascicle will give a glimpse of them. Secondly, close analysis of the *furigana* reveals a graphic image of bodily experience in familiar, colloquial language. The gaps and dislocations between medical terms in Chinese characters and Japanese readings show how Chinese traditional medicine has been digested by a Japanese doctor. *Furigana* is not the mere replacement of one word or phrase by another; it is a conceptual translation that reflects the author's medical vision to the fullest extent. Therefore a translation that focuses on *furigana* can reconstruct the meanings of a term in both the denotative and the connotative dimension.

# Chapter 1: Intellectual Background of Cultivation of Life — Historiography and Review of the Literature

## Introduction

The variety of approaches to the study of cultivating life 養生 reflects the complexity of its nature.

The first chapter begins with a brief account of cultivating life (*yangsheng* in Chinese) culture in China, an ensemble of concepts and practices concerning “how to look after one’s life and health” and “how to live one’s life”. The theoretical and practical foundation of Japanese *yōjō* largely comes from Chinese tradition, so it is necessary to acknowledge the fundamental ideas and practices of Chinese *yangsheng* at the outset of our inquiry. Some of the major *yangsheng* texts will also be introduced, especially from the viewpoint of their influence in Japan.

Next I would like to survey the process of transmission of *yangsheng* culture from China to Japan. In particular, Japan saw an explosion of interest in cultivating life culture during the Edo period, and a large-scale health market grew up to meet the resultant demand. With the development of publishing culture and increased literacy, countless books in the genre were sold and read. It can be affirmed that the cultivation of life phenomenon became a daily concern for many people, crossing lines of social status.

This introductory chapter has three intentions: Firstly, it sets out to provide an essential matrix for understanding the cultivation of life. By reviewing the historiography and main texts both in China and Japan, it will impart a basic notion of its aims and practices. Secondly, the chapter will discuss the main characteristics of cultivation of life culture in Edo-period Japan. An examination of some of the

insights from recent studies will allow us to observe the dissemination of ideas and practices. It will also elucidate the social and cultural environment of our annotated text, *Byōka suchi*, which was published in the early nineteenth century. The second point leads to the third aim: to view cultivation of life culture in a much larger context so as to highlight the differences between China and Japan, focusing particularly on the Edo period when the trend peaked. Chinese *yangsheng* culture exerted a considerable impact in the surrounding countries such as Korea and Japan. However Japanese scholarship has for long habitually read 養生 as *yōsei* in a Chinese context, and *yōjō* in a Japanese one, thereby clearly differentiating the two<sup>11</sup>. Why is that? It suggests that just as Chinese *yangsheng* evolved in so many aspects during its history of more than two millennia, so too the cultivation of life culture of Japan and Korea developed certain specificities. Many of the features that characterise Japanese *yōjō* culture emerged only when the practice began to flourish during the Edo period, but certain differences in Chinese and Japanese *yangsheng*/*yōjō* practice are noticeable even at an earlier stage. Introducing some of the relevant analyses, I wish to scrutinize the features of Japanese cultivation of life, particularly in the Edo period, and to evaluate the meaning and contribution of *Byōka suchi* in its history. As to terminology, in order to differentiate the strands of cultivation of life in China and Japan, and for the sake of consistency, this paper will hereafter refer to the former as *yangsheng* (the pronunciation of 養生 in Chinese), and the latter as *yōjō* (the pronunciation of 養生 in Japanese).

## 1- Cultivation of life in China

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<sup>11</sup> Takizawa 1998, 18.

### 1-1-1. *Yangsheng* culture: concepts

The idea of *yangsheng* in China first appeared during the Warring States period (480-221 BCE). What is *yangsheng*? In English, it is often translated as “cultivation of life”, or “nurturing life”. However, there is probably an inherent ambiguity in the term itself. What should one cultivate or nurture and how? For instance, we find the way of *yangsheng* referred to at the beginning of the medical classic *Huangdi neijing* 黃帝內經 (Yellow Emperor’s inner canon)<sup>12</sup> in the part called *Suwen* 素問 (Basic questions).

In ancient times, there were people called true men: those who live in accord with the changes between Heaven and Earth, grasp the changes between *yin* and *yang*, breathe vital essence, preserve the spirit within without depending on other forces, and keep the body unchanged. Therefore true men flourish on Heaven and Earth by their longevity, and do not perish. It is because they have mastered the Way<sup>13</sup>.

Here the “true man” is usually understood to be a perfected human being, i.e., an immortal. “The way” indicates the way of *yangsheng*. In medicine, the ideal way

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<sup>12</sup> The extant *Huangdi neijing* consists of three recensions; the *Taisu* 太素 (Great basis), the *Suwen* 素問 (Basic questions), and the *Lingshu* 靈樞 (Numinous pivot). Each of these is a compilation of a number of short texts containing various separate topics discussed within a distinct medical lineage, through which classical medical concepts developed. As for the process of formation of *Huangdi neijing*, opinion varies. However there is a consensus among modern scholars that the texts collectively represent medicine as it matured from the second century BCE at the earliest to around the second century CE, and that the compilation dates to between 100 BCE and 100 CE. For an extended discussion of the history of its textual tradition, see Nathan Sivin 1993, ‘Huang ti nei ching’, in Loewe, 196-215, and Yamada 1999b, *Chūgoku igakuwa ikani tsukuraretaka* (Iwanami, Tokyo), 259-281, David Keegan 1988, ‘The ‘Huang-ti Nei-ching’: The Structure of the Compilations; The Significance of the Structure’ (Ph.D. Thesis, University of California, Berkeley), 67-157, and 265-323.

<sup>13</sup> *Suwen* (reprint 1963, Renmin weisheng chubanshe, Beijing), ‘shanggu tianzhenlunpian 上古天真論篇’, 2.

is manifested in “the sage [who] treats the disease which has not occurred yet”<sup>14</sup>; thus the primary concern of medicine and the principle of *yangsheng* both resonate in the passage above, with its focus on prevention. It may be said that the way of *yangsheng* is to be approached by considering these two questions: (1) What should one do in order to stay alive? (2) What kind of life should one lead? These themes, which are inherent in the ideas of *yangsheng*, permit the greatest latitude in approaching the subject, taking in aspects of philosophy, religion and medicine, as well as other fields. For instance, the *Fangji* 方技 (Recipes and techniques) section of *Yiwenzhi* 藝文志 (Record of literary pursuits), the oldest extant bibliographical treatise in *Hanshu* 漢書 (the History of the Former Han [CE 32-92]), is classified into four categories; *Yijing* 醫經 (medical treatises), *Jingfang* 經方 (recipes), *Fangzhong* 房中 (arts of the bedchamber), and *Shenxian* 神仙 (immortals). *Yijing* deals with medical theory and acupuncture; *Jingfang* is concerned with clinical medicine, mainly using drug therapies; *Fangzhong* instructs in sexual techniques; and *Shenxian* contains techniques including breath-control, exercise, massage, elixir and the like. Here there seems to be a differentiation between *Yijing* and *Jingfang* as medicine, and *Fangzhong*, and *Shenxian* as *yangsheng*. Every category is deeply concerned with various aspects of *yangsheng*, but none of them can cover the whole range of *yangsheng*.

Recent scholarship has shown how the complexities of *yangsheng* led to a diversity of approach and interpretation in modern studies. *Yangsheng* has been studied in such fields as medicine, Daoism, Buddhism, Confucianism, ideas of immortality 神仙 (*xianshen*), and the Lao-Zhuang 老莊 tradition (the thought of Laozi and Zhuangzi). Daoism, the Lao-Zhuang tradition, and the study of

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<sup>14</sup> *Suwen*, ‘siqidiaoshendalunpian 四氣調神大論篇’, 14.

immortality stand in close but intricate relations with one another. Particularly after the publication of *Les procédés de (nourrir le principe vital) dans la religion taoïste ancienne* by Henri Maspero<sup>15</sup>, who argues that *yangsheng* practice belongs in the framework of Daoism, the borders between these fields became very vague with regard to *yangsheng* practice. Nowadays many scholars consider that strict categorisation is to be avoided.<sup>16</sup> Taking this view, I would like to stress that the study of *yangsheng* culture is fraught with controversy; suffice it here to acknowledge that each of these subjects is indispensable for an understanding of the Chinese tradition of cultivating life.<sup>17</sup>

Confucianism, Daoism, Buddhism, and ideas about immortality all mingle in the theory of *yangsheng* culture. For example *Mengzi* 孟子 (Mencius), one of the representative Confucian philosophers, understood the idea of *yangsheng* within the framework of socio-political doctrine. The individual is bound to the community and assigned a social role within it. A harmonious society is regulated by the mutual obligations between self and family, and between self and society.<sup>18</sup> The perfection of one's personal nature also embraces a higher public spirit. This is based on the idea that, viewing the administrative order and social morality as an enlarged version of family structure, the correct behaviour of the ruler will have a civilising effect on the other members. On the other hand, Daoism, in principle, assigns the highest priority to longevity and immortality. Instead of being a matter of collective

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<sup>15</sup> The Japanese translation was published in 1983: translated by Mochida Kimiko 1983, *Dōkyō no yōseijutsu* (Serika, Tokyo).

<sup>16</sup> Sakade Yoshinobu 1989, 'Longevity Techniques in Japan', in Kohn, 22-26.

<sup>17</sup> Sakade Yoshinobu 1988 'Chūgoku kodai yōsei shisō kenkyū no genjō to kadai' in Sakade, 8-30. Sakade Yoshinobu 1999, *Chūgoku shisō kenkyū- Iyakuyōjō, kagakushisōhen* (Kansai University Press, Kyoto), 27. Donald Harper (1998) also gives an account of the relationships among *yangsheng* culture, philosophy, and the immortality cult (*xian* 仙), *Early Chinese Medical Literature, Prolegomena*, (Kegan Paul International, London and New York), section 4.

<sup>18</sup> Mugitani 1995, 236. Vivienne Lo 2001, 'The influence of nurturing life culture on the development of Western Han acumoxa therapy' in Hsu, 23-26.

existence, *yangsheng* in Daoism rather prioritises the subjective achievement of life and well-being for the individual.<sup>19</sup> In addition to the representative types of *yangsheng* practice we have mentioned, various other kinds of techniques were added as time went by. Yet despite the differences, there are certain affinities between them. These include the idea of *qi* (*ki* in Japanese) as the most fundamental principle of life, and the concept of *jingluo* 經絡 (vessels) where *qi* circulates within the body.

*Qi*, a sustaining force for all phenomena in the universe, provides the indispensable framework for the whole theory and practice of *yangsheng*. The more closely we approach it, the more inexorable the reality of *qi* becomes. As there are many stages in the development of the concept of *qi*, a different understanding appears in every different historical and social context.<sup>20</sup> *Qi* flows ceaselessly through Heaven, Earth, and human life, and all phenomena from weather to climate are manifestations of the interaction between *yin qi* and *yang qi*. Human life, the body and illness are viewed in terms of correlative relationships of *qi* between the macrocosm of the universe and the microcosm of the human body. *Qi* circulates around the body, and is manifested in respiration, while the structure and make-up of the human body are also explicated by *qi* as a vital constituent. In other words, the dissolution of *qi* means death. In the famous aphorism of the ancient master of thought Zhuangzi: "Human life is the accumulation of *qi*. Accumulation creates life, whilst dissolution leads to death".<sup>21</sup>

Man basically has two kinds of *qi*. Inherent bodily *qi*, which is derived from the

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<sup>19</sup> Lo 2001, 24, A. C. Graham 1989, *Disputers of the Tao: philosophical argument in ancient China* (Ill. Open Court, La Salle), 53-64.

<sup>20</sup> Ishida Hidemi 1987, *Ki-nagareru karada* (Hirakawa, Tokyo), 31-32. Miura Kunio 1994, *Ki no Chūgoku bunka* (Sōgensha, Tokyo), 4-36.

<sup>21</sup> *Zhuangzi* 莊子, By Zhuangzi 莊子, Warring States. *Zhuangzi jijie* 莊子集解 (annotated by Wang Xianqian 王先謙 1975, Bailing chubanshe, Hong Kong), Chapter 22, 'zhibeiyou 知北遊', 138.



*jing* 精 (essence) received from one's parents, provides the very basis for the formation and growth of life and the human body. The other kind of *qi* is acquired by means of the outer body, by breathing, eating and drinking, whereby the vitality of the body is nourished. *Jing* usually indicates the finest quality of *qi*, and in sexual cultivation, it specifically refers to semen. It is often discussed in a triad with *qi* and *shen* 神 (spirit), which resides in the body. Although both *shen* and *jing* are crucial components of human life, the former is usually understood to be essentially metaphysical whereas the latter is relatively physical.<sup>22</sup> As to the physiology of *qi*, *Huangdi neijing* explains that the movement of *yingqi* 營氣 (structural *qi*) and *weiqi* 衛氣 (protective *qi*) in conjunction with the *jingluo* 經絡 manifests in the circulation of *qi* around the body like a river. The source of it is *jing*, the essence derived from ingested food and drink, and in general terms *yingqi* is understood as blood and *weiqi* as bodily fluids. *Jingluo*, the network of flowing *qi* within the body, is principally divided into *jingmai* 經脈 and *luomai* 絡脈: The former, *jingmai*, consist mainly of the twelve regular *jingmai* 十二經脈 – the main passages of *qi* – and the eight *qimai* 奇經八脈, which connect the twelve *jingmai*. The latter, *luomai*, are split off from *jingmai*, and run throughout the body, covering it like a net. Of the remaining *yingqi* and *weiqi*, the impure part is discharged as excretion, whilst the pure part is stored as *zongqi* 宗氣, which is associated with breathing. *Zongqi* is stored in the chest and moves through *xin mai* 心脈, the heart vessel and the lung, thereby promoting respiration. Within the body, *qi* is stored in the five viscera 五臟 (*wuzang*: the liver, heart, spleen, lung, and kidney)<sup>23</sup> and six entrails 六腑 (*liufu*:

<sup>22</sup> Kusuyama Haruki 1979, *Rōshi densetsu no kenkyū* (Sobunsha, Tokyo), 28-29. Murakami Yoshimi 1979, 'Chūgoku igaku sisō kara mita seimeikan' in Makio Ryōkai hakushi shōju kinen ronshū kankokai, 479. Harada also examines the historical development of the concept of *jing* in *yangsheng* culture: Harada Jirō 1988, 'Yōsei setsu ni okeru [sei] no gainen no tenkai', in Sakade, 342-378.

<sup>23</sup> Nathan Sivin 1987, *Traditional Medicine in Contemporary China* (Center for Chinese Studies,

large intestine, small intestine, stomach, triple burners, gallbladder and urinary bladder), and it circulates in the inner body through the vessels. This was a commonly shared idea in ancient China, and it became the predominant doctrine for another two millennia in the general medical thought of East Asia, let alone *yangsheng* culture. The concepts of circulating *qi* and *jingluo* are inseparable from the concern with controlling and preserving *qi* which forms the central theme of *yangsheng* practice.

## 1-1-2. *Yangsheng* practices

### Breath-regulation, gymnastics

*Yangsheng* practices are roughly divided in two types: *yangxing* 養形 (cultivating the [physical] form) or 養身 *yangshen* (cultivating the body), and *yangsheng* 養神 (cultivating the spirit). The former refers to promoting the health of one's physical body, whilst the latter is broadly concerned with maintaining an optimal mental state. I would now like to give a brief account of the major *yangsheng* practices, following the categorisation by Kubo (1977), who identifies five practices of *yangsheng*: breath-regulation 調息 (*tiaoxi*), therapeutic gymnastics 導引 (*daoyin*), abstinence from cereals 辟穀 (*bigu*), dietetics 服餌 (*fushi*), and sexual techniques 房中 (*fangzhong*).<sup>24</sup> First of all, the statement in *Zhuangzi* quoted below is often discussed as a very early reference to *qi* control practices during the Warring States period.

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University of Michigan, Ann Arbor), 265.

<sup>24</sup> Kubo Noritada 1977, *Dōkyōshi* (Yamakawa, Tokyo), 30.

To huff and puff, exhale and inhale, blow out the old and draw in the new, do the ‘bear-hang’ and the ‘bird-stretch’, interested only in long life — such are the tastes of the practitioners of ‘guide-and-pull’ exercises, the nurturers of the body, Grandfather Peng’s ripe-old-agers.<sup>25</sup>

The passage refers to two of the most crucial practices of *yangsheng*: therapeutic gymnastics and breath-regulation.<sup>26</sup> Although the implications of therapeutic gymnastics vary, Hua Tuo 華陀, a legendary physician of the Later Han dynasty, explains its principles and efficacy thus: The human body needs exercise 勞働 (*laodong*), although it should not be taken to extremes. Through movement, it is possible to dissolve the *qi* of cereals, transport the blood, and prevent disease.<sup>27</sup> This is likened to the hinge of a door that never rots [or rusts] because it is constantly in motion. Here, therapeutic gymnastics is described as moderate exercise, which aids the digestion and the circulation of blood around the body thereby preventing disease and achieving longevity. *Daoyin* literally means ‘guiding and pulling’; according to the interpretation in *Zhuangzi*, *dao* 導 refers to inviting external *qi* into the inner body, while *yin* 引 means pulling the body.<sup>28</sup> The medical texts of the early Former Han dynasty recovered from the Mawangdui 馬王堆 burial site also bear witness to the practice.<sup>29</sup> They include the gymnastics chart of forty-four forms 導引圖 (*daoyintu*). In addition, *Houhanshu* 後漢書 (History of the Later Han), tells us that Hua Tuo invented a type of therapeutic gymnastics called ‘the play of the five

<sup>25</sup> *Zhuangzi*, ‘geyi 刻意’, translated by Augus Graham 1981, *Chuang-tzu: The Inner Chapters* (George Allen and Unwin, London), 265.

<sup>26</sup> Sakade 1999, 17-31, 37-47.

<sup>27</sup> *Houhanshu* 後漢書 (History of the Later Han), compiled by Fan Ye 范曄 in 445. Reprint in 1965, Zhonghua shuju, Beijing, 82 *jun* xia, ‘fangshuzhuan 方術傳’, Huatuo 華陀, 2739.

<sup>28</sup> *Zhuangzi*, ‘geyi 刻意’ (*Zhuangzi jijie*, 96).

<sup>29</sup> The Mawangdui burial mound is located in Changsha 長沙, Hunan 河南 province in China. The tomb, closed in 168 BCE (estimated date), was excavated in the early 1970s. For an English translation, see Harper 1998.

animals 五禽戲 (*wuqinxi*)'. This is a form of exercise imitating the movement of five animals: the tiger, deer, bear, monkey, and horse. In these ancient texts, therapeutic gymnastics is understood as a mean of promoting health, and ultimately attaining immortality. As well as being a means of attaining longevity, *daoyin* is also sometimes employed as a medical treatment. With time, the practice became further diversified, and it is closely connected with the growth of Daoism.

Therapeutic gymnastics is more than a mere stretching exercise, as it should involve the practice of breath-regulation, in order to exchange the old *qi* of the inner body for the fresh air that fills Heaven and Earth. Ge Hong's 葛洪 *Baopuzi* 抱朴子 (Book of the master who embraces simplicity, fourth century CE) claims:

Man exists within *qi*, while *qi* exists within the human body, and from Heaven and Earth to the myriad things, nothing is created without *qi*. Therefore one who is good at circulating *qi* is able to attain health for the inner body, while repelling external evil.<sup>30</sup>

There are a number of methods and ways of practice. *Beiji Qianjin Yaofang* 備急千金要方 (Essential prescriptions for urgent need worth a thousand gold pieces, by Sun Simiao 孫思邈 [d. 682]) describes exhaling muddy or turbid *qi* through the mouth, and inhaling pure *qi* through the nose, and the annotations explain that exhaling signifies the removal of the old *qi*, which is also called dead *qi*, whereas inhaling is the intake of fresh *qi*, which is also called live *qi*.<sup>31</sup> In breath-regulation, it is crucial to concentrate on bringing *qi* deep within the body. We find a statement

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<sup>30</sup> *Baopuzi*, compiled by Ge Hong (283-343 CE), early 4th century CE. Reprint 1996, *Baopuzi neipian jiaoshi* 抱朴子內篇校釈 (Zhonghua shuju, Beijing) 'zhili 至理', 114.

<sup>31</sup> *Beiji Qianjin yaofang*, *juan 27* 'yangxing 養性', 'diaoqifa 調氣法', 582.

in the *Zhuangzi*: “True men breathe with their heels 踵息 (*zhong xi*) whilst ordinary people breathe with their throats”<sup>32</sup>.

### Dietetics and abstinence from cereals

What to eat and how to eat is a matter of great importance in preserving one’s health. Abstaining from cereals is based on the notion that one can preserve the purity of *qi* and attain longevity by avoiding the intake of rice, barley, wheat, millet and the like. For instance, *Baopuzi* considers that the dregs of cereals make the intestines dirty, and that this should be avoided in order to gain immortality. It is claimed that people who eat cereals can achieve knowledge, but not longevity.<sup>33</sup> Instead of cereals, drugs made from other plants or minerals are recommended as the ideal diet. This is one of the rules that the would-be immortal has to follow. Dietetics entails prescribing and ingesting those medicines or foods that are believed to be efficacious for maintaining health or prolonging life. Having its roots in the idea of immortality, it largely owes its pharmacological content to *bencao* 本草, the *materia medica* tradition.<sup>34</sup>

Abstinence from cereals, dietetics, and ingesting elixirs are all closely connected with the idea of becoming immortal. A glance at several texts tells us that mineral drugs were commonly prescribed as well as drugs of plant and animal origin. At what point these mineral drugs came to be used as a means to become immortal is

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<sup>32</sup> *Zhuangzi*, ‘dazongshi 大宗師’ (*Zhuangzi jijie*, 37). With reference to ancient physiology, Ishida (1988) tries to analyse this ambiguous statement as more than a mere metaphor. He maintains that “breath by the heel” refers to long, deep breaths, which becomes just possible when we take account of the route of *zong qi*, relevant to respiration, as it is assumed to reach *qi jie* 氣街 (*qi* route) which is located around the ankle. Ishida Hidemi 1988, ‘Shōsoku kō’, in Sakade, 80-115.

<sup>33</sup> *Baopuzi*, *juan* 15, ‘zaying 雜應’, 266.

<sup>34</sup> Akira Akahori 1989, ‘Drug taking and immortality’ in Kohn, 73-97. Ute Engelhardt 2001, ‘Dietetics in Tang China’ in Hsu, 175-191. For the historiography of *bencao* in relation to Daoism, see Kika Matsuki 2000, ‘Honzō to Dōkyō’, in Miura, 79-98.

as yet unknown. However *Wushi'er bingfang* 五十二病方 (Recipes for fifty-two illnesses), a collection of medical recipe texts from Mawangdui, includes mineral drugs that later became drugs for aspiring immortals. The connection of mineral drugs with immortality is also mentioned in *Shennong bencaojing* 神農本草經 (Shennong's *materia medica*) by Tao Hongjing 陶弘景 (456-536). Dietetics embraced the enthusiasm for elixirs. In *yangsheng*, alchemy is twofold: external and internal.<sup>35</sup> With the former, one uses a natural substance to create gold or concoct an elixir that one then takes physically in order to become immortal. The idea is that one receives the eternal *qi* of the macrocosm into oneself by means of other things that are eternal, thereby bringing into play the mutual correlations between nature and man. The trend of external alchemy (*waidan* 外丹) peaked during the Sui and Tang dynasties. In contrast, inner alchemy 內丹 (*neidan*) evolved on analogy with laboratory alchemy from the Tang dynasty onward. Regarding the body as an alchemical furnace, inner alchemy attempts to produce a higher level of purity within the body by refining inner *yin qi* and *yang qi*. As practice, it involves breath-regulation, meditation, and sexual cultivation. For instance, one concentrates the mind on visualising *qi* circulating in the inner body 內觀 (*neiguan*), or on viewing the divinities that reside in one's body 存思 (*zunsi*). By and by, one becomes filled with them.<sup>36</sup> By prolonging the existence of the material body, the Daoists aimed to achieve immortality and transcend physical death. In contrast to the persistence of both the internal and the external forms of alchemy in China, Japanese

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<sup>35</sup> The concept and history of external and internal alchemy is referenced by Fabrizio Pregadio 2000, 'Elixirs and alchemy' in Kohn, 165-195, and 'Inner alchemy' in Kohn, 464-497.

<sup>36</sup> For further detail, see Joseph Needham 1976, *Science and Civilization in China* vol. 5, part 3. *Spagyric Discovery and Invention: Historical Survey, from Cinnabar Elixir to Synthetic Insulin* (Cambridge University Press, Cambridge), Kristofer Schipper 1982, *The Taoist Body* (University of California Press, Berkeley), 152-159 and 174-182. Paul Unschuld 1985, *Medicine in China: a history of ideas* (University of California Press, Berkeley), 109-110, Joseph Needham 1983, *Science and Civilisation in China*, vol. 5, part 5 (Cambridge University Press, Cambridge), 113-167. Miura 2000, 100-255, Ishida 1987, 185-305.

scholars did not show much interest in the alchemical practices.

### Sexual technique

Sexual cultivation 房中術 (*fangzhongshu*) is literally “the art of the bed chamber”. Addressing the treatment of illness and the pursuit of longevity, it developed detailed instructions regarding the positions, frequency, and intensity of therapeutic sexual encounters.<sup>37</sup> Aiming at harmony between *yin qi* and *yang qi*, i.e., female and male, the method is designed, in general terms, to retain semen, the essence of male *yang qi* which can bring about human longevity, through well-regulated sexual intercourse. Among the texts recovered from Mawangdui, *Shiwen* 十問 (Ten questions), *Tianxia zhidao tan* 天下至道談 (Discussion of the highest way under Heaven), and *He yinyang* 和陰陽 (Harmonising yin and yang) all focus on sexual cultivation. In addition, the *Fangji* section of *Yiwenzhi*, the bibliographical treatise of the *Hanshu*, contains a list of many works concerned with sexual cultivation. *Yiwenzhi* explains that the aim of *fangzhong* consists in cultivating life: “If one enjoys it (*fangzhong*) with regulation, it will be moderate and extend the lifespan. On the other hand if people do it excessively so as to neglect themselves, it results in illnesses and damage to life”<sup>38</sup>. The practice involves the man endeavouring to refrain from ejaculation, which results in losing semen, i.e., *jing* the essence. He should take the woman’s finest *qi* (at the moment of orgasm), and return it to the upper *dantian* 丹田 (the elixir field, or the site below the navel), a process that is called “returning essence and replenishing the brain 還精補腦”. Like many

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<sup>37</sup> For the origin, theory, and practices of *fangzhong*, see Douglas Wile 1992, *Art of the Bedchamber* (State University of New York Press, Albany), and Umekawa Sumiyo 2004, *Sex and Immortality: A Study of Chinese Sexual Activities for Better-Being* (Ph.D. Thesis submitted to University of London, School of Oriental and African Studies). Sakade Yoshinobu and Umekawa Sumiyo 2003, *Dōkyō no bōchūjutsu* (Goyōshobō, Tokyo).

<sup>38</sup> *Hanshu*, compiled by Ban Gu 班固, around 100 CE. Reprint in 1996, *Zhonghua shuju*, Beijing, *juan* 30, *Yiwenzhi*, 1779.

other *yangsheng* practices, *fangzhong* is employed not only for the purpose of attaining longevity but also as a medical treatment, especially for sexual disorders like male impotence. Although semen should be retained, the total absence of ejaculation may cause *qi* to stagnate. Moreover by precluding conception, it offends against filial piety, which requires one to leave descendants for the family lineage. Hence *fangzhong* argues that the proper way of ejaculation depends on age and is subject to various taboos on sexual intercourse, related to date, frequency and so forth.

### 1-1-3. *Yangsheng* texts

Now let us survey several *yangsheng* texts with regard to their influence on Japanese *yōjō* culture. Early texts of particular relevance include *Yangshenglun* 養生論 (On cultivating life) by Xi Kang 嵇康 (223-262), *Baopuzi* by Ge Hong, and *Yangsheng yaoji* 養生要集 (Compendium of essentials on cultivating life) by Zhang Zhan 張湛 of the Eastern Jin dynasty (317-410 CE). Although *Yangsheng yaoji* is lost to us today, the fragments preserved as quotations in Chinese and Japanese medical texts enable us to reconstruct the original text to a certain extent. In particular, most of the drugs mentioned in *Baopuzi* are also contained in *Ishimpō* 医心方 (Recipes at the heart of medicine) by Tamba no Yasuyori 丹波康賴 (10th century CE), the oldest extant medical text composed by a Japanese author. *Yangxing yuanminglu* 養性延命錄 (Record of cultivating inner nature and prolonging life) was written by Tao Hongjing 陶弘景 (456-536) during the Liang dynasty (502-557). Tao Hongjing is also known as the author of *Shennong bencaojing* 神農本草經 (Shennong's *materia medica*) and *Zhengao* 真誥 (Declarations of the perfected), the latter a work of twenty sections which discusses Daoist doctrine and his view of



nature.

By the Tang period, most *yangsheng* practices of which we know today had more or less fully evolved. *Beiji qianjin yaofang* incorporates a compilation of preceding thought and practice in addition to material by Sun Simiao himself. Sun Simiao wrote two separate *yangsheng* texts at different times in his life, the first being *Qianjinfang* 千金方 (Prescriptions worth a thousand gold pieces), and the second *Qianjin yifang* 千金翼方 (Revised prescriptions worth a thousand gold pieces). Volume 27 of *Qianjinfang* contains eight sections that are relevant to *yangsheng* : General overview 養性第一, Daoist *yangsheng* 道林養性第二, Dwellings 居處法第三, Massage 按摩法第四, Breath-regulation 調氣法第五, Dietetics 服食法第五, Prohibitions of the Yellow Emperor 黃帝雜忌第八, and Sexual techniques 房中補益第八. Chapter 14 of the *Qianjin Yifang*, entitled *tuiju* 退居 (retired life), describes the ideal way for an official to live a retired life. It includes such matters as how to select land and build a house, taking drugs, dietetics, gymnastics and bathing, the use of incense, the making of medicines (prescriptions and cultivation of herbs), and various incantations. In Chapter 12, “great examples of cultivation of the old 養老大例第三” and “dietetics of cultivation for the elderly 養老食療方四” are discussed from the standpoint of filial piety. Sun Simiao lays heavy emphasis on the importance of dietetics for nurturing the elderly.

These texts cover a wide range of everyday activities, from eating to sleeping, from disciplining the self to deciding where to live. *Yangsheng* here is not a mere collection of medical and pharmacological techniques; rather, it represents a systematised body of knowledge in which such diverse elements as medicine, pharmacology, topography, religion, customs, and ancient Chinese folklore are all interwoven. Sun Simiao's teaching exerted a great influence in Japan, where many

reprints and annotated editions of *Beiji qianjin yaofang* were published. A bibliographical investigation by Mayanagi (1994) reveals that *Qianjinfang* was imported eighteen times in the course of the Edo period, ranking seventh highest among all imported Chinese medical texts. *Qianjinfang* was reprinted as many as twelve times during the Edo period.<sup>39</sup> Kaibara Ekiken, the author of *Yōjōkun*, mentions Sun Simiao as “the founder of cultivating life, who wrote *Qianjinfang*. It establishes the principles of all things for both the art of cultivating life and medicine”.<sup>40</sup>

From the Song dynasty onwards, the art of *yangsheng* underwent further change. The literati, who showed much interest in the high arts, enjoyed a lifestyle that laid emphasis on leisure. For instance, *Shouqin yanglao xinshu* 壽親養老新書 (New text for the longevity of parents and cultivation of the old), by Zou Xuan 鄒鉉 of the Yuan dynasty (1271-1368), was quite popular in its time, and was often quoted in Edo-period Japan as well.<sup>41</sup> Many of the main texts listed above are included in *Daozang* 道藏 (the Daoist canon), compiled during the Ming dynasty (1368-1644) when the publication of *yangsheng* texts reached its peak. In the reign of Emperor Shenzong 神宗 (reigned 1563-1620), Hu Wenhuan 胡文煥 compiled sixteen *yangsheng* texts, which he published as *Shouyang congshu* 壽養叢書 (The Collection on longevity and cultivation). *Zunsheng bajian* 遵生八牋 (Eight discourses on respecting life, 1591) by Gao Lian 高濂, and *Shesheng zongyao* 攝生總要 (General outline for regulating life) by Hong Jiuyou 洪九有 also appeared in

<sup>39</sup> Mayanagi Makoto 1997, ‘Edoki torai no chūgoku isho to sono wakoku’, in Yamada and Kuriyama, 324-334. For bibliographical studies relating to manuscripts and transcriptions in Japan, see Kosoto Hiroshi 1989, ‘*Senkinhō* shoshi gaisetsu’, in Shinohara, 17-39.

<sup>40</sup> *Yōjōkun*, 133. Regarding the religious thought and medical views of Sun Simiao, see Sakade 1999, 246-282. Miyashita Saburo (et al.) 1974, *Kampō igaku no genryū- Senkinhō no sekai o saguru* (Mainichi Shinbunsha, Tokyo). Miyashita Saburō 1989 ‘Nihon e kita Son Shibaku’, in Shinohara, 3-16. *Zhonghua Yishi zazhi* (1982), vol. 13:1 and vol.13:2.

<sup>41</sup> Miura Kunio 1988. ‘Bunjin to yōjō — Riku Yū no baai’. In Sakade, 379-427.

the Ming. As time went by, *yangsheng* practice came to pursue not merely the cultivation of the body, the prevention of diseases and the prolongation of life; it further embraced a whole range of activities to enrich both body and spirit. In so doing, *yangsheng* culture was elevated to a systematic art and philosophy of how to live a life of better quality.<sup>42</sup>

In importing these Chinese texts, the physicians and philosophers of Edo-period Japan must have come across the concepts of refined living elaborated by the Song and Ming literati.

Finally we need to mention Korean medicine, which also received many Chinese influences, and became a highly developed medical system in its own right. In particular, one should note *Dong'eui Bogam* 東医宝鑑 (The precious mirror of Eastern medicine, 1610), written by Heo Jun 許浚, a court physician in the service of King Sonjo during the seventeenth century. Displaying a rich knowledge of medicine from the Chinese classics, including the subject of *yangsheng*, it was highly appreciated in Japan, too.<sup>43</sup>

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<sup>42</sup> For example, taking the example of *Zunsheng bajian*, Chen (2009) examines how *yangsheng* came to dominate the lifestyle of the literati elite in the late Ming. Reflecting the flourishing material culture of the times, Gao Lian considers such subjects as furniture, artefacts, horticulture, travel, and haute cuisine as essential parts of *yangsheng* practice. Chen, Hsiu-fen 2009, 'Nourishing Life, Cultivation and Material Culture in the Late Ming: Some Thoughts on Zunsheng bajian (Eight Discourses on Respecting Life, 1591). *Asian Medicine* 4 (2009), 29-45.

<sup>43</sup> The introduction of *Dong'eui Bogam* to Japan was largely championed by Tokugawa Yoshimune 徳川吉宗, the eighth shogun of the Tokugawa regime (ruled 1716-1745), who showed a keen interest in Korean medicine. Nukii Masayuki 2007, 'Higashi Asia no bunka kōryū-Kyo Shun [Tōi hōgan] to Nihon no juyō'. *Nagoya gaikokugo daigaku gaikokugo gakubu kiyō*, No. 33: 75-95.

## 1-2. Cultivation of life culture in Japan

### 1-2-1. From antiquity to the early seventeenth century: Phase of imitation

In contrast to the popularity of *yōjō* in the Edo period, as evidenced by the enormous number of published cultivating-life texts, and the growing interest of modern scholarship in this phenomenon, the situation in the preceding era has received far less attention from historians. This is mostly due to the relatively small number of extant texts.<sup>44</sup>

It was around the fifth century CE that Japan began to receive mainland medicine through contacts with Korea. From the seventh century onwards, Japanese medical knowledge and practice further benefited from direct transmission from China. The emergence of medical texts of Japanese authorship begins in the early ninth century. The earliest known medical texts referring to *yōjō* practice include *Daidō Ruijuhō* 大同類聚方 (Classified collected prescriptions of great unity, 808) by Izumo no Hirosada 出雲廣貞 and Abe no Manao 阿部真直<sup>45</sup>; *Kinranhō* 金蘭方 (Golden orchid prescriptions, 868) by Sugawara no Minetsugu 菅原芑嗣<sup>46</sup>; *Setsuyō yōketsu* 撰養要訣 (Essential formulas of cultivating life, 827) by Mononobe no Kōsen 物部廣泉, consisting of twenty chapters<sup>47</sup>; and *Yōjōshō* 養生抄 (Extracts on cultivating life, 877) by Fukane no Sukehito 深根輔仁<sup>48</sup>. Of these texts, *Yōjōshō*

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<sup>44</sup> The historical background of *yōjō* culture in its early days is largely based on preceding scholarship. Sakade Yoshinobu 1989, 1-16. Hattori Toshiro 1964, *Kamakura igaku no kenkyū* (Yoshikawa Kobunkan, Tokyo), 335-383. Hattori Toshiro 1980, *Heian jidai igaku no kenkyū* (Kagaku shoin, Tokyo), 129-162. Yoshimoto Shōji 1994, *Yōjō gaishi-Nippon hen* (Idō no Nihonsha, Tokyo), 3-140, 263-266.

<sup>45</sup> Iwanami shoten (ed) 1990, *Kokusho sōmokuroku:hotei ban* (Iwanami, Tokyo), vol.5, 449-450.

<sup>46</sup> Iwanami shoten (ed) 1989, *Kokusho sōmokuroku:hotei ban* (Iwanami, Tokyo), vol. 2, 620.

<sup>47</sup> *Kokusho sōmokuroku:hotei ban*, vol.5, 171.

<sup>48</sup> Iwanami shoten (ed) 1990, *Kokusho sōmokuroku:hotei ban* (Iwanami, Tokyo), vol.7, 884.

and *Setsuyō yōketsu* are lost to us today. Although Japanese medicine at that time more or less followed the pattern of contemporary China, aspects of the On-myōdō 陰陽道 (The Way of Yin and Yang) — evolved from astrology, and interwoven with magico-religious features — are also noticeable in practices like exorcism<sup>49</sup>. The thinking of *yōjō* was largely Daoist in flavour, reflecting cultural trends in Sui and Tang China. However this Chinese-oriented medicine circulated mainly among the aristocracy and the imperial court, and little is known about the medical scene among the population at large.

*Ishimpō* is the oldest extant work on Japanese traditional medicine, written by Tamba no Yasuyori (912-995) and presented to the Emperor Enyū 円融 in 984.<sup>50</sup> We find the greatest value of *Ishimpō* to lie in the substantial number of quotations and extracts from Chinese medical classics, some of which were lost early on in China proper. The quotations contained in *Ishimpō* come from 204 different ancient sources, and help with reconstructing the original shape of the lost texts.<sup>51</sup>

References to *yōjō* techniques are scattered throughout the text of *Ishimpō*. Chapters 19 and 20 discuss the applications of mineral drugs and their problems. Chapter 26 deals with various methods, including abstaining from cereals. Chapter 27 consists mainly of instructions on how to achieve longevity and well-being. Chapter 28 discusses the sexual cultivation necessary to attain immortality, and Chapter 29 is on dietetics. The contents of Chapter 27 on *yōjō* are divided into eleven sections: general overview 大體, the valley spirit, i.e. cultivating the spirit 谷神, cultivating the body 養形, breath-regulation 用氣, therapeutic gymnastics 導引, activating the mind, i.e. daily regimen 行心, sleep 臥起, proper language 言語,

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<sup>49</sup> It was believed that the exorcism of an evil spirit or demon would cure illnesses. Many thoughts and practices of On-myōdō resonate with Buddhism, astronomy, astrology, Daoism, Confucianism, and folklore.

<sup>50</sup> *Ishimpō*, by Tamba no Yasuyori (984), reprint 1955 (Renmin weisheng chubanshe, Beijing).

<sup>51</sup> Hattori 1980, 139-140.

clothing 服用, dwellings 居處, and various prohibitions 雜忌. Tamba no Yasuyori does not use his own words to express ideas and practices, but entirely relies on quotations.

Despite great similarities to Chinese *yangsheng* practice, Sakadé (1989) demonstrates that certain efforts have been made by the compiler of *Ishimpō* to construct chapters that reflect his own views.<sup>52</sup> For instance, Chapters 19 and 20 discuss the ingestion of mineral drugs, but unlike many Chinese texts with a religious orientation, *Ishimpō* also points out the poisonous nature of some of the prescriptions and registers a strong objection to their use. Furthermore, the discussion of longevity treatments in Chapter 27 omits all mention of ingesting mineral drugs. The fact still remains that mineral drugs were very popular at the Japanese court during the ninth and tenth centuries<sup>53</sup>. Yet the suspicion of mineral drugs recorded in *Ishimpō* probably marks the first separation from Chinese influence. In Chinese *yangsheng* tradition, the trend of *waidan* (i.e., mineral drugs) peaked during the Sui and Tang dynasties. However, it is generally said that the later rise of *neidan* within the *Shangqing* 上清 Daoist sect was a reaction to growing knowledge of the dangers of *waidan* (often sulphur poisoning).<sup>54</sup> The exact reason for this abandonment of *waidan* in Japan is not clear. However, as the practice of *waidan* is fundamentally inseparable from the idea of immortality, the lack of emphasis on

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<sup>52</sup> Sakade 1989, 5-9. Yamada (1997) demonstrates that in quoting the first pathological text in China, *Zhubing yuanhou lun* 諸病源候論 (Causes and symptoms of medical disorders, by Chao Yuanfang 巢元方, Sui) (hereafter referred to as *Yuanhou lun*), *Ishimpō* almost always omits the parts on vessels theory, which is an indispensable element in Chinese medicine. Yamada Keiji 1997 'Nihon igaku koto hajime', in Yamada and Kuriyama, 3-36. I used the *Zhubing Yuanhou lun* 諸病源候論, By Chao Yuanfang 巢元方 610. Reprint 1991, edited by Ding Guangdi (Renmin weisheng chubanshe, Beijing).

<sup>53</sup> Fujikawa 1952, *Nihon igaku shi* (reprint 1972, Iji tsūshinsha, Tokyo), 87-89.

<sup>54</sup> However, Sakade (1988) claims that the development of *neidan* (inner alchemy) is not only due to the realisation of elixir ingestion as poisonous, but is closely related to the idea of *neiguan* 內觀 (internal visualisation) after the Song dynasty. Sakade Yoshinobu 1988 'Zui, Tō jidai niokeru fukutan to naikan to naitan', in Sakade, 566-599. On the rise of *neidan* after the Song, see Azuma Jūji 1988 'Goshin-hen no naitan shisō' in Sakade, 600-627.

immortality in Japanese *yōjō* (especially after the Edo period) may have something to do with this difference.

The subsequent centuries saw very little writing on the subject of *yōjō* after *Ishimpō*, and what few texts there are do not go beyond the replication of Chinese practices. Major *yōjō* texts known to us today are *Chōsei ryōyōhō* 長生療養方 (Methods for longevity, 1184) by Shakurenki 釈蓮基, *Eisei hiyōshō* 衛生秘要抄 (Secret notes for cultivating life, 1287 or 1288) by Tamba no Yukinaga 丹波行長, and *Kanen yōshō* 遐年要抄 (Important notes for one's spending years, 13th century) by Tamba no Tsugunaga 丹波嗣長. They are all written in *kanbun* (i.e., Chinese as written by the Japanese), and are more or less similar to *Ishimpō* in contents. *Kissa yōjōki* 喫茶養生記 (Drinking tea and cultivating life, 1215) by Eisai 榮西, belongs to the same period. It refers to methods of drinking tea in relation to *yōjō* practice. Eisai was a priest who went to China to study Buddhism; on returning to Japan, he founded the Rinzai 臨濟 Zen sect as well as introducing the custom of tea-drinking. Two further texts from the period spanning the Kamakura 鎌倉 (1192-1333) era and the Muromachi 室町 (1392-1573) era are *Fukudenhō* 福田方 (Prescriptions of the fields of blessedness), written by a Buddhist priest Yūrin 有鄰 around the 1360s (the exact date is unknown); and *Enju ruiyō* 延壽類要 (Classified methods of prolonging life, 1456) by Takeda Shōkei 竹田昭慶, which consists of quotations from the Chinese *Yangsheng yaoji*.

From the late fifteenth to the early seventeenth century was the Age of Civil Wars. Through a succession of armed conflicts, medicine developed, out of necessity, both in theory and practice. In contrast to the absence of *yōjō* writings from the twelfth to the fourteenth centuries, many *yōjō* texts were composed. For instance, Manase Dōsan 曲直瀬道三 (1507-1597) wrote *Yōjō hishi* 養生秘旨 (Esoteric

instructions of cultivating life) and *Jufuku shichichin* 寿福七珍 (Seven marvels of longevity and happiness), both on the subject of *yōjō* techniques. *Yōjō monogatari* 養生物語 (The tale of cultivating life) is said to be the work of his adopted son, Manase Gensaku 曲直瀬玄朔 (1598-1631), who also wrote *Enju satsuyō* 延寿攝要 (Assembled essentials of extending life), published in 1599. Although *Enju satsuyō* does not depart radically from the account given in *Ishimpō*, the emphasis on cultivating the mind is noteworthy.<sup>55</sup>

Nagoya Gen'i 名古屋玄医 (1628-96) was the founder of *Koihō* 古医方 (the Classic School), which particularly advocated clinical experimentation and empiricism. He paved the way for the new characteristics of Japanese *yōjō* theory with his criticism of Daoism in *Yōjō shuron* 養生主論 (Main theory of cultivation of life). *Kokon yōjōroku* 古今養生録 (Record of nurturing life through the ages, 1692) by Takenaka Tsūan 竹中通庵 belongs to around the same time. Quoting a substantial number of texts from various historical periods as its title suggests, it is tantamount to an encyclopaedia of *yōjō* practice.

To summarise *yōjō* practice before the Edo period, all in all it rarely diverged from the pattern established by *Ishimpō*, which was largely based on medical trends in China. However, as the centuries passed, some deviations from Chinese practice arose. For instance, Japanese texts tend not to assign an important role to mineral drugs, abstinence from cereals or alchemy. In China, *yangsheng* practices are closely associated with longevity and immortality, as they proceed from religious thought and philosophical tradition, especially Daoism. But such religious zeal was not entirely shared in Japan. Rather, the desire to attain immortality was to some

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<sup>55</sup> Eisei 6: 265-267. (6th volume of the *Eisei bunko* 衛生文庫, page 265-267). *Eisei bunko* is an anthology of cultivating life texts, which was published by *Kyōiku shinchō kenkyūkai* between 1917-1918. It consists of six volumes, containing forty-four texts, mainly of the Edo period. Hereafter Eisei alone is used to indicate this source of information, followed by volume and page numbers.



extent replaced by the concern for temporal welfare, i.e., how to achieve well-being.

### **1-3. *Yōjō* culture during the Edo period: review of the literature**

I have digested the words of the ancients, transmitted the will of the ancients, and developed them. I have also heard many things from my seniors. Where I have experimented by myself and found certain practices efficacious, I have referred to them, even though they are merely my supposition. This is the crux of cultivation of life (epilogue of the *Yōjōkun* [Kaibara, Ekiken, 1713])<sup>56</sup>.

As people's interest in health grew around the sixteenth century, *yōjō* writers gradually began to present their own views of life. The rise in the number of *yōjō* texts from the Edo period onward is spectacular, and it is estimated that no fewer than two hundred *yōjō* texts were appeared.<sup>57</sup> These texts not only functioned as a medium for the transmission of information about health, but also reflected their authors' religious, philosophical or ideological thinking. Edo-period *yōjō* culture truly bloomed with the appearance of *Yōjōkun* by Kaibara Ekiken, which indeed brought the genre to new heights of complexity and artful technique. The text not only brings together a highly substantial body of knowledge on *yōjō* drawn from earlier sources in both China and Japan, but also provides a philosophy of how to live one's life into which the author's experience and personal views are fully integrated. So influential and popular was this work that it was reprinted more than ten times in succession, and it has retained an unchallenged position from the author's time till the present day. Almost no *yōjō* text published after *Yōjōkun* is free

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<sup>56</sup> *Yōjōkun*, 174.

<sup>57</sup> Tsukamoto Akira 1995, 'Ken'yaku to yōjō', in Yokoyama, 305.

from its influence, and many scholarly works on *yōjō* culture mention *Yōjōkun* as a prototype of the (early) Edo-period *yōjō* text. After *Yōjōkun*, the upsurge in *yōjō* culture peaked in the early nineteenth century, and approximately forty percent of the extant Edo-period *yōjō* texts date from that time, including the annotated text, *Byōka suchi*. What kind of cultural phenomenon was *yōjō*? And what brought it such popularity? To answer these questions, it is necessary to be aware of the methodologies of preceding scholarship, which have made it possible to reconstruct the historical significance of Edo-period *yōjō* culture.<sup>58</sup>

### 1-3-1. How should one live one's life?

One of the most distinctive features of Edo-period *yōjō* culture is the emphasis on “how one should live one's life”. Rather than pursuing “how to stay alive”, i.e., longevity and immortality, it became more concerned with the quality of life. Of course life is priceless: as *Chōmei eiseiron* 長命衛生論 states, “Life cannot be replaced by any money or jewels. Longevity is the best happiness of all”<sup>59</sup>. However in the late Edo period the tendency to pursue the enrichment of one's life rather than attempting to lengthen it became more apparent than ever. For instance, Suzuki Akira 鈴木 辰 in *Yōjō yōron* 養生要論 (Crux of cultivating life, 1834) maintains that longevity “mostly depends on luck”<sup>60</sup>, and explains his version of what *yōjō* practice should aim at.

People use the expression “to forge”: By heating and striking repeatedly, one

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<sup>58</sup> Tatsukawa Shōji 2001, *Yōjōkun ni manabu* (PHP, Tokyo). Yoshimoto Shōji 1994, *Yōjō gaishi-Nippon hen* (Idō no Nihonsha, Tokyo). Takizawa Toshiyuki 1998, *Kenkō bunkaron* (Taishūkan, Tokyo), and 2001, *Yōjō no Tanoshimi* (Taishukan, Tokyo).

<sup>59</sup> *Chōmei eiseiron*, 上 jō-1.

<sup>60</sup> Eisei 1: 107.

forges a sword. By soaking in water, hitting and drying, one forges [dresses] leather. Associating with good people, being buffeted by wicked people, undergoing troubles, hardship, worry and fear, one forges one's mind. Suffering from cold and heat, going through trials and tribulations, working diligently and selflessly, one forges one's body.<sup>61</sup>

This passage asserts that the crux of *yōjō* lies in facing the realities of life, and in managing to endure them. It does not necessarily prolong one's lifespan or bestow greater health. This attitude wrought a certain change in *yōjō* practice. Whether good or bad, enjoyable or hard, the way of *yōjō* tries to see meaning in all the incidents and actions of life, and practice thus becomes extended to every aspect of life. I would like to examine this tendency from two perspectives: firstly, deviation from the Chinese *yangsheng* tradition, and secondly, the expansion of *yōjō* practices and concepts.

### **1-3-2. Detachment from the Chinese *yangsheng* tradition**

As Edo-period *yōjō* culture evolved its own features in the process of detachment from Chinese *yangsheng* tradition, interest in Daoist-oriented practices faded. In the previous section, we surveyed five major *yangsheng* practices: breath-regulation, therapeutic gymnastics, abstinence from cereals, dietetics, and sexual cultivation. In contrast, Edo-period *yōjō* culture shows less interest in abstinence from cereals and sexual cultivation; moreover, alchemy 練丹 is rarely mentioned. *Yōjō yōron* is extremely critical of Daoism:

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<sup>61</sup> Eisei 1: 130-131.

The dietetics 服食, internal visualisation 內觀, and breath-regulation 吐納 of Daoism are absurd... Since the time of Qin and Han, *hōshi* 方士 (*fangshi*, the men of skills), those who talk about the art of immortality all talk nonsense.<sup>62</sup>

Firstly, in contrast to the practice of abstaining from cereals to avoid muddy *qi*, most Edo-period *yōjō* texts acknowledge the significance of cereals as a principal food. For instance *Yōjōdan* 養生談 (Argument of cultivating life, Tani Ryōkan 谷了閑, 1801) argues for the benefits of cereals: “One exercises and uses up vital essence day and night. But vital essence is not exhausted, because it is nourished by the *ki* of cereals. If the *ki* of cereals runs out, vital essence also dies out.”<sup>63</sup> *Byōka suchi* also explains that there is no reason for the Japanese to eat heavy animal meat, “The rice and cereals of our country are better than those of any other country. The rice that we usually eat is most excellent in taste and rich in nourishment compared with foreign products”.<sup>64</sup> There was controversy over the consumption of animal meat, but the authors of Edo-period texts generally accept cereals (rice, barley, wheat, millet, and so on) as staple foods for dietetic purposes. Their central concern is revealed in remonstrations against excessive eating, and they mostly discuss cereals from a digestive and nutritional standpoint, but not in relation to the idea of immortality.

Secondly, *Yōjōkun* describes the way of replenishing *jing* (精 *sei* in Japanese) essence by sexual cultivation, as set forth in *Beiji Qianjin yaofang*. The author,

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<sup>62</sup> Eisei 1:107-8.

<sup>63</sup> Eisei 3:60.

<sup>64</sup> *Byōka suchi*, fascicle 2, page 2 (hereafter, BS alone is used to indicate the source of information, followed by fascicle and page numbers, e.g. BS 2: 2). Fascicles 1-4 were published in 1832, and fascicles 5-8 were published in 1834. *Byōka suchi* 病家須知 by Hirano Jūsei 平野重誠 1832. Facsimile 1998. Annotated by Sakurai Yuki. *Edojidai josei bunko* vol. 95, 96 (Taikūsha, Tokyo).

Kaibara Ekiken, admits the efficacy of this as a method to preserve essential *ki* (*qi* in Chinese) without suppressing uncontrollable sexual desire.<sup>65</sup> However, most Edo-period *yōjō* authors after *Yōjōkun* disapproved of sexual cultivation for various reasons. Some considered it neither plausible nor possible, “It (sexual cultivation) is absurd and unreasonable (*Yōjōketsu* 養生訣 Formula of cultivating life, by Ōnei koji 桜寧居士, 1835).”<sup>66</sup> Others criticised it as selfish. There were also those who censured Kaibara Ekiken, although it is not certain if he himself carried out sexual cultivation.

*Qianjinfang* includes sexual cultivation, saying that this practice brings longevity...This is all nonsense begun by Daoism, and nothing but absurdity. Just because a man wants to become immortal, how can he trouble and exploit one hundred and twenty women? It is absolutely against benevolence...How could Master Kaibara employ this practice, speaking as if it were plausible? It is very unlike him (*Yōjō yōron*).<sup>67</sup>

On the other hand *Chōmei eiseiron* exhibits a lenient attitude towards sex, writing “No one in the world dislikes it (sexual pleasure 色欲)... It should be fascinating and entertaining”.<sup>68</sup> Nonetheless there is no mention of the techniques of sexual cultivation. This text tolerates human desire as long as it remains within the framework set by the author. As these texts demonstrate, sexual intercourse is often discussed in terms of credibility, morality and asceticism, but not as a mean of cultivation by acquiring essential *ki* from partners.

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<sup>65</sup> *Yōjōkun*, 98-99.

<sup>66</sup> Ōnei koji is one of Hirano Jūsei's pen names.

<sup>67</sup> *Eisei* 1: 127.

<sup>68</sup> *Chōmei eiseiron*, jō-10.

Breath-regulation remains the important topic in many Edo-period *yōjō* texts. In particular, breath-regulation combined with meditation is highly recommended as a way of calming the mind and preserving the body in *Yasen Kanna* 夜船閑話 (Idle talk on a night boat, 1757) by Hakuin 白隠 (1685-1768), who contributed much to the rise of the Rinzai 臨濟 Zen sect of Buddhism.<sup>69</sup> The term *dōin* 導引 (*daoyin* in Chinese) also appears in many *yōjō* texts. However, in contrast to the Chinese versions of therapeutic gymnastics, Japanese *dōin* is presented more as massage 按摩 or various kinds of “work”, from physical exercise to one’s family profession, as a means of making *ki* circulate within the body. The idea of vocation as *yōjō* practice will be discussed later. Relatively few texts present the kind of therapeutic gymnastics with yoga-like movements such as stretching and swaying that we typically find in the Chinese *yangsheng* texts.

In *Yōjōkun*, the influence of Chinese tradition can be seen in the author’s advocacy of *Qianjinfang*, in addition to his acceptance of sexual cultivation. Kaibara Ekiken notes approvingly that almost all later *yōjō* texts have their theoretical basis in Sun Simiao’s *Qianjin yaofang* and *Qianjin yifang*.<sup>70</sup> This high regard for the text is one thing, but approval of Daoism seems quite another. *Yōjōkun* acknowledges the efficacy of sexual cultivation as a way of preserving health, but does not mention longevity or immortality. Rather Kaibara shows his disapproval of Daoism by describing Sun Simiao as “a man of occultism 異術 who was fond of Laozi and Zhuangzi”.<sup>71</sup> He criticises the idea of immortality as not being the Way that a man of virtue should follow, “Men who master the art of immortality are inclined to

<sup>69</sup> Eisei 2:221-244.

<sup>70</sup> It is mentioned in Ekiken’s letter to Takeda Sadanao. Kyūshū shiryōkankōkai 1959. *Ekiken shiryō* 5 (Kyūshū shiryōkankōkai, Fukuoka), 3.

<sup>71</sup> *Yōjōkun*, 133. It is usually said that Sun Simiao was a man of Daoism as well as medicine. Yet a few recent studies have also revealed the fact that he advocated Buddhism. See Yamazaki Hiroshi 1981, *Chūgoku Bukkyō, bunkashi no kenkyū* (Hōzōkan, Kyoto) Chapter 10, and Kamata Shigeo 1965, *Chūgoku Kego shisōshi no kenkyū* (Tokyo University Press), Part 2:1 appendix.

cultivating *qi*, and do not like reasons. Hence they abandon the proprieties and do not perform service".<sup>72</sup>

Mugitani (1995) examines *Yōjōkun*, showing that disenchantment with the idea of immortality dates back even earlier.<sup>73</sup> *Yōjōkun* is edited and reconstructed from Kaibara's earlier *yōjō* text *Isei tenyō* 頤生輯要 (Essentials of cultivating life)<sup>74</sup>, and nearly thirty years lie between the publication of these two works. *Isei tenyō* consists of a general discussion 總論, followed by sections on cultivating the mind 養心氣, moderation in eating and drinking 節飲食, refraining from sexual desire 戒色欲, circumspection in daily conduct 慎起居, harmony with the four seasons 四時調攝, therapeutic gymnastics and breath-regulation 導引調氣, taking medicines 用藥, moxibustion 灸法, taking care of the old 養老, cherishing children 慈幼 and the taste for pleasure 樂志. There is also an appendix on the desire for descendents 求嗣. *Isei tenyō* makes almost no mention of such Daoist-oriented practices as abstinence from cereals 辟穀, meditation (內丹存思 or 胎息), elixirs 鍊丹, or sexual cultivation 房中.

By the time he came to write *Yōjōkun*, Kaibara chose to dispense with other sections as well, including daily conduct, harmony with the four seasons, therapeutic gymnastics and breath-regulation. The later work contains a general discussion 總論 上下, followed by sections on eating and drinking 飲食上下, drinking alcohol 飲酒, drinking tea, with an appendix on smoking 飲茶附煙草, refraining from sexual pleasure 慎色慾, the five senses (proper conduct) 五官, urination and defecation 二便, bathing 洗浴, preventing illness 慎病, selecting physicians 揆医, using medicines 用藥, taking care of the old 養老, raising children 育幼, acupuncture 鍼,

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<sup>72</sup> *Yōjōkun*, 42-43.

<sup>73</sup> Mugitani 1995, 243-246.

<sup>74</sup> Modern scholars consider that *Isei tenyō* was initially written by Kaibara's pupil, Takeda Sadanao 竹田定直, and later edited by Kaibara. Mugitani 1995, 242.

and moxibustion 灸法. The division into sections reflects the author's intention to make the text suitable for everyday practice. Drinking alcohol and tea has become independent of dietetics, and the sections concerning daily hygiene are newly added. In *Yōjōkun*, the human body is seen as “weak and fragile”, just like “the flame of a candle in the wind”<sup>75</sup>, and the actual contents mostly centre on instructions for everyday activities and behaviour. Of course it is not the case that Edo-period *yōjō* texts ignore longevity completely, but interest in immortality tends to decrease as time goes by. Instead the chief practice of *yōjō* shifts to the preservation and good management of mortal life.

### 1-3-3. Expansion of practices and concepts

#### Art of *yōjō*

The application of *yōjō* practices expanded to take in every possible aspect of life, and the range of subjects addressed in the texts became much wider and more diverse. *Yōjō* texts began to cover not only physical and mental health, but also the social, financial and cultural aspects of life. For instance *Yōjōben* 養生辨 includes a wide range of social activity as *yōjō* practice, including physiognomy, economy, running a household, professional work, human relationships, morality and so on.

At the end of this book, such worldly topics as physiognomy, hidden virtue, and marriage are treated. This may seem like abandoning the true intention of cultivating life. However, in cultivating life, there exists both inner cultivation and outer cultivation. The inner kind refers to moderation, to refraining from such things as eating, drinking and sexual pleasure in order to prevent illness.

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<sup>75</sup> *Yōjōkun*, 32.



On the other hand, the outer kind indicates carefully examining and become aware of one's position, leading descendants to filial piety by accumulating hidden virtues, and harmonising husband and wife by improving one's marriage. The crux of moderation is to correct one's outer behaviour, thereby preventing oneself from receiving harm from others... Even if one masters the methods of inner cultivation, it is difficult to fulfil one's heaven-given lifespan if one loses the way of outer cultivation.<sup>76</sup>

The author claims that “inner cultivation 内養生” refers to practice for the sake of bodily health, while “outer cultivation 外養生” refers to social and cultural behaviour relating to morality and relationships. *Yōjō* practice extends literally to every action of life. *Yōjōkun* presents as *yōjō* practice detailed instructions for daily conduct which aim at building proper templates for one's behaviour. For instance, in order to prevent the legs from going to sleep, one should “wiggle and flex the big toes vigorously and repeatedly” before trying to stand up.<sup>77</sup> Or when one boils water to make tea, “when the water starts coming to the boil, some cold water should be poured in”,<sup>78</sup> and so on and so forth. These set patterns are all called “arts 術 (*jutsu*)”. It is considered that arts, the forms learned through bodily experience, also regulate the mental state. For Kaibara, “art (*jutsu*)” means such things as agriculture, crafts, literature, tactics, cookery; they are all the products of “arts”, not just of Confucianism.

There are all sorts of human accomplishments. We call an art the way in which

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<sup>76</sup> *Yōjōben*, shohen 初編: jō 上, 4.

<sup>77</sup> *Yōjōkun*, 107.

<sup>78</sup> *Yōjōkun*, 95.

an accomplishment is perfected. All accomplishments require that an art should be learned to perfection. Nothing can be done without knowledge of the art of it. Even minor, mean accomplishments are impossible unless one learns the art they involve.<sup>79</sup>

This passage suggests that *Yōjōkun* considers *yōjō* as the art of techniques for preserving life and disciplining the body, thereby managing body *ki* in various ways. Kitazawa (2000) explains that *jutsu* (art) in *yōjō* practice implies the quality of action and requires a certain training and sophistication. Whatever the *yōjō* practice may be, from walking to eating to pursuing one's occupation, one needs to carry it out repeatedly until it becomes second nature. Through the process of overcoming one's desires or difficulties, the practice gradually comes to feel natural. Only when one can do it without any intentional effort, does the movement for the first time reach the height of elaboration that deserves to be called "art".<sup>80</sup>

Both good and bad are the result of habit. It is the same with self-regulation in cultivating life and performing one's duty. Both accomplishing one's duty diligently and suppressing one's desires in order to maintain self-restraint – if one makes an effort to practise, these good things will eventually become habitual. They become natural and no longer cause pain.<sup>81</sup>

This suggests that a concern for proper forms and habitual training resulted in *yōjō* practice becoming more involved with bodily experience than with the mind. Commitment to the physical body is also found in *Byōka suchi*, which explains the

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<sup>79</sup> *Yōjōkun*, 36.

<sup>80</sup> Kitazawa Kazutoshi 2000, "*Kenkō*" *no Nihonshi* (Heibonsha, Tokyo), 171-176.

<sup>81</sup> *Yōjōkun*, 52.

methods of breath-regulation and walking as a step towards “harmonising the mind through form”.<sup>8283</sup>

In associating education with *yōjō*, *Yōjō hitokotogusa* 養生一言草 (A word about cultivating life, 1824) epitomises the expansion of *yōjō* in terms of both practice and concept. The author, Yasumi Keizan 八隅景山, considers that the crux of *yōjō* lies in applying it in various cultural activities in daily life. He claims that, from clapping hands to playing with balls, dolls, and kites, all children’s play may be regarded as *yōjō* practice. Calligraphy, study, etiquette, archery, horse riding, swimming, fencing, martial arts, reciting – these are all the initial and indispensable means of developing one’s nature and ability.

We usually employ teachers and have children start learning from the age of six or seven... Children first learn the alphabet, the numbers from one to ten, and the directions of north, south, east and west. It is the initial step of *yōjō* to learn such things.

In the quotation above, “*yōjō*” appears to be almost synonymous with “way” or

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<sup>82</sup> BS 1: 13.

<sup>83</sup> Tsujimoto associates the focus on the body in *yōjō* practice with the dissolution of Neo-Confucianism among Edo Confucians including Kaibara Ekiken. Zhu Xi 朱熹 (1130-1200) employed the notion of *li* 理 (principle), which belongs to the metaphysical in contrast to *qi* which belongs “below physical form”. Viewing *qi* as a manifestation of *li*, *li* becomes an ultimate reality, which is metaphysically transcendent and prior to any physical form in time and space. In discussing the human body, the idea of *li* gives heavy weight to the priority of mind over the body. Regarding the influence on *yangsheng* practice, mind cultivation is given a higher value than any other physical practice. Kaibara Ekiken, however, suggests that *qi* alone represents all substantial existence, and *li* is merely the regularity and the order of the universe which consists of *qi*. *Daigiroku* 大疑録 (The record of great suspicion) by Kaibara Ekiken 1714. *Nihon shisō taikēi* 34 (Iwanami shoten, Tokyo, 1970), 17. Tsujimoto claims that this brought two shifts in viewing the human body. Firstly, the body becomes de-metaphysical, mortal and vulnerable. Secondly, *Yōjōkun* largely replaced the Neo-Confucian concern with *li* and mind with the preservation of *qi* and the body. Tsujimoto Masashi 1997, ‘Kyōiku sūtemu no naka noshintai’, *Edo no Shisō* 6, 28-47. For the relation of Neo-Confucianism and medicine, see Unschuld 1985, 153-158. For how Edo Confucians researched into the relations of mind and body, see Takahashi Fumihiko 1990, *Kinsei no shin-shinron* (Perikan, 1990, Tokyo).

“procedure”. It is even more interesting to find that *yōjō* practice is extended to animals as well: “Cows, sheep, dogs, horses, cats and birds which live long due to *yōjō*, cultivation of life.”<sup>84</sup> Cultivation for animals is probably unthinkable for Chinese *yangsheng*, and so we see that the meaning of *yōjō* has been extended as well as the range of practices.

The expansion of *yōjō* practices echoes the expansion of “*yōjō*” as a concept. For example many texts argue for the importance of being economical or frugal in life, making an analogy between “*yōjō* (cultivation of life)” and “being economical”. For instance, Kaibara’s *Yōjōkun* draws a parallel between cultivating life and frugality.

From youth to old age, one should be frugal with one’s vital essence 元氣 (*genki*)... If one nourishes it only after one gets old and languishes and the body becomes weak, it is just like living in luxury when one has fortune and wealth and practising economy only when one becomes poor and lacks means... Apply the word ‘stingy’ 蓄 (*shoku*) in cultivating *ki*.<sup>85</sup>

Similarly *Seiseidō yōjōron* 生々堂養生論 (*Seiseidō*’s cultivation of life, by Nakagami Kinkei 中神琴溪, 1817) criticises any profit-making activity as not suitable for practitioners of cultivating life. “However little, even if the thought of making a profit occurs only once, it is not *yōjō*”.<sup>86</sup> Here we find the term “*yōjō*” is used almost synonymously with “frugality”. With regard to such ambiguous terminology, Takizawa (1998) advances the possibility that several concepts relating to life, health and morality were in fact not precisely distinguished within the

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<sup>84</sup> Eisei 1:271-281.

<sup>85</sup> *Yōjōkun*, 52-53.

<sup>86</sup> Eisei 5: 104.

vocabulary of the general population. The expansion of the concept of *yōjō* in the late Edo period manifests just such a pattern of thinking among the general public. *Yōjō* theory came to include such values as “thrift 儉約 (*kenyaku*)”, “hidden virtue 陰德 (*intoku*)” and “harmony 和順 (*wajun*)”. These different concepts, which in reality overlap with one another, become unified under the practice of “*yōjō*”.<sup>87</sup>

### 1-3-4. *Yōjō* and society

#### Increase of practitioners

When we examine *yōjō* texts, it is necessary to consider not only what practices are involved, but also from whom and to whom the knowledge was transmitted. Although many of the writers remain unknown, there is a demonstrable variety of background in the authorship of *yōjō* texts. Nagoya Gen'i, author of *Yōjōshuron*, Kaibara Ekiken, author of *Yōjōkun*, and Hirano Jūsei, author of *Byōka suchi* are known as doctors. Yet they are not the only *yōjō* writers. For instance, Takai Bankan 高井伴寛, who wrote *Shokujikai* 食事戒 (Admonishment about dietetics), also wrote novels, including *Ehon Sangoku Yōfuden* 繪本三国妖婦伝 (Tale of the siren of three dynasties, 1804). Satō Taminosuke 佐藤民之助 is assumed to have been a Shinto priest from the content of his *Toshidamashū* 年玉集 (Collection of annual jewels). As these examples show, people of varied professions wrote *yōjō* texts, but particularly those in the field of literature.

On the other hand the question of the audience of *yōjō* texts is difficult to clarify. To some extent, it is possible to speculate on the basis of such factors as publishing

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<sup>87</sup> Takizawa Toshiyuki 1998, *Kenkō bunkaron* (Takshūkan, Tokyo), 35-36. This was first pointed out by the famous folklorist of the early twentieth century, Yanagida Kunio 柳田國男. Yanagida claims that before the spread of “literate culture”, such terms as “diligent 律儀”, “honest 正直”, “careful 周到”, “robust 強健” and “healthy 健康” were not clearly differentiated as concepts. Yanagida Kunio 1970, ‘Josei seikatsu-shi’, *Yanagida Kunio zenshū* 30 (Chikuma shobō, Tokyo), 28-30.

culture and popular education, in conjunction with the style and register of the text. Firstly, recent studies reveal that the literacy of the mass population had reached a notable level by the early Edo period or even earlier. Some trace the rise of literacy back to the sixteenth century<sup>88</sup>, but a general consensus attributes the phenomenon to widespread mass education and a thriving publishing culture in the Edo period.

With regard to the education of the samurai class (ruling warrior) class, female children were usually tutored at home. On the other hand, males could receive education at the school of their fief. However, most of the fief schools appeared in the second half of the Edo period, and they did not usually provide elementary education. Therefore in order to acquire literacy before progressing to the fief school, samurai children usually had to go to tutors or to the *terakoya* attended by commoners.

Private elementary educational institutions for commoners, where they received a basic education, were called *terakoya* 寺子屋 (literally temple schools). The *terakoya* classes usually took place at the private homes of samurai, priests, or common citizens, and they multiplied explosively in urban areas. It is said that by the end of the Edo period, approximately 70-80% of boys were attending *terakoya*, though the percentage of girls is estimated to have been lower.<sup>89</sup> Even rural areas, though lagging behind, followed the trend. Moreover those who could not afford to go to *terakoya* and worked as apprentices for large stores were often taught basic reading, writing and calculation for business purposes. Thus it can be reasonably

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<sup>88</sup> Kuroda Hideo 1985, 'Sengoku Shikihōki no gijutsu to keizai hatten', in *Kōza Nihon kinseishi*, 275-316. Amino Yoshihiko 1990, *Nihonron no shiza* (Shōgakukan, Tokyo), 319-362.

<sup>89</sup> Ototake Iwazō 1929, *Nihon shomin kyōikushi* (Meguro shoten, Tokyo) and Ishikawa Ken 1929, *Nihon shomin kyōikushi* (Tōko shoin, Tokyo) survey the history of educational administration and the educational system. There are also a number of studies of Edo education from perspectives of social and cultural history: Shibata Jun 1991, *Shisōshi ni okeru kinsei* (Shibunkaku, Tokyo), 17-48. Saitō Jun 1991 'Bunka no dentatsu sha', in *Sōten Nihon no rekishi* 5, 353-363, 'Kinsei minshū no ōkuwa naze jiga yometaka', in *Sōten Nihon no rekishi* 5, 364-362.

assumed that not only the upper classes but also many of the merchants, farmers, and craftsmen living in urban areas could manage light reading, such as the circulating *kawaraban* (broadsides) or popular novels. These were mostly written in Japanese *kana* script, with readings for some or all Chinese characters appended; and many Edo-period *yōjō* texts also employed this written form. Thus it may be reasonable to include a cross-section of society in the possible audience for *yōjō* texts in the Edo period.

Secondly the rapid rise of literacy is intertwined with the flourishing of publishing culture. Because of their rarity, printed texts had formerly been enjoyed only by an elite minority. Even during the Edo period, books were by no means reasonably priced. In the late Edo period, it seems that many *yōjō* texts were priced at around 3-7 *momme*, which ordinary people like retailers or craftspeople could not easily afford.<sup>90</sup> Instead of purchasing books, however, commoners were able to borrow them from the rental bookshops that sprang up in great numbers to meet demand.

Nagatomo Chiyoji (1982, 1987, 2001), a pioneering historian of book culture in the Edo period, examined the emergence of the rental book business in the early 1600s in conjunction with the development of woodblock printing and the increase in the number of popular publications.<sup>91</sup> From the early eighteenth century, the business began to grow rapidly, and by 1832 there were 800 rental bookshops in Edo city. In 1813 the city of Osaka had approximately 300. Rental bookshops also carried *yōjō* texts and medical texts, although there were fewer of them and they were not as

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<sup>90</sup> Keiōgijuku daigaku fuzoku kenkyūjo Shidō Bunko (ed) 1962-1964, (*Edo jidai*) *Shorin shuppan shojaku mokuroku shūsei* (Inoue shobō, Tokyo), vol.1-4.

<sup>91</sup> Nagatomo Chiyoji 1982, *Kinsei kashihon-ya no kenkyū* (Tokyodō shuppan, Tokyo). Nagatomo Chiyoji 2001, *Edo jidai no shomotsu to dokusho* (Tokyodō shuppan, Tokyo). Nagatomo Chiyoji 1987, *Kinsei no dokusho* (Seishodō, Tokyo).

popular as novels or comics.<sup>92</sup> Nagatomo (1987) argues that the book rental fee was about one-third to one-sixth the price of a book, so many people could afford and enjoy daily reading.<sup>93</sup> There were also a number of second-hand bookshops, as well as peddlers who sold or rented books, and who undoubtedly contributed to the increased availability of books in rural areas.

Takizawa (1998) suggests a possible correlation between two phenomena, the rise of *yōjō* culture and publishing. Firstly most of the Edo-period *yōjō* texts were published in the four big cities of the time: Kyoto 京都, Edo city, Osaka 大阪, and Nagoya 名古屋, where rental bookshops were also concentrated. Secondly there were two peaks in the publication of *yōjō* texts: from the Genroku 元禄 (1688-1704) to the Shōtoku 正徳 (1711-1716) eras, and from the Bunka 文化 (1804-1818) to the Bunsei 文政 (1818-1830) and Tempō 天保 (1830-1844) eras. Rental bookshops appeared just as the *yōjō* trend first peaked, and the business flourished most when *yōjō* text publication reached its second peak.<sup>94</sup>

In addition to methodologies which basically deduce the readership of texts from factors such as style and register, mass education, and the nature of publishing culture, Yokota (1995) seeks out other historical materials to elucidate the readership of *yōjō* texts. He investigates the book catalogues kept by two rich farmers' families in the suburbs of Osaka from the late seventeenth century to the early eighteenth century, which record every book they acquired through rental or purchase from bookshops and peddlers. Mainly focusing on the circulation of Kaibara Ekiken's works and other medical texts, Yokota shows from these catalogues that the circulation of *yōjō* texts had a foundation at the mass level among the rich farmer class and probably the surrounding population. Not only members of the samurai

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<sup>92</sup> Nagatomo 1987, 49-58.

<sup>93</sup> Nagatomo 1987, 8.

<sup>94</sup> Takizawa 1998, 26-28.



class, but also a certain number of rich farmers and merchants were in a position to comprehend academic writings such as Confucian and medical texts, as well as popular novels.<sup>95</sup>

The contents of books were transmitted in this way. Firstly there were rich farmers who acquired several hundred books, either by purchase from bookshops or by making manuscript copies of borrowed books. They used bookshops, rental bookshops, and peddlers. Secondly there also existed networks which functioned as distributors of rental books from those households within local communities which “possessed” books. This is described as “the possession of books on a community level”. Thirdly even those people who could not afford books could probably come into contact with books through renting, or through listening to professional storytellers or lecturers. Training halls and temples functioned as venues for village cultural circles where people could gather to borrow books from each other or to listen to stories.<sup>96</sup> Yokota’s study concerns the cultural history of reading. The history of texts should be regarded as a cultural practice. It is concerned not only with printing techniques and collections, but also with how people treat and use printed texts.<sup>97</sup>

As far as *Byōka suchi* is concerned, we have no historical records or other data to hand that might suggest how the text was handled and read. Nevertheless we cannot help but make draw inferences from a passage in the text itself. The preface of *Byōka suchi* states: “the text should be stored in villages where there is no doctor, and should be read aloud to those who are illiterate, including midwives.” This

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<sup>95</sup> Yokota Fuyuhiko 1995, ‘Ekikenbon no dokusha’, in Yokoyama, 316-353. Yokota Fuyuhiko 1996, ‘Kinsei minshū ni okeru chiteki dokusho no seiritsu’, *Edo no shisō* 5, 48-67.

<sup>96</sup> Yokota 1995, 328.

<sup>97</sup> This is initially claimed by Chartier, Roger 1985, *Pratiques de la lecture. Shomotsu kara dokusho e*, translated by Mizubayashi Akira, Izumi Toshiaki and Tsuyuzaki Toshikazu 1992, Misuzu shobō, Tokyo.

instruction by the author seems to fit in with Yokota's observation that the readers were not only those who purchased the text, but also the people around them, those who presumably came across the content through renting, copying or listening to readings or lectures. Evidently the author of our text was well aware of the various patterns of transmitting knowledge.

### ***Yōjō and society***

What does it mean to “possess” *yōjō* knowledge and to “practise” *yōjō* ways? Over and above the provision of methods of daily regimen and medical knowledge, *yōjō* theories reflect authors' philosophies of how to live, as we have already seen. Owing to the existence of a feudal hierarchy and a Confucian ideology, Edo-period *yōjō* had to construct the meaning of its teaching. For instance, Matsumura (1997) takes the view that in *Yōjōkun*, *yōjō* practice is clearly distinguished from work. Appropriate “exercise 労働 (*rōdō*)” during leisure time is a recommended way of *yōjō* practice for the literati, mainly of the samurai class, whereas the household occupation itself is “exercise” as a way of *yōjō* for those who live by agriculture, craft, and business. Through this interpretation of vocation, or work, as *yōjō* practice, the concept of *yōjō* was itself endowed with the nature of a social activity. Confucian *yōjō* theory as such not only requires one to manage one's own body, but also provides meaning for all occupations within the social hierarchy, and consequently differentiates the bodies of samurai from the bodies of others.<sup>98</sup>

The samurai should, from an early age, read books, practise calligraphy, and learn etiquette and music, archery, horsemanship, and the military arts, getting plenty of physical exercise. Farmers, artisans, and merchants should each

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<sup>98</sup> Matsumura Kōji 1997, ‘Yōjōron teki na shintai eno manazashi’, *Edo no shisō* 6, 99-115.

diligently pursue the duties of their respective vocations from morning to night. Since women, being at home, are susceptible to illness due to stagnation of vital spirit, they should get plenty of exercise by going about their work with a will. Even women of gentle birth should serve their parents, mother-in-law, and husband well, weaving, sewing, spinning, cooking, and rearing children.<sup>99</sup>

We can note that *yōjō* functioned as a kind of social identity. The association of exercise with the accomplishment of one's vocation became more obvious in the late Edo period. In the case of our annotated text *Byōka suchi*, for instance, the author Hirano Jūsei makes the learning of the *yōjō* art compatible with social duty in two ways. Firstly, it is claimed that one of the most essential ways of cultivating life is carrying out one's vocation.<sup>100</sup> This seems to suggest that the assumed readership of *Byōka suchi* was probably not men of samurai class, but women and commoners. Secondly, Hirano explains that one should have sufficient medical knowledge in order to give appropriate medical care to one's parents, for the sake of filial piety.<sup>101</sup> In close association with administrative structures and Confucian morality, it is possible to say that these policies contributed to strengthening the framework that regulated the general public.

In addition to social identity, how did *yōjō* teachings function within the society of the Tokugawa regime? There were ample grounds for the proliferation of *yōjō* culture in the Edo-period society. If we focus on the nature of *yōjō* texts as a source of home medicine and daily regimen, the trend can be considered within the medical pluralism of that time. It is also helpful to compare this with situations in the contemporary West.

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<sup>99</sup> *Yōjōkun*, 15.

<sup>100</sup> BS 1:7.

<sup>101</sup> BS 1:26.

For instance from the study of quackery, Porter (1989) illustrates that there was a decline in regimen over the seventeenth and eighteenth centuries in Europe, which is intertwined with the rise of medicine.<sup>102</sup> Two factors mainly contributed to this shift. Firstly, the phenomenon of “purchasing medicine to attain health” became dominant, which undermined the long tradition of physical regimen among middle and upper class households. Medicine and treatment had long been regulated under the monopoly of professional physicians and guilds of surgeons and apothecaries. However their monopoly diminished with the development of the market economy. Secondly, there was a shift in European culture from the strict asceticism of the Reformation to utilitarianism under the Enlightenment. These two factors made it possible to “buy” medicine to get health without spending time and effort. On the other hand, Numbers (1977) examines Thomsonianism, the trend of home medicine in the early 1800’s in the United States.<sup>103</sup> It firstly offered safety, with adherents claiming that self-medication was safer than being “doctored to death”. Secondly, the development of a botanical manual could save money. Thirdly, home treatment appeared convenient; and where there were no physicians at all, it was necessary. Fourthly, home treatment enabled women to avoid the embarrassment of consulting male physicians.

These investigations offer interesting prospects to consider. They show us that the rise of *yōjō* presents issues such as medical pluralism, drug market economy, and medicine and gender.

The gender aspect in *yōjō* culture deserves particular attention because women’s embarrassment in clinical encounters is also mentioned in *Byōka suchi*. The seventh fascicle provides instruction in midwifery and the background to childbirth at a

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<sup>102</sup> Roy Porter 1989, *Quacks* (Tempus Publishing, Gloucestershire, illustrated edition 2000).

<sup>103</sup> Ronald L. Numbers 1977, ‘Do-It-Yourself the Sectarian Way’, in Risse, 49-72.

professional level, and offers good reasons for the use in the home of manuals containing detailed knowledge and techniques.

It is always such a humiliation for women to be observed and touched by a physician even for treatment, as they are mostly male. Even though there is no choice when they are suffering, they never forget [the embarrassment]. I once saw a woman who went insane after childbirth and kept saying this [how humiliating it was] day and night. Had those women been treated by a properly instructed midwife, many would have endured less embarrassment, and many could have been saved. This was my motivation to write this text (*Zaba hikken* 坐婆必研 What a midwife must study, i.e., the seventh and eighth fascicles of *Byōka suchi*).<sup>104</sup>

The author of *Byōka suchi* is indignant over the – perhaps thoughtless – behaviour of physicians and the absence of support from the people around the woman due to lack of proper knowledge. This shows one aspect of the correlation between the need for domestic care and the writing of a *yōjō* text.

As far as home medicine is concerned, Kabayama (1975) describes *yōjō* texts as enlightening in two ways. Firstly, through the comparison of various opinions in various works, one can trace hidden conflicts between different medical schools. Secondly, the texts provide a rich source of knowledge of folk medicine and a lively picture of popular customs.<sup>105</sup> Kabayama sees the flourishing of *yōjō* texts as the result of “the shift in methods of circulating information from small community-based communication to literate activity on a larger scale. These are the

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<sup>104</sup> BS 7:5.

<sup>105</sup> Kabayama 1976, ‘Yōjōron no bunka’, in Hayashiya, 449.

conditions created by the general circumstances of urban life.”<sup>106</sup> Before the rapid urbanisation of the Edo period, medical knowledge used to be handed down within communities from one generation of practitioners to another. However this tradition may have broken down in rapidly urbanised centres. Kabayama regards Edo-period *yōjō* culture as an urban phenomenon. The lack of public health provision and an unstable medical establishment fostered the need for private health measures. The government took little action in health care, while the rapid growth of the drug market enabled people to purchase medicines wherever they chose. At that time not only apothecaries but any individual could make and sell medicines under their own brand. Physicians often blamed midwives for their ignorance and lack of professional skills. What is more, it is obvious that not all physicians were to be trusted in the absence of a proper qualification system for becoming a doctor. However Matsumura (1997), whilst basically agreeing with Kabayama’s views, seems quite right to point out that we cannot evaluate the evolution of *yōjō* in pre-modern society from the modern viewpoint of ‘social medicine’ or ‘public health’.<sup>107</sup>

*Yōjō* practice primarily aims at self-control and self-evolution. Yet Matsumura (1997) refers to Edo-period Confucian *yōjō* texts that discuss practices for women, children and the old separately. The bodies of these socially “weak and inferior” people and their preservation are thereby brought under the surveillance of a patriarch who supposedly had *yōjō* knowledge and had mastered the way of practice. In this sense the “gaze” of *yōjō* turns towards others, beyond self-care. I would like to focus on this aspect as suggesting that the ideas of public health of later periods might already be found within the Edo-period *yōjō* teachings. Generally speaking, public health tries to regulate individuals in the name of health policy and education.

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<sup>106</sup> Kabayama 1976, 460-463.

<sup>107</sup> Matsumura 1997, 116.

We usually tend to differentiate it from pre-modern *yōjō*, regarding the former as having spread along with Western medicine after the Meiji Restoration (1867). There is no denying that public health and *yōjō* are fundamentally different, but it still seems possible to point to a certain continuity between them in terms of the intention to authorise others to perform this regulatory function.

Furthermore we find that a number of health manuals and home medicine texts were published from the Meiji period onward. At first sight they are heavily indebted to Western physiology and science, but in fact modern and pre-modern ideas are interwoven in their contents. The rise of health manuals and home medicine texts is often associated with the notional diffusion of “public health” and “individual or national hygiene”.<sup>108</sup> It is possible that the relation of demand and supply of medical knowledge can be traced to the popularity of *yōjō* during the Edo period. In this sense, *Byōka suchi*, with its detailed instructions for health care in the home, embodies one of the important characteristics of *yōjō* texts at the end of the Edo period, when the demand for home medicine reached a crescendo.

## 1-4. Conclusion of Chapter 1

To conclude Chapter 1, I have reviewed the intellectual background of cultivation of life culture in China and Japan. In relation to my overall aim, to reveal a pattern in the Japanese interpretation of a Chinese cultivating life tradition, the survey in this introductory chapter has uncovered certain differences between the two in general.

Chinese *yangsheng* theory evolved out of the close relations among various ways of thought including Confucianism, Buddhism, Daoism, and ideas about

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<sup>108</sup> Kitazawa 2000, 68-227. Kano Masanao 2001, *Kenkōkan nimiru kindai* (Asahi shinbunsha, Tokyo). Takizawa 1998, 43-81.

immortality. It is possible to delineate two basic principles: Firstly, it has as its basis the concept of *qi*, which is the stuff of all phenomena in the universe. The human body is also an accumulation of *qi*, thus *yangsheng* practices fundamentally set out to take, preserve, circulate, and refine *qi* within the body. In particular, the pathology of *xu* (depletion) accentuated the powerful fear of losing *qi*. Secondly, if we roughly generalise the ideas of *yangsheng* as “how to look after one’s life and health” and “how to live one’s life”, there is a preoccupation in Chinese *yangsheng* with the desire to attain longevity and immortality.

On the other hand, although having its ultimate origins in ancient China, *yōjō* culture in Japan gradually detached itself from Chinese tradition in many ways. Especially during the Edo period, *yōjō* theory became characterised by strong concern with “how to live one’s life”, rather than longevity and immortality. *Yōjō* texts were diffused over a wider social spectrum than ever before, in conjunction with the development of publishing culture and mass education. *Yōjō* practice extended beyond health-related activities such as dietetics, exercise and breath regulation, and reached into every area of life. In viewing all social activity as *yōjō* practice, on the one hand *yōjō* texts emphasise how one’s present life in the world can be positively enriched. On the other hand they promote the idea that one should fit into the social framework and status distinctions of the times

For the purposes of discussion in the following chapter, the expansion of the base of *yōjō* practitioners during the Edo period has been noted, as the ordinary householder began to be seen as the main audience for *yōjō* texts. Along with this change, the authors of *yōjō* texts presumably became more concerned with ways of facilitating the understanding of Chinese medical tradition for the lay reader. In the second chapter, I will deal with *Byōka suchi* as my main text, and demonstrate how



the author, as a scholarly doctor, set out to interpret Chinese medical knowledge for the ordinary householder, with special attention to the unique writing method of *Byōka suchi*.

## Chapter 2: Analysis of the texts

This chapter offers an introduction to the annotated text *Byōka suchi* 病家須知, first presenting the life of its author Hirano Jūsei 平野重誠 and his representative works. Hirano Jūsei lived from 1790 to 1867, a period of historical change that heralded the end of the Tokugawa regime (1867) and the coming of a new era that began with the Meiji Restoration (1868) – an era characterised by the opening-up of the nation and rapid Westernisation. Both his personal background and his awareness of the changing dynamics of contemporary society greatly affected many aspects of Hirano Jūsei's life and work. Therefore an analysis of his texts needs to incorporate an understanding of various social, economic, and cultural factors. Secondly, it gives an account of the structure of *Byōka suchi*, which consists of eight fascicles 卷 (*kan*), and of the content of each fascicle. *Byōka suchi* is the most extensive of Jūsei's texts of home medicine and cultivation of life, and every fascicle concisely displays his views of the body, illnesses, and medical ethics.

### 2-1. The Life and Work of Hirano Jūsei in Contemporary Society

#### 2-1-1. Contemporary Society

The early half of the nineteenth century, when Hirano Jūsei was active, was characterised by social instability at a national level. By this time the capacity of the Tokugawa regime to deal with a succession of domestic and diplomatic issues had begun its final decline. First of all the country was in shock at encountering foreign nations (other than China, Korea, and the Netherlands) after adhering to an isolationist policy for over two hundred years. As the European nations and Russia

began to expand their territory in Asia, interaction with foreign countries became unavoidable; however the Tokugawa regime failed to manage the increasing unrest among the population.

Turning to domestic problems, Japan experienced a succession of severe famines on a national scale. The death toll reached several millions in the 'famine of the Tempō 天保 era' (1833-1837). Though the first five years were the worst, the famine as a whole lasted more than thirty years. Starvation resulted in the spread of epidemics among the weakened populace. The famine caused a huge leap in rice prices, which rose by five times and more, because the government and limited numbers of privileged rice-merchant guilds had cornered the market. Resentment among the people about this inflation and the lack of relief measures caused a phenomenal number of riots – nearly a thousand – all over Japan during the Tempō era (1830-1843). In urban areas around the country, the desperate and volatile poor attacked the rich to seize rice and money.

In an attempt to solve these problems, the minister Mizuno Tadakuni 水野忠邦 (1794-1851) initiated measures known as the Tempō Reform 天保の改革 (1830-1843). His policy may be summed up as tightening official discipline, restoring moral health, and enforcing frugality, while mitigating the foreign policy situation. As a counter-measure to inflation, Mizuno dissolved the privileged guilds in the markets. Previously trade and prices had been controlled through government-authorized guilds, but in fact underground guilds had proliferated over the years. The idea was that free competition would reduce prices. However it resulted, rather, in confusion in the market because established channels for the distribution of commodities were lost. In the long run the top-down Tempō reforms withered away, and the minister was forced to resign.

Efforts at reform extended to the regional domains of feudal lords, but in many domains internal factionalism and the resistance of conservatives distracted reformers. On the other hand in several domains, in particular Chōshū 長州, present-day Yamaguchi, Satsuma 薩摩, present-day Kagoshima, Hizén 肥前, present-day Saga, and Tosa 土佐, present-day Kōchi, reformers succeeded to some extent in developing the fiscal economy and industry as well as in realigning administrative structures. They also fortified defences by forming farmer militias, importing guns, artillery and other weapons, and learning Western ballistics at the port of Nagasaki. In contrast to the waning central state, these fiefs grew in strength, and it was these that later became the centre of the movement to overthrow the Tokugawa regime.

In July 1853, Commodore Matthew Perry entered the harbour at Uruga Bay near Edo city with four black ships of the US Navy, and demanded the opening of Japanese ports and the beginning of diplomatic relations with Japan. Rather than risking war, in 1854 the Tokugawa government finally consented to sign the Kanagawa Treaty with the United States. However political and economic disorder persisted, and finally the fifteenth successor of the Tokugawa regime, Yoshinobu 徳川慶喜 (ruled 1866-1867), resigned as shogun in 1867. This marked the end of the Edo period. The intrusion of foreign powers may have prompted the overthrow of the regime, but long before this, domestic circumstances had created the tensions that would lead to drastic change.

With reference to *yōjō* culture, Kabayama (1978) maintains that the famines of the early nineteenth century called forth new features in Edo-period culture. He poses the question: how did people incorporate the onslaught of natural disaster into their

own experience?<sup>1</sup> We find two types of writing that reflect the experience of famine: documentary records and self-help texts. The latter are often categorised as *yōjō* writings. Most of them are simple and practical in character. The typical contents may be summed up as (1) a general history of famine since antiquity, (2) the signs of famine, (3) detailed records of recent famines, i.e. Hōreki 宝曆, Tenmei 天明, and Tempō 天保, (4) lists of emergency foods and cooking recipes, and (5) first aid. Publications in this genre peaked in the first half of the nineteenth century, when demand for practical knowledge for survival increased among villagers and farmers. People were also aware that they could not expect help from anyone other than themselves, due to the lack of public aid. This attitude is intertwined with the rise of *yōjō* theory.

There was an intellectual concern with the way one led one's personal daily life, and along with that, a determination to seek out knowledge and also to apply it within one's social life. This broad knowledge and body of theory was communicated extensively and lastingly. Moreover these cultural factors did not end with the Tempō era, but persisted from the end of the Edo period into the modern era. They are claimed to be both a driving force and a constituent part in the formation of citizens' culture in Japan.<sup>2</sup>

We know that Hirano Jūsei also wrote such texts as *Tama no uduchi* 玉の臼槌 (A jewel hammer, 1837), which provides instruction in how to cope with epidemics after a famine, first aid in warfare and how to refine saltpetre for military purposes. Kabayama's analysis seems to confirm that Hirano's works also reflect the

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<sup>1</sup> Kabayama Kōichi 1978, 'Kikin kara umareru bunka - Tempō kikin no shōgeki', in Hayashiya, 389-420.

<sup>2</sup> Kabayama 1978, 410.

intellectual demands of the late Edo period and that they epitomise the characteristics of *yōjō* texts in the prelude to the modern era.

## 2-1-2. Life and work

Hitherto little has been known of the personal background of Hirano Jūsei. Nor do we know how popular or widely known *Byōka suchi* was in its time. According to *Kokusho sōmokuroku*, 23 copies of the Edo-period edition are extant today.<sup>3</sup> There are several recent studies which refer to Hirano Jūsei (or *Byōka suchi*), usually in not more than a few sentences, as either an obstetrician or a *yōjō* writer.

In a general history of medicine in the Edo period, Hirano Jūsei is mentioned as an obstetrician who wrote a text addressed to midwives, *Zaba hikken* 坐婆必研 (What a midwife must study, 1830), which consists of the seventh and eighth fascicles of *Byōka suchi*.<sup>4</sup> Among his *yōjō* texts, probably *Yōjōketsu* 養生訣 (A way of cultivating life, 1835) is better known than *Byōka suchi*, as it is contained in *Eisei bunko* 衛生文庫 (The collected writings of cultivating life, 1917).<sup>5</sup> Both *Yōjōketsu* and *Byōka suchi* discuss breath-regulation, and some scholars hold that Hirano's method is connected with Zen meditation.<sup>6</sup> Takizawa (2001) also mentions *Tama no uzuchi* 玉の卵槌 as an example of famine literature, which shows how people regarded such natural disasters and how they managed to incorporate them into their own experience.<sup>7</sup> As for references to *Byōka suchi*, there is one illustration

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<sup>3</sup> *Kokusho sōmokuroku hoteiban*, vol. 6, 829. No record is found in the *Daisōbon mokuroku* 大惣本目録, which contains a list of many popular medical texts and *yōjō* texts of the Edo period. Kyoto University library (ed) 1988-1989, *Daisōbon mokuroku* (Kyoto University library, Kyoto) vol. 1-3.

<sup>4</sup> Kyotofu Ishikai Igakushi hensanshitsu 1980, *Kyoto no igakushi* (Shibunkaku, Kyoto), 1101.

<sup>5</sup> *Eisei* 3:143-184.

<sup>6</sup> Takizawa 1998, 22, 26. Tanaka Satoshi 1996, *Kenkōhō to iyashi no shakaishi* (Seikyusha, Tokyo), 51-52 and 91.

<sup>7</sup> Takizawa 2001, 74-77.

that is a favourite with scholars because of its uniqueness. It shows a sleeping cure that makes use of the sound of water dripping close to the patient's bedside (discussed in chapter 3-7 of the thesis, section on "Discussion of what the person engaged in nursing should bear in mind").<sup>8</sup>

On the other hand, it is noteworthy that *Byōka suchi* has recently been examined in the field of the history of nursing as a text of home medicine. For instance Tatsukawa (2001) points out that *Byōka suchi* sets great store by nursing and care by the patient's family.<sup>9</sup> A research group of medical professionals (Hasegawa, Ito and Matsumura, 1999) has also compared early nineteenth-century nursing texts from Japan and Britain, using *Byōka suchi* and *Tassei zusetsu* 達正図説 (Illustration of achieving life, by Kondō Naoyoshi 近藤直義, 1858) as Japanese examples alongside *Notes on Nursing: What It Is and What It Is Not* (Florence Nightingale, 1859).<sup>10</sup> In addition there is an ongoing group research project, mainly consisting of nurses, who have been studying *Byōka suchi* and Hirano Jūsei as a pioneer in the history of nursing in Japan.<sup>11</sup> They tend to emphasise that the teachings of *Byōka suchi* and modern nursing have much in common, particularly in the strong emphasis they place on the necessity for careful nursing at home. Despite the fact that *Byōka suchi* is based on the Confucian morality of filial piety and traditional medical concepts, there is little difference in the concern for sick persons and their families. These studies by medical professionals seem to approach the text from the viewpoint of progressivism in medicine and universal humanity.

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<sup>8</sup>Tatsukawa Shōji 2001, *Yōjōkun ni manabu* (PHP shinsho, Tokyo), 179. Sunaga Yukiko 1999, *Nemuri bunka no kenkyū*, available at <http://www.kt.rim.or.jp/~igeta/gr99/ys/01.html>, chapter 5.

<sup>9</sup> Tatsukawa 2001, 178-183.

<sup>10</sup> Hasegawa Aiko, Itō Gō, Matsumura Sachiko 1999, '[*Byōka suchi*] [*Tassei zusetsu*] ni miru Nihon no kinsei kango to Nightingale kango nitsuite', *Sōgō kango* 1999: April, 5-14.

<sup>11</sup> I joined the research group in 2004, and would like to express my gratitude to Dr Sakamoto Hiroko, Dr Hirao Machiko, and Dr Nakamura Setsuko, who are the leading figures in this investigation.

As for systematic investigations concerning Hirano Jūsei, thus far two recent studies are available, which contribute to our knowledge of his life and works. Firstly, Anzai (1975) provided an introduction to all of Hirano Jūsei's extant works and examined his medical theories in his annotated edition of *Ihō kekku* 為方絜矩.<sup>12</sup> Secondly, Nakamura (2004) traced Hirano's descendants and charted his family tree using records of his ancestors (*Sendaiki* 先代記).<sup>13</sup> This discovery has revealed a great deal about unknown parts of the Hirano lineage.<sup>14</sup> Hirano Jūsei was born in 1790, practised medicine as a private town doctor in the city of Edo, and died on 16th November 1867 at the age of seventy-eight. His family were originally from Ise 伊勢, present-day Mie 三重, where they belonged to the lower samurai class. Jūsei's grandfather Jūei 重榮 (d.1797) moved at the age of twelve to the city of Edo, where he first worked as an apprentice at a large merchant house. An anecdote relates Jūei's reasons for becoming a doctor: One day when he was sent to deliver goods to a samurai's mansion, one of the retainers there said that Jūei was in his way, and threw him out. Feeling very indignant, Jūei thought that as long as he was a merchant, this could happen again. He sought about for a different profession so that he would not be despised by the samurai class, and decided to take up medicine. Since he was a stranger in the city of Edo and did not have any connection with medical circles, he could not become an apprentice to another physician. Thus it took him many years to master medicine, studying by himself from books at night while he worked for a shop in the daytime. In this way Jūei became a physician, and his son Jūryō 重良

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<sup>12</sup> *Ihō kekku* 為方絜矩, by Hirano Jūsei 1843-1848. Facsimile 1975, annotated by Anzai Yasuchika (Ryōgen, Tokyo), annotation:1-14.

<sup>13</sup> These manuscripts are currently in the possession of Hirano Shizuo 平野鎮雄, a direct descendant of Hirano Jūsei.

<sup>14</sup> Nakamura Setuko 2004 'Edo jidai kōki no kangosho *Byōka suchi* no chosha, Hirano Jūsei no haikai', *Kango rekishi kenkyū*, 2:2-8.



(-1837), and grandson Jūsei succeeded him in the profession. Jūsei was the eldest son of three brothers, all of whom became physicians.

This episode illustrates two aspects of the medical culture of that time. Firstly the practice of medicine was already established as a profession, and commanded a certain respect in society. Secondly there were three ways of transmitting medical knowledge at the time: the master-disciple relationship, learning from written texts, and hereditary transmission. Because there was no official qualification or registration system to regulate physicians, it was possible to call oneself a physician as long as one could treat patients and was recognized by others as a professional. Choosing to continue in the family business as a hereditary physician, Jūsei probably first learned the basics of medicine from his father. Jūsei's father Jūryō had become acquainted with Sugita Genpaku 杉田玄白 (1733-1817), a renowned physician, and had also learned pharmacology from Taki Motoyasu 多紀元簡 (1755-1810), one of the leaders of *Koihō* 古医方 (Classic School). These medical associates of his father presumably had a certain influence on Jūsei's medical education, and it was probably through these connections that Jūsei himself in his youth became a pupil of Taki Motoyasu.

Here we need to briefly review the intellectual background of medicine in the Edo period. In the era preceding the Edo period, called the Azuchi-Momoyama 安土桃山 period (1569-1600), a new school of medicine appeared, namely Gosei-ha 後世派 or Ryūihō 劉医方 (Modern School or Medicine of Liu<sup>15</sup>). Its founder, Manase Dōsan 曲直瀬道三 (1507-1594), was the leading figure in the medicine of that period. Their medical practice is said to have been strongly influenced by the

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<sup>15</sup> "Medicine of Liu" indicates that their theory and practice follow the medicine of Liu Wansu 劉完素 (1120-1200) of the Jin dynasty, who attributes the causality of most diseases to the concept of "fire".

teachings of Li Dongyuan 李東垣 (or Li Gao 李杲) and Zhu Danqi 朱丹溪 (or Zhu Zhenheng 朱震亨) in Yuan China (1271-1368). In line with this, they emphasised the incorporation of neo-Confucianism into medical practice, in opposition to the dominance of Buddhism up to that time. Their medicine has as its theoretical basis “the unification of the Heaven and men 天人合一”, a tenet of neo-Confucianism, particularly the variety of Zhu Xi 朱熹.<sup>16</sup> Given this influence from a rather complex philosophy, the medicine of the Modern School tends to be complicated and abstract with a strong attachment to Five Phases and *yin yang* theory. Taking a broader view of the history of medicine in Japan, scholars such as Fujikawa (1952) and Ōtsuka (1996) consider that another faction, the Classic School, emerged as the antithesis of the Modern School in the middle of the Edo period.<sup>17</sup> Criticising the abstraction of the Modern School, the adherents of the Classic School are known for their advocacy of empiricism and clinical experience. Moreover they are often characterised by a particular attachment to *Shanghanlun* 傷寒論 (The treatise on cold damage) by Zhang Zhongjing 張仲景 of the Later Han dynasty, and their insistence on a return to what they viewed as the “true” medical classics. It is difficult to summarise the medicine of this school, because different practitioners advocated different medical texts as their preferred authority and established their own styles of medicine. It seems true that *Shanghanlun* and *Jinguiyaolue* 金匱要略 (Medical treasures in the golden casket) by Zhang Zhongjing were always key texts for Japanese physicians, but they saw a big leap in popularity from the middle to the end of the Edo period. This is clear from the large number of reprints issued in Japan, including annotated texts. Mayanagi (1997) demonstrates that there were fifteen reprints of *Shanghanlun*, which was the third highest among all the reprints of

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<sup>16</sup> Fujikawa 1952, 185-193, and Ōtsuka Keisetsu 1996, *Tōyō igaku* (Iwanami, Tokyo), 23-24.

<sup>17</sup> Fujikawa 1952, 342-351, and Ogawa Teizō 1964, *Igaku no rekishi* (Iwanami, Tokyo), 103-105.

Chinese medical texts throughout the Edo period; and ten out of those fifteen were issued between 1781 and 1870. *Jinguiyaohue* was reprinted fourteen times, the fourth highest of all, and seven out of the fourteen reprints were likewise issued between 1781 and 1870.<sup>18</sup>

Many prominent doctors emerged from the Classic School. Among them are Gotō Konzan 後藤良山 (1659-1733), who claimed that all illnesses occur from the stagnation of *ki* in the body (*Ikki ryūtai setsu* 一氣留滯説), and Yoshimasu Tōdō 吉益東洞 (1702-1773), who established a theory that all diseases can be attributed to one kind of poison (*Manbyō ichidoku setsu* 万病一毒説)<sup>19</sup>. Some incorporated Western medicine into traditional medicine, while Kagawa Shuan 香川修庵 aimed at the unification of Confucianism and medicine and established a unique medical theory of his own.<sup>20</sup>

On the other hand there was Western medicine, initially introduced by Jesuit missionaries in the sixteenth century, mainly from Spain and Portugal. This was the medicine followed by the Kōmōryū 紅毛流 (literally “Red-headed School”), a school of surgery.<sup>21</sup> Later on, Japanese practitioners who learned Western medicine were called Rampō 蘭方 (literally “Dutch remedies”), and they are usually regarded

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<sup>18</sup> Mayanagi 1997, 324-328.

<sup>19</sup> The theory of *Manbyō ichidoku* 万病一毒 (one poison for all diseases). Yoshimasu was one of the leading physicians of the Classic School. Quoting the famous statement “flowing water does not become putrid and the hinges of a door are not devoured by bugs. This is because they are in motion 流水不腐、戶樞不蠹、動也” from *Lushi chungiu*, Yoshimasu extends this to build up a pathology that views *ki* as the fluid flowing within the human body, which is always in holistic correlation with the universe. Thus stagnation creates poisons, which manifest as various diseases depending on the parts of the body involved and on one’s condition. His texts such as *Idan* 医断 (1759) and *Iji wakumon* 医事惑問 (1769) caused much controversy in medical circles. Tateno Masami 2004, *Yoshimasu Tōdō—“Kosho igen” no kenkyū* (Kyuko shoin, Tokyo) 134-250. *Lushi chungiu* 呂氏春秋 (Mr Lü’s spring and autumn), Zhou, 3rd century BCE. In *Sibu Congkan* 四部叢刊. Originally published in 1919-1922. This edition 1929 (Shangwuyin shuguan, Shanghai). Hereafter abbreviated as SBCK edition. ‘zibu 子部’, 151 zhi 帙, juan 4, ‘jinshu 尽数’.

<sup>20</sup> Ōtsuka 1996, 25-29.

<sup>21</sup> Wolfgang 1997 ‘[Kōmōryū geka] no tanjō nitsuite’, in Yamada and Kuriyama, 231-263.

as being specialised in surgery.<sup>22</sup> Yamawaki Tōyō 山脇東洋 is known for performing the first dissection in Japan in 1754. Later the anatomical text *Ontleedkundige Tafelen* (1734), the Dutch version of *Anatomische Tabellen* (originally in German, by Johann Adam Kulmus), was translated jointly by Sugita Genpaku 杉田玄白 and Maeno Ryōtaku 前野良沢, and published as *Kaitai Shinsho* 解体新書 (A new text of dissection) in 1774.

Apart from these schools, many other medical groups co-existed during the Edo period, and their relations were sometimes competitive, sometimes cooperative, but never quite mutually exclusive. There was a good deal of cross-fertilisation of ideas between different types of medicine. For instance, there was also *Setchū-ha* 折衷派 (the Eclectic School), which followed Classic medicine and *Shanghanlun* as its main doctrine and methods, complemented by elements of Western medicine.<sup>23</sup> This picture of three medical trends in Japan from the end of the sixteenth century onward has been broadly accepted up till now. However, in recent years historians have begun to question this factionalist view. For instance, Ishida (1997) re-examines what exactly the Modern School involved, paying particularly attention to how they it drew on Chinese medical culture.<sup>24</sup>

Like many other physicians of the time, Hirano Jūsei sought out theories and practices from a broad range of medical texts by both Chinese and Japanese authors. It is difficult to categorise to which medical school Jūsei belongs, especially since the definitions involved are by no means clear-cut. But it is evident that Jūsei especially inclined towards *Shanghanlun* as the principle of his medicine, declaring: “In treating illnesses, if one follows the rules of *Shanghanlun*, there should be no

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<sup>22</sup> Sugimoto 2002, *Edo no Orandaryū ishi* (Waseda Daigaku shuppanbu, Tokyo), 103-123.

<sup>23</sup> Anzai categorises figures such as Gotō Konzan, Kagawa Shuan, and Yamawaki Tōyō as the Eclectic School. Anzai Yasuchika 1981, *Nihon jui kenkyū* (Godo shuppan, Tokyo), 33.

<sup>24</sup> Ishida Hidemi 1997, ‘Ryū-ihō toiu gogai’ in Yamada and Kuriyama, 119-146.

error<sup>25</sup>.

After the Jin and Tang dynasties, medicine deteriorated, and became mixed up with Daoism. Complexities were introduced into the theory of *yinyang* and Five Phases, and after the Song and Yuan, the art of medicine simply became worse, no match for ancient times. Although a large number of medical texts appeared, there is nothing that is worth looking at.<sup>26</sup>

While practising medicine on the one hand, he began his career as a writer at the age of forty and left more than twenty titles by his authorship. *Byōka suchi* was his first published work. At some point (the exact date is unknown), Hirano Jūsei lost the sight of one eye after being accidentally stabbed by one of his children who was playing with a metal chopstick for handling charcoal. He prided himself on writing a considerable number of works despite this disability, and also on writing in small, fine characters, which can be seen in many of the facsimile copies of his works available nowadays. In his writings, he used many nicknames and pennames in addition to his given name Jūsei: Kōhan rojin 考槃老人, Shikō 子公, Seishi 誠之, Genryō 元良 or 元亮 or 玄良, Kakukei 革谿, Kakukei Dōjin 革谿道人, Ichimu Dōjin 一夢道人, Shirō ryōja 指漏漁者, Ōnei 櫻寧, Ōneishitsu shujin 櫻寧室主人, Shingansha 真觀舍, Muteki Dōjin 無適道人, Mokuō 默翁, and so on. Beside this, he sometimes designated himself by his dwelling place, adopting such soubriquets as Takuzenkyo 挾善居, Senshin'an 洗心庵, and Muteki'an 無適庵. These names already appear to suggest the reason why Jūsei left so little record about himself. The title which he favoured, Dōjin 道人 (literally, a man of the Way), seems to imply a

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<sup>25</sup> *Ihō kekku*, 11.

<sup>26</sup> *Ihō kekku*, 3.

wish to lead a reclusive life, and *Muteki* 無適, an expression from *Lunyu*, indicates the way of the sage as neither “reconciled to the world”, nor “without attachment to it”<sup>27</sup>.

No doubt Jūsei’s oeuvre embodies volatile internal dynamics, and the *Zeitgeist* of the early half of the nineteenth century. After *Byōka suchi*, he wrote several works revealing his broad interests and positions, which are presented in detail and surveyed by Anzai (1975).<sup>28</sup> Based on Anzai’s investigation, I will divide them into five types: home medicine, medical ethics, diagnosis and prescription, texts with a military connection, and Japanese history.

(1) Home medicine: *Byōka suchi* (1832-1835), *Yōjōketsu* 養生訣 (1835), *Chiki yakugen* 知幾約言 (Digest of previous knowledge, 1854), *Enjutai kōyō ryakuki* 延寿帶効用略記 (Digest for the uses of longevity, 1888), *Yōjō yōryaku* 養生要略 (Digest of cultivating life), *Shimin yōjōdan* 四民養生談 (Talk of cultivating life for all people), *Shobyō yōjōdan* 諸病養生談 (Talk of cultivating life with various diseases), *Suiryō zokuben* 水療俗弁 (Popular talk of the water cure), *Kisai bigen* 既濟微言 (Subtle talk of all aid). These texts of cultivation of life and home medicine show the author’s belief in the need to disseminate basic medical knowledge and knowledge of self care among the public, which is characteristic of the period. From their titles, *Yōjō yōryaku*, *Shimin yōjōdan*, and *Shoybō yōjōdan* can be presumed to deal with cultivation of life, but the texts are no longer extant. *Suiryō zokuben* and *Kisai bigen*, which are mentioned in *Byōka suchi* and *Ihō kekku* as texts on water cures are also lost to us today. *Tama no Uzuchi* 玉の卯槌 (A jewel hammer, 1837) gives vital information for times of famine: which

<sup>27</sup> The original text states 子曰、君子之於天下也、無適也、無莫也、義之与比。 *Lunyu*, SSJZS edition, fascicle 4, ‘liren 里仁’, 2471.

<sup>28</sup> *Ihō kekku*, annotations: 1-14.

plants are edible, how to eat them, and which diseases and epidemics are likely to occur. The number of texts from the Edo period that deal with measures for coping with famine bears witness to the succession of famines and the difficult food situation<sup>29</sup>, even while a rich food culture was developing in urban areas. *Tama no Uzuchi* was also most probably a response to the Tempō famine, which was still in course.

(2) Medical ethics: *Kakukei ihen* 革谿医砭 (Kakukei's medical stone needle, 1854) and *Isseki iwa* 一夕医話 (A night's tale of medicine, 1866). These works demonstrate Jūsei's desire to correct errors in contemporary medical trends, such as the danger of studying the medicine of only one particular faction, the deterioration of morality among physicians, adherence to conventions unsupported by clinical experience, and the uncritical advocacy of Western studies.

(3) Diagnosis and prescription: *Ihō kekku* 為方絜矩 (Examination of the way of making prescriptions, 1843-1848), *Seiseihōsen zokuben* 生成方選俗弁 (Popular talk of selected prescriptions, 1848 draft), *Byōi bengi* 病位弁義 (Treatise on disease loci, 1849 draft), *Shinmyaku bengi* 診脉弁義 (Treatise on pulse diagnosis, 1857), *Shinzetsu bengi* 診舌弁義 (Treatise on tongue diagnosis, 1857) and *Uta shōkan zatsubyōron zokuben* 歌傷寒雜病論俗弁 (Popular songs of cold damage and various diseases). In the first of these, *Ihō kekku*, the author selects more than 100 important prescriptions from *Shanghanlun* and *Jingui yaolüe* and examines their credibility based on his own clinical experience and views. Jūsei's predilection for Zhang Zhongjing is very evident. *Byōi bengi* discusses the loci of diseases of the three *yin* and three *yang*. The content of *Shinmyaku bengi* overlaps

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<sup>29</sup> Five of the famines that took place in the Edo period are especially notorious for their scale and seriousness: Genroku 元禄 (1695, 1702), Kyōhō 享保 (1732), Hōreki 宝曆 (1755-7), Tenmei 天明 (1781-8) and Tempō 天保 (1833-7).

with that of *Byōi bengi* and *Uta shōkan zatsubyōron zokuben*, while most of *Shinzetsu bengi* is included in *Ihō kekku*. *Uta shōkan zatsubyōron zokuben* facilitates the understanding of the medical theory of *Shanghanlun* by providing a short poem which concisely summarises the concept of each section that follows.

(4) Texts with a military connection: *Kyūkyū tekihō* 救急摘方 (The way of first-aid, 1853), *Kyūkyū tekihō zokuhen* 救急摘方続篇 (Sequel to the way of first-aid, 1856) and *Kyūkyū setsuyōhō* 救急撮要方 (Essentials of first-aid, 1857). The need for military medicine reflects a sequence of interactions with foreign nations and a situation of domestic unrest. In addition to describing practical first aid for warfare, Jūsei laments how idle and degenerate the samurai class has become during two hundred years of peace, an increasingly alarming situation which arouses his patriotism. *Shōseki seirenhō* 硝石製鍊方 (Way of refining nitre) explains how to refine nitre in a home workshop and how to prepare gunpowder. *Kyūba shinron* 厩馬新論 (A new theory of stabling horses, 1854) deals with such matters as equine diseases and how to keep war-horses at low cost.

(5) National history: *Kōkoku kaibyaku yuraiki* 皇国開闢由来記 (The record of national origins since the beginning, 1860) and *Tenjitsushi ben* 天日嗣弁 (Discussion of the successor of the sun, 1854). These texts show Jūsei's strongly-held belief that the Japanese should be proud of their long national history, which can be traced back to antiquity. At the end of the Edo period, the slogan *Sonnō* 尊皇論 (Reverence for the Emperor) began to circulate. It originated in the absolute loyalty felt toward the Emperor, and at the same time, it implied less loyalty, or actual resistance, to the ruling Tokugawa regime. The slogan was employed especially in the domains of Chōshū and Satsuma, where the rebel movement to overthrow the Tokugawa regime was particularly active. It may be



possible that Hirano was influenced by such a trend, judging from his emphasis on orthodoxy and legitimacy in national history and the Emperor's lineage.

There are several themes that recur repeatedly in his texts: the significance of clinical experience and experimentation, the value of the utterances and precepts of ancient sages, and a belief in the orthodoxy of the Japanese national historical lineage. Frequent quotations from the classics may reflect his background in the Classic School; and his emphasis on the verification of contemporary and past theories suggests the influence of his medical master, Taki Motoyasu, who was known for pursuing the verification of ancient medicine. On the other hand, an emphasis on "Japanese-ness" is to be found dispersed throughout his writings, in relation to such matters as the tradition of abstinence from meat, differences from China in prescribing medicines, and scepticism about Western learning. Regarding Western medicine, Hirano partly admits its theories and practices to be reasonable and highly developed, but is dubious about the way that some of his Japanese contemporaries blindly adhere to it based on a mere smattering of knowledge<sup>30</sup>.

### 2-1-3. The structure of *Byōka suchi*

*Byōka suchi* consists of eight fascicles, covering a broad range of subjects. As the title indicates, it discusses home medicine: things that any household with a sick person in it (*byōka* 病家) should know (*suchi* 須知). This is also evident from another Japanese *furigana* reading for 病家須知, found in the preface: "*Byōka kokoroe gusa*".<sup>31</sup> This in turn can also be written 病家心得草, meaning "essential information for households with sick family members". As well as daily regimen, the text plainly sets forth principles of dietetics, pathology, nursing, child

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<sup>30</sup> *Ihō kekku*, preface.

<sup>31</sup> BS 1:5.

rearing, first aid, midwifery and so on.

The first fascicle begins with an outline of the contents and the author's motivation for writing. He was prompted to publish this text of home medicine by the desire to save people from incompetent or misguided physicians and the poor medical conditions prevailing especially in rural areas. *Furigana* (phonetic readings) are appended to almost every Chinese character, showing the author's desire that the text should also be read out to illiterate people. The next part discusses daily regimen, followed by instructions for family members of the sick, such as warnings against the misuse of drugs by non-professionals, how to choose and deal with physicians, why diseases are infectious and how to nurse the sick in the family setting. It briefly sets forth Hirano Jūsei's views of basic care, physiology, pathology, and medical ethics. There are three essential attributes for the cultivation of life (*yōjō*), namely the traditional Confucian virtues of diligence, frugality and fear of Heaven's decree. Regulating form (the body) through habitual exercise also has the effect of cultivating the mind. The significance of digestion (*konare*) for the body is bound up with the fear of stagnation, which is caused by any kind of excess. Such keywords as "frugality", "habitual form" and "circulation" re-echo in late Edo-period *yōjō* teaching. In particular, circulation and stagnation make up the core of physiology and pathology. Not only do excessive eating and sleeping disturb abdominal circulation, but excessive emotion too may form a congelation in the abdomen and result in various mental and physical disorders.

The author's medical ethics are apparent from the typical errors he points out in both physician and patient. On the one hand, physicians have a tendency to run after wealth and fame, and to resort to sophistry to deceive gullible lay people. On the other hand, patients often do not trust physicians and force the responsibility for care

on to their families. Regretting the fact that such behaviour gravely undermines the relationship between the two, Jūsei demands amendment equally of both sides. On the care of the sick, *Byōka suchi* distinguishes itself from other texts by highlighting the crucial importance of nursing at home. The duties of a household member may be summed up in three points. Firstly, one should aim to prevent illness when there is no sign of it yet. Secondly, when illness has already occurred, one should reflect on the cause and send promptly for an appropriate physician. Thirdly, in serious or hopeless cases, one should carefully observe every aspect of the sick person's condition from physical symptoms to mental state. In addition to the roles of the physician and patient and the relationship between them, the text clearly highlights the third role in clinical practice: that of the family members who do the nursing.

The second fascicle deals with dietetics, accounting for the beneficial and harmful effects of foodstuffs. Instruction is addressed to three types of people: those engaged in the daily pursuit of cultivation of life, those who are sick, and those who take care of the sick. Stress is laid on restraining oneself from excessive eating and the importance of habitual diet. Although a number of everyday foodstuffs are listed with comments, such as for which illness they are effective or to be avoided, the author does not wish the reader to be overly concerned with categories and rules. Nor does he employ the *yinyang* doctrine or the Five Phases theory to classify foods as many contemporary physicians did, but rather he relies on his experience. If the sick person eats to excess, or is forced to eat something that he or she is not used to because it is regarded as having medicinal properties, it will cause stagnation and obstruct circulation in the abdomen. As long as it is digestible, any food can be taken, because a patient's favourite food stimulates the natural power of the body and helps it to recover. For Jūsei, nothing is more vital for a sick person than to strengthen the

“healing power of nature” that comes from within. Thus food is essentially evaluated according to whether it can assist that power or impede it, rather than food itself being seen as medicine.

The third fascicle covers instructions on child-rearing for expectant mothers and those with young children, the responsibility of wet-nurses, and what precautions to take regarding children’s illnesses. Children should not be fed too much or clothed too heavily. As with grown-ups, excessive eating inhibits good digestion, and heavy clothing opens the pores of the skin to the invasion of illness from outside. It is also important for mothers to breast-feed their children. While breast milk is nourishing, it may also transmit the characteristics of the wet-nurse to the infant. Sometimes, breast milk transmits illness-causing poisons from the mother or wet-nurse as well as efficacious medicine. In case of employing a wet-nurse, therefore, one needs to make careful observations, taking into consideration her age, appearance, constitution, and background as well as other characteristics. A wet-nurse should also carry out *yōjō* practice herself, for she affects every aspect of the children. Since most wet-nurses are lowly people, they should be kept busy working, for laziness decreases the quantity and quality of breast-milk. Here the author differentiates appropriate *yōjō* practice for the lowly wet-nurse from that of the reader who employs her. For the former, labour itself amounts to pursuing the way of *yōjō*, while for the latter, practices like breath-regulation and massage, as described in the first fascicle, need to be taught. Class distinction in the nature of practice is one of the specific features of Edo-period *yōjō* culture.

Most children’s illnesses are to be attributed to inherent toxins from the parents. Sometimes the poison is transmitted through breast milk; therefore it is the mother or wet-nurse who should take medication first. Smallpox is regarded as unavoidable for

most children. This disease is also attributed to toxins inherited from the parents, and poxes are the outcome of the natural healing power of the body getting rid of the poison. Applying the pathology of poisons, the author opposes the traditional ways of thinking that attributes most children's illnesses to "the worm" 蟲 (*múshi*). He further criticises the quasi-superstitious habits surrounding the prevention and treatment of smallpox.<sup>32</sup>

The fourth fascicle discusses women's health. It is possible to say that the concept of *kuse* 癖 (habit to the point of obstinacy) epitomises the pathology of women's illnesses. The author claims that most women's illnesses occur due to their nature, which is narrow-minded, stubborn, emotional, self-centred, and suspicious. Women often get chronic diseases that are caused by pent-up negative emotion and worries, or long-established unwise habits. Therefore the crux of women's *yōjō* lies in keeping calm and tranquil and in carrying out their duties and massage exercise. The text then continues with a discussion aimed at expectant mothers and their families of what to bear in mind during pregnancy and labour, from daily regimen to prenatal influences, morning sickness, and effective abdominal massage. Sexual intercourse during pregnancy should be restricted, for sexual lust not only affects a child's characteristics but also forms transmittable poisons, causing smallpox and other diseases in the baby. In addition methods of treating acute symptoms that occur before and after delivery are described with the aid of illustrations, including epilepsy, discomfort from constipation, sudden fainting, convulsions, and uterine bleeding.

In these cases, Jūsei writes, one often finds a congealed lump in the pit of the stomach thrusting up towards the woman's chest. She can often be saved by pressing it down hard with one's fist. In addition, various customs relating to

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<sup>32</sup> Pathology, treatments and folk beliefs regarding smallpox in Chinese tradition are best referenced by Chang Chia-feng 1996, *Aspects of smallpox and its significance in Chinese history* (Ph.D. Thesis submitted to University of London, School and African Studies).

childbirth are criticised as going against nature, such as the use of the abdominal sash and birthing chair and the hasty removal of the afterbirth.

The fifth fascicle explores the principles of contagious diseases and seasonal colds and fevers, including syphilis, venereal scabies, cold damage disorders, epidemics, diarrhoea, and beriberi. Unlike smallpox and measles, where transmission is mediated by the air, venereal diseases are transmitted by tactile contact, most typically sexual intercourse. The seed of the poison invades the body, where it lies dormant for a long period and becomes assimilated with the blood and flesh, and it may manifest as any one of several diseases, not only syphilis. The most effective cure, therefore, is to expel the poison by means of the vital energy of the body, so that it is removed with the urine or in bodily fluids via the skin. One contracts cold damage disorders when the skin is affected by cold air, allowing disease poisons to invade the body. Discharge of excessive *yang qi* through the pores of the skin, i.e., perspiration, is again the key to treatment. From venereal diseases to cold damage disorders, the treatments and pathology described in this fascicle are based on the most fundamental principle of medicine, “to reduce what is excessive and to supplement what is insufficient (*sun youyu bu buzhu* 損有餘補不足)<sup>33</sup>”. Real treatment consists in harnessing the natural healing power of the sick person’s body, that is, making the innate vital energy perform its function of removing disease poisons. It is also concerned with the balance between *yin* and *yang*, for poison is hot (i.e. *yang*) in nature. Although identifying and balancing the relations between *yin* and *yang* is difficult for lay people, the water cure often shows miraculous efficacy, particularly for cold damage disorders. However the author avoids giving a detailed

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<sup>33</sup> The formula is first found in Laozi. *Laozi daodezhenjing* 老子道德真經, attributed to Laozi, thought to have been composed around 250 BCE. Annotated by Wang Bi 王弼 (226-249). Reprint 1985 (Zhonghua shuju, Beijing), Chapter 77, 1055-182.

explanation of the principle of the water cure, saying that it is discussed in *Suiryō zokuben* 水療俗弁, a text that is no longer extant today.

The sixth fascicle expounds the causes and treatment of acute symptoms. It discusses *shokushō* 食傷 (food damage) and *kakuran* 霍亂 (vomiting and diarrhoea), both of which are characterised by severe vomiting and diarrhoea. Although both are attributed to inordinate eating, in *shokushō* this is mostly, and in *kakuran* always, combined with an attack by evil external *ki*. Therefore treatment aims primarily to warm up the body and thereby induce natural vomiting and diarrhoea to remove the poison. Next the text deals with food poisoning and detoxification, followed by various acute illnesses: lethargy, apoplexy, sudden unconsciousness, convulsion, dizziness, nightmares and insomnia, epilepsy, madness, stiff shoulders, nosebleeds, vomiting blood, prolapse of the anus, tapeworm, motion sickness, burns, choking, dog bites (rabies), snake and insect bites, and rodent bites. In order to guard against sudden death, the author explains how to provide first aid, using ordinary materials and homely medicines, dietetics, bloodletting, water cures, and pressure or massage. The latter half of the fascicle is devoted to showing how to treat bruises, cuts and dislocations, including washing the affected area, making ointments, applying dressings and bone setting (Illustration 1, 2).

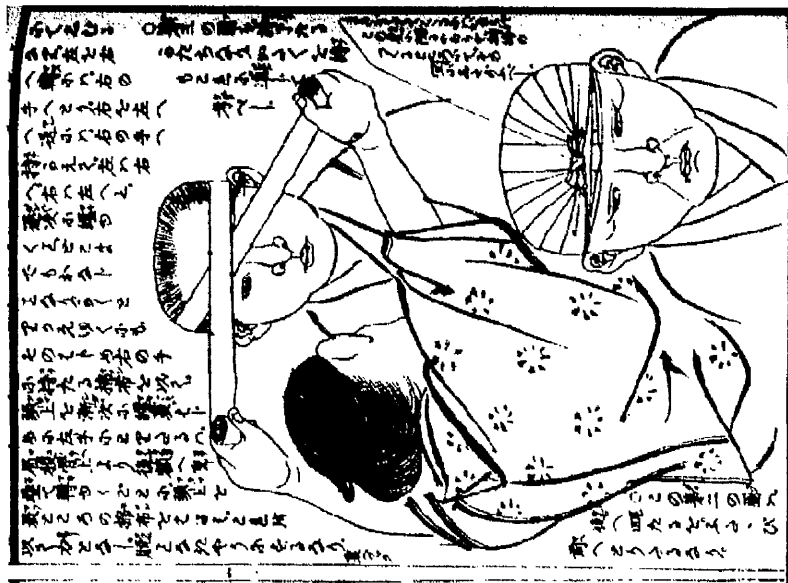


Illustration 1: Dressing (BS 6:42)





Illustration 2: Bone setting (BS 6:51)

Even though one may think acute illness is a fundamentally physical problem, *Byōka suchi* often draws attention to correlations with the mental state of the sick person, most typically represented by the word *kan* 癩. Hirano Jūsei defines *kan* very broadly as all symptoms related to the mind, and *kan* often appears as both cause and result of various illnesses. This is because pent-up or excessive emotion turns into *kan*, and *kan* in the long run often forms a congealed clump in the abdomen and causes stiffness throughout the body.

The seventh and eighth fascicles originally made up an independent volume, *Zaba hikken* 坐婆必見 (What a midwife must study), which, unlike the preceding six fascicles, was not initially intended for lay people. Hirano wrote *Zaba hikken* in order to instruct midwives and women living in areas where medical aid was hard to

come by. These two fascicles differ from the preceding six mainly in two points. Firstly, the author uses far fewer Chinese characters to maximise intelligibility, on the assumption that most midwives were uneducated. Secondly, they consist of very practical and detailed accounts of delivery methods addressed to professionals, whereas the other six fascicles always deal in simple explanations and handy remedies suitable for lay people, omitting any complicated theory. The actual names of internal organs are also given, and their physiological functions are described and differentiated. The implication is that midwifery requires both expert knowledge of the human body and a high level of specialist skills, involving as it does the lives of both mother and infant. Jūsei was anxious to enlighten midwives who were often not only “illiterate” but also “stubborn and self-centred”<sup>34</sup>.

These fascicles of midwifery begin with general information about pregnancy and childbirth, including how to distinguish the shape of the uterus, the placenta, presentation of the foetus, how to determine pregnancy, and the pros and cons of the abdominal sash<sup>35</sup> and the birthing chair<sup>36</sup>. Then come descriptions and illustrations of practical techniques for dealing with complicated cases, including how to correct the transverse position of the foetus, how to feel the uterus, how to allow mothers to give birth safely, and how to deliver the afterbirth (Illustration 3). In addition the text describes in greater details than in fascicle four the treatment of conditions that may

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<sup>34</sup> BS 1:6.

<sup>35</sup> In *Byōka suchi* the term for the abdominal sash is written 腹帶 or 鎮帶 (*hara obi*). It is an old custom in Japan that pregnant women in the fifth month tie a white cloth of approximately 2.4 meters around the abdomen. It has a ritual meaning of expressing the wish for an easy delivery. Kagawa Gen'etsu criticises this custom as harmful (*Sanron*, 36-37). *Byōka suchi*, however, takes a compromise stance: Attempting to eradicate the custom by force will do no good, so it is recommended that the mother should just tie it loosely, for the sake of her peace of mind. The text partly admits the possibility that if the sash is tied loosely and properly, it may sometimes correct the position of the foetus (BS 4:6-7, 7: 15-21).

<sup>36</sup> During the Edo period, women generally gave birth in a sitting position. The seated woman was supported during labour by either a rope hanging from the ceiling or a helper. However Kagawa Gen'etsu pointed out the harm that could be caused by the birthing chair in his *Sanron* (34-35), which seems to have influenced Hirano Jūsei.

occur before or after childbirth: morning sickness, constipation, tetanus, eclampsia, haemorrhaging, and dizziness. The last part demonstrates how to save both mother and foetus in a difficult delivery by examining every possible case. It covers how to turn the baby to a headfirst position, what to do when the arms or the legs of the foetus are born first, and how to correct a transverse lie.

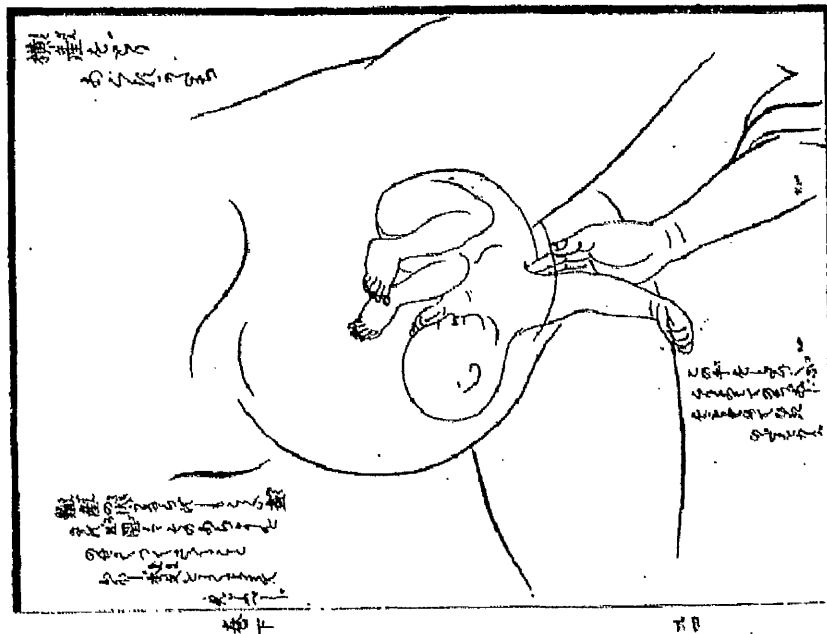
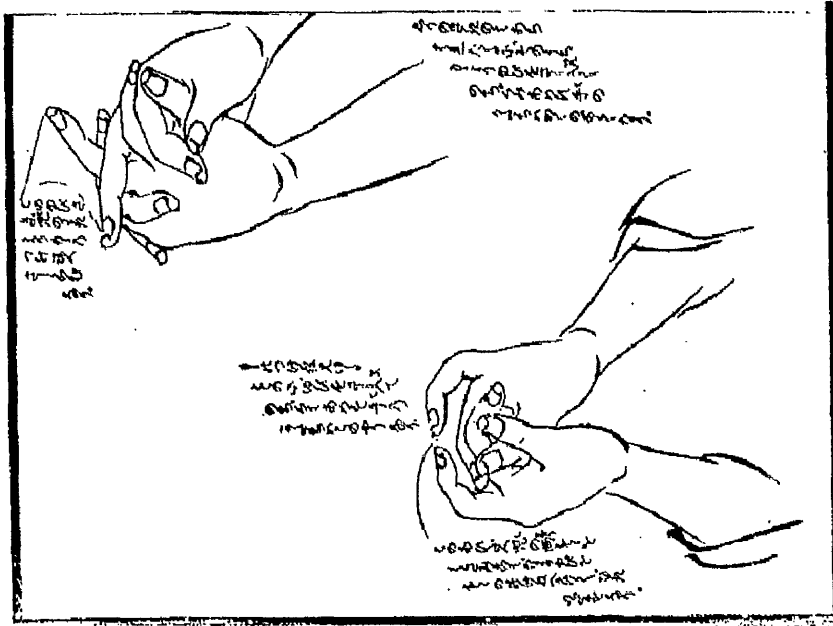


Illustration 3: How to correct a transverse position of the fetus (BS 8:34)

In his approach to childbirth, Hirano seems to have been influenced by the teaching of the Kagawa School of obstetrics 賀川流産科. This school was widely known for two famous obstetric texts, *Sanron* 産論 (Treatise of childbirth, 1765) by Kagawa Gen'etsu 賀川玄悦 (1700~1777), and *Sanron'yoku* 産論翼 (Supplement to treatise of childbirth, 1775) by Kagawa Genteki 賀川玄迪 (1739~1779).<sup>37</sup> It is not known whether Hirano learned obstetrics at first hand from the Kagawa School or just studied their texts. However, the mention of an obstetric hook which was invented by Kagawa Gen'etsu, and Hirano's disapproval of using the birthing chair as well as his criticism of conventional obstetric methods suggest a certain impact from their teaching.

More importantly, Hirano shares the same view as the Kagawa School about the need in childbirth for management by an obstetrician or a professional midwife. During the Edo period, for the vast majority of women, childbirth did not involve medical professionals. Expectant mothers sent for a physician or a professional midwife only in case of a difficult delivery. In ordinary cases, experienced women from the neighbourhood were usually called on to assist. It was the Kagawa School that first asserted that the active intervention of physicians or properly trained midwives would allow the lives of more mothers and infants to be saved. This is why, after the diffusion of Western medicine in the Meiji era, the Kagawa School came to be regarded as the foundation of modern obstetrics in Japan.<sup>38</sup> Sharing the same

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<sup>37</sup> Terazawa examines the historical background of the Kagawa obstetrics school and childbirth during the Edo period. Terazawa Yuki 2001, *Gender, knowledge, and Power: Reproductive Medicine in Japan 1790-1930* (Ph.D. Thesis submitted to University of California, Los Angeles), 139-194.

<sup>38</sup> The Kagawa school also proclaimed the superiority of medical obstetrics to midwifery, and its proponents regarded the foetus as a living soul, differing on both points from the conventional view of the Edo period. Kanazu Hidemi 1997 'Nihon sankagaku no seiritsu', *Edo no shisō* 6, 63-78. Niimura Taku 1996, *Shussan to seishokukan no rekishi* (Hōsei daigaku, Tokyo) 184-185.

indignation as the Kagawa School, the seventh and eighth fascicles of *Byōka suchi* (*Zaba hikken*) set out to equip both expectant mothers and midwives with proper knowledge and techniques for childbirth. The texts are written in simple *kana* script, standing in contrast to the Kagawa School's *Sanron* and *Sanron'yoku*, both written completely in Chinese characters. In light of this, it is possible to evaluate *Byōka suchi*'s seventh and eighth fascicles for their contribution to obstetrics and midwifery in Japan.

## **2-2. Reading *Byōka suchi*: the writing system**

Any thorough reading of a text out of the past of one's own language and literature is a manifold act of interpretation. In the great majority of cases, this act is hardly performed or even consciously recognised.<sup>39</sup>

### **2-2-1. *Furigana*: conceptual translation**

I will begin this section by reviewing some special features of the Japanese writing system; for the intensive exploitation of these features is arguably the most outstanding characteristic of Hirano's work.

Most Japanese writing in the Edo period, and indeed today, employs two kinds of script: *kanji* and *kana*, that is, Chinese characters and a phonetic syllabary. Usually, a given word is represented by either a character or by a phonetic *kana*, but sometimes a word is rendered by a combination of the two. The *kana* is written alongside the Chinese character (or above it, in the case of modern horizontally printed texts) to indicate how it should be read. Such *kana* are known as *furigana*,

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<sup>39</sup> George Steiner 1975, *After Babel: Aspects of Language and Translation* (Oxford University Press, Oxford, third edition, 1998), 20.

and one of their most common uses is to teach children whose knowledge of characters is limited, and to assist the average reader with rare and difficult characters. But this is not their only use. *Furigana* are also used daily in the filling out of any forms requiring the writing of a person's name and address (Figure 1).

フリガナ ( <i>furigana</i> : reading)	ヤマダ	ハナコ
名前 name (Chinese characters)	姓 surname 山田	名 given name 花子
住所 Address	東京都港区 1-2-3 電話 Tel: 03(1234)5678	

Figure 1

The need for *furigana* on such a form highlights a crucial and somewhat astonishing fact. The reading of *kanji* is not fixed. Some readings are conventional and more common than others, but different readings are always possible. Theoretically, a given character in a personal or place name can be pronounced in an infinite number of ways: conversely, a name pronounced in a certain way may be written with an endless variety of characters. This feature stands out most in the case of personal names. As an example, let us take one Japanese female name, Yoshiko, for which a dictionary suggests more than ten combinations of Chinese characters. Other characters are possible as well.

Figure 2: 好子 (to like), 良子 (good), 由子 (liberal), 喜子 (pleasure), 芳子 (fragrant), 美子 (beautiful), 佳子 (excellent), 淑子 (graceful), 嘉子 (joyous), 善子 (virtue), 歡子 (joy), 義子 (justice), 貴子 (noble), 祥子

(auspicious)<sup>40</sup>

Some are quite common and expected, but others are not. The graph *ko* 子, literally “child,” is often attached at the end of a female name, while the meanings of the other characters, corresponding to the reading *yoshi*, are cited in brackets. On first hearing it, the name Yoshiko sounds like the Japanese “*yoshi*” meaning “good,” but the various meanings of the Chinese characters above, which are all read as “*yoshi*”, show that the actual meaning in a given case may not always match this presumed denotation. Rather they are like a loose set of synonyms of “good”. For instance, 好 implies “like as opposed to dislike,” 良 “good in terms of quality,” and 善 “good in a moral sense.” Interestingly 淑 primarily refers to the beautiful and graceful characteristics of (especially) women. The reading “*yoshi*” thereby carries the implication of 淑 as the kind of “goodness” that is expected of a girl. In this way, a character can have an infinite variety of readings. The writer, the one who chooses the character, decides. For example, the name 喜子, in addition to Yoshiko, also can be read as Nobuko, Haruko, Hisako, Yukiko<sup>41</sup>, among other possibilities. Or 良子 can be read as Kazuko, Takako, Tsugiko, Nakako, Nagako, Haruko, Hisako, Fumiko, Miko and so on.<sup>42</sup> As a consequence, people from time to time face a slightly awkward situation when they need to ask someone, “How do you pronounce your name?” or “Which Yoshiko is that?”. Such incidents are far less frequently experienced in English or other languages that have more fixed rules governing the relations between the written language and the spoken language.

The instances cited above may be attributed to the inherently loose relationship existing between written Chinese characters and how they are read or pronounced in

<sup>40</sup> Ueda Bannen (et al.) 1993, *Shin-daijiten* (Kōdansha, Tokyo).

<sup>41</sup> Ueda 1993, 407.

<sup>42</sup> Ueda 1993, 1946.



Japan.<sup>43</sup> From the fourth century CE onward,<sup>44</sup> when Chinese characters were first imported from China and Korea, there have been two main ways of handling this foreign writing system. One is to use Chinese characters just as they are, along with Chinese grammar, but adopting Japanese pronunciation. This became the *kanbun* 漢文 (classical Chinese) tradition, which was widely used by intellectuals for academic writing until the end of the Edo period. For example, the preface of *Byōka suchi*, written in *kanbun* style, concludes thus: “乃弁此数語以為序 (These few words make up the preface)”. If this were read in modern Chinese, it would be pronounced as follows: naibiancishuyuyiwoixu 乃弁此数語以為序. However, *kanbun* style alters the reading and the order in this way<sup>sunawachi kono sugo o benjimotte jo to nasu</sup> “乃ち此の数語を弁じ以て序と為す”. The second way that Japanese handled this foreign language was to provide each Chinese character with a reading or readings using an indigenous Japanese word that corresponded to the character’s literal meaning. For example, a character such as 体 (body) is given the native Japanese reading *karada* (known as the *kun* 訓 pronunciation), which has similar meanings. In addition to *karada*, 体 may also be read *tai*. This is a modified version of the Chinese pronunciation of the character *ti* (known as the *on* 音 pronunciation). However, the sound *tai* alone is not straightforwardly associated with “body” in Japanese. Like *tai* and *karada*, in the Japanese writing system most Chinese characters have at least two or more readings. The correct reading is usually indicated by its position within a sentence or word. Here *furigana* can be of assistance to indicate the reading.

<sup>43</sup> The general history of *furigana* is best referenced by Ariga Chieko ‘The Playful Gloss. Rubi in Japanese Literature’, *Monumenta Nipponica*, Vol. 44, No. 3 (Autumn, 1989), 309-335.

<sup>44</sup> From the standpoint of how Chinese texts were read in the countries surrounding China, the history and characteristics of Kanbun culture in Japan is best referenced by Kornicki (2008). Peter Kornicki 2008, ‘Having difficulty with Chinese? – The rise of the vernacular book in Japan, Korea and Vietnam’, Sandars Lectures 2008, available at: [http://www.lib.cam.ac.uk/sandars/Sandars\\_Lectures\\_2008.html](http://www.lib.cam.ac.uk/sandars/Sandars_Lectures_2008.html).

Figure 3: 体 (<sup>たい</sup>*tai*), 体 (<sup>からだ</sup>*karada*)

Similarly, it is not unusual for a Chinese character to have more than one reading in Chinese or in Korean, depending on the context. In terms of its role as an aid to pronunciation, *furigana* recalls the Chinese Bopomofo system that is used in Taiwan and Hong Kong. This is the traditional Chinese phonetic syllabary consisting of thirty-seven phonetic characters and four tone markings, which is used as a guide to the pronunciation of a Chinese character through the combination of an syllable onset and rime. But unlike *kana* letters, Bopomofo alone cannot normally make sentences.

Figure 4: 死 (<sup>△</sup>死) (death) = △ (consonant [onset]: S) + | (vowel [rime]: I) = Si

*Furigana* differ from Bopomofo in two ways. Firstly they are totally writer-dependent, and secondly they play a prominent role in the translation or annotation of Chinese characters. As we have seen in 体 (<sup>karada</sup>), *furigana* function as a medium of translation that domesticates the foreignness of the characters. When a Chinese character possesses plural meanings, *furigana* serve to convey these various nuances and possibilities. Comparing the influence of Chinese vocabulary on Japanese to that of Attic Greek or Latin on English can perhaps give a clearer picture of the way *furigana* function. Imagine, for example, that you were to come across the letters “άθυμος” in Greek, and you did not know how to pronounce them, what *furigana*-English might possibly be appended (figure 5)?

Figure 5: melancholy black bile depression gloom blue dejection doldrums  
 άθυμος, άθυμος, άθυμος, άθυμος, άθυμος, άθυμος, άθυμος,  
 despondency low spirits sadness distress<sup>45</sup>  
 άθυμος, άθυμος, άθυμος, άθυμος

“Άθυμος” originally refers to the state of being “not spiritual” in Greek, and is often translated into English as “melancholy”. Yet you might think of more varieties of *furigana* that would take into consideration subtle variations of contextual meaning. Here the *furigana* serve as translation as well as a reading (pronunciation) aid. Similarly, even if you know “*anima*” is pronounced /anima/ (or /'an□mә/), *furigana* enable you to acquire the receptors to read and interpret in a certain way.

Figure 6: a i r breath soul life spirit ghost attention<sup>46</sup>  
 Anima, Anima, Anima, Anima, Anima, Anima, Anima

*Furigana*-English may not match the exact connotations of *anima*, but the compounds still allow the various shades of meaning to resonate from both the pronunciation and the visual effect of the written word. In a similar way, *furigana* serve as powerful guides to reading and interpreting the characters. This use of *furigana* as a gloss is one of the most distinctive features of *Byōka suchi*, and it succeeds in broadening the expressiveness of the text considerably. As examples, I will discuss a few terms written with Chinese characters in *Byōka suchi* that have the appended *furigana* ‘*karada*’ (body).

Figure 7

<sup>45</sup> S.C. Woodhouse 1932, *English-Greek Dictionary* (Routledge & Kegan Paul, London), 523.

<sup>46</sup> P. G. W. Glare 1982, *Oxford Latin Dictionary* (The Clarendon Press, Oxford), 132.

<b>Compounds in <i>Byōka suchi</i></b>	<sup>karada</sup> 気血	<sup>karada</sup> 運輸	<sup>karada</sup> 生命
<b>Literal meaning</b>	<i>ki</i> and blood	transport	life
<b>Conventional reading</b>	<i>kiketsu</i>	<i>unyu</i>	<i>seimei</i>

The three compounds in Figure 7, taken together, echo the author's ideas about the human body. Hirano regards the body as a living organism that transports and circulates life-sustaining *ki* and blood within it, and this movement of *ki* is human life itself. Though the *furigana* may appear detached from conventional readings, the compounds, taken together, build up an intricate picture of the body based on *ki*-medicine. Although the Chinese-character expressions 気血, 運輸, and 生命 had already become common terms in Japanese medicine by this time, the *karada* further encodes them in a larger semantic unit in which the author's perspective on the body is condensed. In fact the free appending of *furigana* is not peculiar to *Byōka suchi*, but is commonly found in Edo-period writings, particularly in popular literature.

Although the exact reason behind the elastic relations between Chinese characters and *furigana* in Edo-period writings is unknown, decoding *furigana* challenges our existing concept of translation. We tend to consider translation as an act of looking for a substitutable word or phrase in one tongue to replace a word or phrase in another. However Kuriyama (2004) points out that appending *furigana* rather creates a new hybrid in which native and foreign notions are incorporated simultaneously. Moreover in importing medical knowledge from China, and later from the West as well, *furigana* could play the role of mediator. Basically, imported technical terms are often represented by Chinese characters. Subsequently, those adopted or translated terms also come to embrace more familiar notions as the

*furigana* of indigenous words are appended to them.<sup>47</sup> The use of *furigana* in *Byōka suchi* highlights the process of digesting ideas represented in Chinese characters into everyday Japanese. With acknowledgements to the definitive guide to the study of translation by Steiner (1975), it is possible to regard *furigana* as “conceptual translation”.

The schematic model of translation is one in which a message from a source language passes into a receptor-language via a transformational process. The barrier is the obvious fact that one language differs from the other, that an interpretative transfer, sometimes, albeit misleadingly, described as encoding and decoding, must occur so that the message ‘gets through’.<sup>48</sup>

The hybrid nature of *furigana*-character compounds also epitomises the multiple characteristics of Edo-period medicine itself, in which all kinds of ideas and practices rooted in indigenous, Chinese and Western traditions are mixed and interwoven. Writing on the historical development of medical ideas in China, Unschuld (1985) claims that the transmission of knowledge is rarely free from the influence of differences in cultural framework.

Ideas must be transmitted by the head, and, of necessity, will undergo change. Where could a foreign idea be accepted, assimilated, or transmitted without being influenced by the particular situation it meets, by the changing languages that serve as its means of transportation, and by the preconditioned patterns of

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<sup>47</sup> Kuriyama 2004, 30-31.

<sup>48</sup> Steiner 1975, 29.

thought cherished by the final receiver?<sup>49</sup>

*Furigana* play a significant role in transmitting *yōjō* knowledge in Edo-period culture. Due to dependence on Chinese medicine, most technical terms in Edo-period medicine were written in Chinese characters. However Japanese traditional medicine had gradually deviated from medicine in China proper in both ideas and practices, just as the “Chinese medical tradition” itself was in a process of development and change. We also need to remember that in China, *yangsheng* 養生 was practised mainly by intellectuals, while *yōjō* texts in Edo-period Japan were disseminated among a more general audience, whose intellectual background and medical knowledge were different. Therefore it can be said that the *furigana*-character compounds in *Byōka suchi* mirror certain gaps between foreign and native shades of meaning. The procedure of appending *furigana* is precisely the author’s reconstruction of these imported medical concepts: his solution to the problem of how to flesh out Chinese medical knowledge for the general Japanese reader.

## 2-3. Keywords

I propose in the following sections to discuss five terms which are especially critical to understanding the imagination of health and sickness in *Byōka suchi*: *karada* (body), *kokoro* (mind), *hara* (abdomen), *konare* (digestion), and *shaku* (congealed clump).

### 2-3-1. *Karada* and *kokoro*: the body and the mind

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<sup>49</sup> Unschuld 1985, 55.

The term *karada* is usually translated as “body” in English. In *Byōka suchi* it most frequently appears as an appended *furigana* in <sup>karada</sup>體 or <sup>karada</sup>身體, but it is also appended to a variety of other Chinese characters (Table 1). Through an examination of these *karada*-character compounds, this glossary firstly elucidates the perception of the body in *Byōka suchi*, and secondly the idea of mind, which often stands in contrast with the body.

To begin with, we need to ponder the question: is *karada* really replaceable with “body” in English, or indeed 體 and 身體 in Chinese characters? For example, an English dictionary explains “body” as “the physical structure, including the bones, flesh, and organs, of a person or an animal”, or sometimes more specifically “the trunk apart from the head and the limbs”.<sup>50</sup> According to Chinese terminology, on the other hand, 體 refers to the whole of the head, the trunk and the limbs<sup>51</sup>. However, as a component in the compound noun 身體, 身<sup>52</sup> corresponds in particular to the head and the trunk, while 體 refers to the limbs. Standing alone, 身 refers to the physical structure of the body, and occasionally means “self” or “the trunk and the limbs apart from the head”.<sup>53</sup> Moreover inasmuch as Chinese physiology is based on the concept of *qi*, the Chinese body essentially consists of *qi*, an idea which without doubt affects the view of body in the Edo period also. *Byōka suchi* imposes the reading *karada* on more than sixteen character compounds that evoke a huge variety of ideas of the body (Figure 8).

<sup>50</sup> Judy Pearsall (ed) 2002, *Concise Oxford English Dictionary* (Oxford University Press, tenth edition, revised, New York), 153.

<sup>51</sup> 體、總十二屬也 *Shuowen jiezi zhu* 說文解字注. By Xu Shen 許慎, annotated by Duan Yuzai 段玉裁 Qing dynasty. Reprint 1989 (Yiwen inshuguan, Taipei), 168.

<sup>52</sup> 身: 身、躬也。躬: 躬、或從弓 (集韻)。躬: 躬、身也、從呂從身、俗從弓身。 *Shuowen jiezi zhu*, 392.

<sup>53</sup> Morohashi Tetsuji 1943, *Daikanwa jiten* 大漢和辭典 (Taishūkan, Tokyo), vol.10, 584, 968.

Figure 8: からだ からだ からだ からだ からだ からだ からだ からだ からだ からだ からだ  
 身體, 體, 周身, 人身, 運輸, 氣血, 血液, 腸胃氣血, 腸胃, 生命,

からだ からだ からだ からだ からだ からだ  
 軀裏, 形軀, 體軀, 軀殼, 腔子, 皮肉

Reading	Characters	Literal Meaning
<i>karada</i>	身體	body
<i>karada</i>	體	body
<i>karada</i>	周身	whole body
<i>karada</i>	人身	human body
<i>karada</i>	運輸	transport
<i>karada</i>	氣血	<i>ki</i> and blood
<i>karada</i>	血液	blood
<i>karada</i>	血肉	blood and flesh
<i>karada</i>	腸胃氣血	intestines, stomach, <i>ki</i> and blood
<i>karada</i>	腸胃	intestines and stomach
<i>karada</i>	生命	life
<i>karada</i>	軀裏	inner body
<i>karada</i>	形軀	bodily form
<i>karada</i>	體軀	bodily form
<i>karada</i>	皮肉	skin and flesh
<i>karada</i>	腔子	cavity
<i>karada</i>	軀殼	bodily carapace
<i>karada hataraki</i>	機轉	function of the body (literally, functional movement)
<i>sono hito no karada</i>	血液中	body of that person (literally, within blood)

Table 1: Characters and literal meaning of *karada*

Reading	Characters	Literal Meaning
<i>mi</i>	身	body/self
<i>mi</i>	生	life
<i>mi</i>	軀	body
<i>mi</i>	體	body



n/a	身	body/self
<i>miuchi</i> (within body)	遍身	whole body
<i>miuchi</i> (within body)	血液	blood

Table 2: Characters and literal meaning of *mi*

The compounds above give us two of the main features of the body in *Byōka suchi*: (1) circulation of *ki* within the body, (2) absence of internal organs, particularly the heart. The issue of the heart leads us directly to the question of *kokoro* (mind), which will be examined in the following section.

### **Ki circulation**

Firstly, *Byōka suchi* considers the good circulation of *ki* and all kinds of fluids in the body to be more vital than anything else for preserving life. This reflects the fundamental principle of medicine whereby the make-up of the human body is explained by the concept of *ki*, its most vital constituent, as encoded in the compound <sup>karada</sup> 氣血 or <sup>karada</sup> 腸胃氣血. For example *Lingshu* ‘jueqi 決氣’ explains that *qi/ki* which takes on the colour red within the body becomes blood. *Qi/ki* and blood are essentially the same: the former is formless, while the latter has form<sup>54</sup>. The *furigana* in *Byōka suchi* entail the notion that *ki* and blood are essentially the same, and that these two fluids are indispensable components of the body.

Figure 9: <sup>k i</sup> 氣血 → blood <sup>c h i</sup> 氣血 → body <sup>karada</sup> 氣血 → body <sup>karada</sup> 血液

Figure 10: body <sup>karada</sup> 氣血 → body <sup>karada</sup> 血液 → body <sup>karada</sup> 運輸 → circulation <sup>meguri</sup> 運輸 →

<sup>54</sup> *Lingshu* ‘jueqi 決氣’, 499.

body <sup>karada</sup>運輸 → body <sup>karada</sup>生命

Phrases like “the circulation of the body (気血の<sup>karada</sup>運輸<sup>meguri</sup> transport of *ki* and blood)” or “body (運輸<sup>karada</sup> transport)” demonstrate that *Byōka suchi* views the body as an organic entity that transports *ki* to conduct life. This emphasis on movement within the body, and focus on its organic function rather than physical structure, is derived from traditional Chinese physiology. Ishida (1995) points out the composite understanding of the human body in Chinese medical tradition. The body is often viewed as a “flowing entity 流れる体”, which is sustained by the movement of *qi* inside and around the person. This leads to another view of the body as a “static stage 場としての体” where the operations of *qi* take place.<sup>55</sup> In this perspective, *zangfu* 蔵腑 (the internal organs) and *mai* 脉 (vessels), though themselves products of *qi*, merely play a secondary role as containers or routes where *qi/ki* indwells and operates. Similarly, Yamada (1999) makes an analogy between the movement of *qi* within the body, which is manifested in all kinds of bodily fluids and inhaled breath, and the flowing of water. The circulation of *qi* through the channels that connect the extremities with the vital centres can be compared to the flowing of water through water conduits. This “water model” of the body lays emphasis on movement in the body, rather than discrete organs.<sup>56</sup>

Yamada observes that the concepts of vessels and channels (*jing* 経) originate from a model of water conduits in the external world, and Ishida also considers the flowing model to be more intrinsic to human life than the notion of a static stage. These “flowing” or “water conduit” models highlight the fact that Chinese

<sup>55</sup> Ishida Hidemi 1995, *Kokoro to karada* (Chūgoku shoten, Fukuoka), 162-164, Ishida Hidemi 1992, *Chūgoku igaku shisōshi* (Tokyo daigaku shuppankai, Tokyo), 132-134, 155-159.

<sup>56</sup> Yamada 1999 a, 97-99, 142-143.

*yangsheng* is acutely conscious of *qi* circulation. As we have seen in Chapter 1, therapeutic gymnastics, breath regulation and the like are all intended to stimulate the moderate movement of *qi* in and around the body, thereby preserving health.

Yet it seems there are two differences between Chinese and Edo-period Japanese views of *qi/ki* circulation. Firstly, the central concern for Chinese *yangsheng* is the fear of losing *qi*, which causes depletion (*xu* 虚), a condition that leaves the body in a vulnerable state. This is most evident in such practices as dietetics, *qi* exercise 行氣, and sexual cultivation. It is claimed that, no matter how significant the movement of body *qi* may be, one should never overexert oneself, as this will just result in exhaustion and depletion. The essential point is replenishment by means of taking in fine *qi*. For instance, dietetics aims to take *qi* into the body from foodstuffs. As far as *qi* exercise is concerned, the legendary physician of antiquity Hua Tuo 華陀 is supposed to have told his pupil Wu Pu 吳普, "It is desirable for one to take exercise, but one never should do it to excess".<sup>57</sup> Sexual cultivation instructs practitioners to avoid ejaculation and to circulate semen, the finest *qi*, around the body to replenish the brain. Excessive practice just results in the loss of semen, and the highest achievement is to take *qi* from one's partner (generally female) to nourish the self.

In contrast, fear of depletion is much less of a concern for Edo-period medicine. For instance *Yōjōkun* juxtaposes *ki* depletion and stagnation as the two most harmful factors.

There are two kinds of harm for the cultivation of life. One is to decrease vital essence; the other is to allow it to stagnate. Excessive eating and drinking,

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<sup>57</sup> *Houhanshu*, 'fanshu 方術', Hua Tuo 華陀, 2739-2740.

sexual desire, and exercise will damage and decrease vital essence, whereas excessive eating and drinking, rest and sleep will cause it to stagnate and become blocked. Decrease and stagnation both damage vital essence.<sup>58</sup>

This fear of stagnation crescendos in *Byōka suchi*. Instead of depletion, the text insists that stagnation is the cause of various diseases. One should work hard at one's family vocation, carry out self-massage, and not overindulge in rich and heavy foods. Pent-up emotion, like too much worry or anger, also causes *ki* stagnation and forms a clump in the abdomen. In Chinese *yangsheng*, *qi* intrinsically and constantly moves within the human body through *jingluo*, which form circuits, and also through the *jingxue* 經穴 (acupoints), which exist along with the *jingluo*, and form orifices where *qi* can flow in and out. However *Byōka suchi* assumes that the circulation of *ki* requires deliberate effort. If one does not move *ki* forcefully by exercise, massage or hard work, it will easily become stagnant.

If you do not neglect your duty by day and night, the body's digestion will be good. You will not be bothered by wearing heavy clothing, eating too much or drinking too much. As the proverb says, flowing water does not become putrid and the hinges of a door do not rot. This is because they are all in motion. If you wish to live free of diseases and yearn for happiness, two things are paramount: duty and thrift.<sup>59</sup>

Both duty (*tsutome* 力: to exert) and thrift (*tsumashiki* 儉) are acts of effort. Even though it quotes the famous proverb from *Lushi chungiu*, *Byōka suchi* contends

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<sup>58</sup> *Yōjōkun*, 30.

<sup>59</sup> BS 1:6-7.

that one cannot just wait for bodily *ki* to flow as water does from high to low. Rather, it is necessary to work diligently and “exert” one’s body, thereby promoting the proper movement of *ki*. The same view is also found regarding the cultivation of wet-nurses. An employer should not let a wet nurse simply remain idle when she does not have to take care of the baby. In her spare time she must do other duties such as laundry or running errands, which will improve the digestion (運動 <sup>konasu</sup> exercise) in her body.<sup>60</sup> Here again, keeping spare power 余力 in reserve is merely regarded as “laziness”, which causes stagnation.

### Absence of the internal organs

Secondly the image of the body in *Byōka suchi* is notable for the absence of the internal organs. Most of the instances of organ names are limited to the intestines and stomach, as seen in the collocations body-腸胃<sup>karada</sup> or body-腸胃<sup>karada</sup>. However these terms do not necessarily refer to the intestines and stomach as such, but often to the abdominal area, denoted by the *furigana hara*:

Figure 11: body 腸胃<sup>karada</sup> → abdomen 腸胃<sup>hara</sup> → inside abdomen 腸胃<sup>hara no uchi</sup> →  
 abdominal condition 腸胃<sup>hara ni</sup>

Chinese medical tradition classifies the internal organs into five *zang* (viscera: heart 心, lungs 肺, spleen 脾, liver 肝, kidneys 腎) and six *fu* (entrails: small intestines 小腸, large intestines 大腸, stomach 胃, gallbladder 胆, bladder 膀胱, three burners 三焦). The five *zang* are connected to each other by *jingluo*; and in

<sup>60</sup> BS 3:10.

accordance with the physiological hierarchy, the *zang* organs predominate over the six *fu*. The six *fu* are mainly regarded as a vacant container, playing a secondary role to that of *zang*. But why then does *Byōka suchi* particularly mention the intestines and stomach, two of the *fu*, and make them represent the whole body by the reading *karada*? Two things may suggest the possible answer to this. Firstly, *Byōka suchi* considers the abdomen to be the centre of gravity of the body. Secondly, the intestines and stomach are the site where digestion takes place; and according to the physiology of *Byōka suchi*, “digestion” does not just refer to the process of ingesting food and drink, but often implies as well the flowing movement of *ki* within the whole body.

When you have a difficult, congealed disease, if you do not wish to take medicines, you must give up rich food, alcohol and sexual pleasure, and maintain temperance in daily conduct. In so doing, you will cause no disturbance in the digestion (<sup>konare</sup>運輸: transport) of your body (<sup>karada</sup>腸胃: intestines and stomach) and no blockage in your mind.<sup>61</sup>

We see that digestion is a matter of the function of the whole “body”, which is referred to by a term that literally indicates the intestines and stomach. The significance of the abdominal area and digestion will be further delineated later in the glossaries of *hara* (abdomen) and *konare* (digestion).

The focus on the abdominal area is further emphasised by the absence of mention of other organs. Apart from the abdomen (*hara*), *Byōka suchi* mentions the chest (*mune*), but references to the heart are rare. *Mune* is appended to either 胸 (the

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<sup>61</sup> BS 5:9.

chest, the breast, the mind) or 心 (the heart, the mind). *Mune* for 胸 is mostly identified as the chest, sometimes including the diaphragm or ribs; while in a context like “remove depression in your *mune*, and listen (to the teaching) in peace”<sup>62</sup>, *mune* can be synonymous with the mind. On the other hand, when the character 心 is read as either *kokoro* or *mune*, it mostly indicates “the mind” (Table 3, 4). In *Byōka suchi*, 心 in the sense of “the heart” as an organ appears only a few times in compounds such as 心腹<sup>munehara</sup> (heart and abdomen) or 心下<sup>mizuochi</sup> (literally below the heart, i.e., the pit of the stomach). Miyachi (1979) points out that in ancient Japanese, *kokoro* is not clearly differentiated from *mune* or chest with its throbbing, aching, and waves of emotion.<sup>63</sup> To sum up, whether read as *mune* or *kokoro*, 胸 and 心 in *Byōka suchi* mostly refer to either the mind or the chest (or more broadly the upper body), but not to the heart as an organ.

The omission of the organs seems to correspond to the origin of the word *karada*, as given in *Wakun no shiori* 和訓栞 (A guide to Japanese reading) compiled by Tanikawa Kotosuga 谷川士清, a Japanese linguistic scholar, in 1775. This text explains that *karada* is composed of *kara* 殻, (cast-off) shell and *tachi* 立, standing.<sup>64</sup> It also resonates with another Japanese word *kara*, meaning “vacant” 空. Surveying the vocabulary of the body in literature from ancient times to the twentieth century, Miyachi (1979) reveals that until the early Edo period, *karada* meant bodily form 形骸 or corpse 死体. This suggests that *karada* initially denoted the “exterior” of the human body, and was used in popular language for the cast-off part that is left by the mind or the soul. Later, people began to use *karada* as a general term for the body, whether alive or lifeless, and sometimes *karada* came to indicate

<sup>62</sup> BS 2:39.

<sup>63</sup> Miyachi Atsuko 1979, *Shintai goi no shiteki kenkyū* (Meiji shoin, Tokyo), 80-100.

<sup>64</sup> *Wakun no shiori* (1775) by Tanikawa Kotosuga (edition unknown. Printed in the Edo period, held at Keio University), vol. 2, 27.

the trunk and/or limbs in contradistinction to the head.<sup>65</sup> The semantics of *karada* underwent certain changes which are reflected in various *furigana* / Chinese character collocations in *Byōka suchi*. In particular, the sense of *karada* as the external part of a human being is found in the compound *karada* 軀殼 (exterior body), used in the context of discussing the relation between body and soul.

### The mind and the soul

The interpretation of the term 心 immediately raises questions of the mind. *Byōka suchi* mainly uses two terms for the mental faculties, *kokoro* the mind and *tamashi'i* the soul. Where are they to be found? And what do they do? In most cases the character 心 is employed for *kokoro*, and other characters are rarely used. What is indicated by *kokoro* seems closest to “the mind” in English, generally referring to the part which thinks and feels, while *tamashi'i* can be matched with “the soul”, the spiritual core of a person. *Byōka suchi* more or less differentiates mind, soul and feeling, but the term 精神 overlaps all these categories (Table 3, 4, 5 and 6).

Mind	Characters	Literal Meaning	Reference
<i>kokoro</i>	心	mind	<i>kokoro no uchi</i> : 心裏, 心内 inner mind
<i>kokoro</i>	心意	state of mind	
<i>kokoro</i>	意	intention	<i>kokoro no uchi</i> : 意裏 inner mind
<i>kokoro</i>	情	emotion	
<i>kokoro</i>	識心	perception	<i>shinki</i> : 心識 recognition
<i>kokoro</i>	識神	soul	
<i>kokoro</i>	意識	consciousness	

<sup>65</sup> Miyachi 1979, 34-37, 51, 61-65, 78.



<i>kokoro</i>	志	will	
<i>kokoro</i>	精神	spirit	<i>ki</i> : 精神 spirit, <i>seishin</i> : 精神 spirit, <i>kibun</i> : 精神 feeling

Table 3: Characters and literal meaning of *kokoro*

Soul	Characters	Literal Meaning	Reference
<i>tamashi'i</i>	識神	soul	<i>hataraki</i> : 識 function
<i>tamashi'i</i>	神氣	divinity	<i>shinki</i> : 神氣
<i>tamashi'i</i>	精神	spirit	

Table 4: Characters and literal meaning of *tamashi'i*

Feeling	Characters	Literal Meaning
<i>kokoro mochi</i>	身心	body and mind
<i>kokoro mochi</i>	心意	state of mind
<i>kokoro mochi</i>	意	intention
<i>kokoro mochi</i>	情意	emotion
<i>kokoro mochi</i>	心識	perception
<i>kokoro mochi</i>	心氣	
<i>kokoro mochi</i>	精神	spirit
<i>kokoro mochi</i>	寢食	sleeping and eating
<i>kokoro mochi</i>	氣質	characteristic
<i>kokoro mochi</i>	旨趣	taste

Table 5: Characters and literal meaning of *kokoro mochi*

Heart	Characters	Literal Meaning	Reference
<i>mune</i>	心下	below heart	<i>mizuochi</i> : 心下 胸下

<i>mune</i>	心	mind	
<i>mune</i>	胸腹	chest and abdomen	
<i>mune</i>	胸肋	chest and ribs	
<i>mune</i>	胸膈	chest and diaphragm	
<i>mune</i>	胸	chest	

Table 6: Characters and readings of *mune*

Figure 12: the mind <sup>kokoro</sup> 精神 → the soul <sup>tamashi'i</sup> 精神 → feeling <sup>kokoro mochi</sup> 精神 → feeling <sup>kibun</sup> 精神

The idea of 精神 – the spirit – may be attributed to Chinese medicine. *Lingshu* identifies *xin* 心, the heart, as “the great master of the five viscera and the six entrails, the abode of *jingshen* 精神, the essential spirit”.<sup>66</sup> The spirit is the finest essence of the *ki* that comes from the food and drink that one ingests.<sup>67</sup> As to its location, the spirit is not fixed in the heart alone, since the five functions of the mind are divided among the five viscera. The heart stores *shen* 神 (spirit), the lungs *po* 魄 (*po*-soul), the liver *hun* 魂 (*hun*-soul), the spleen *yi* 意 (will), and the kidney *zhi* 志 (intent).<sup>68</sup> *Hun* and *po* are mobile and go in and out of the human body. *Hun* is formless *qi*, belonging to *yang*, while *po* is manifested in form 形, which belongs to *yin*. Their functions are akin to the soul. As far as *yi* and *zhi* are concerned, *Lingshu* explains that *yi* is the thoughts and ideas in the mind, while *zhi* is the faculty of decision of *yi*. *Zhi* and *yi* control the spirit, store *hun* and *po*, harmonise coldness

<sup>66</sup> 心者五臟六腑之大主也、精神之所舍也, *Lingshu* ‘xieke 邪客’, 277.

<sup>67</sup> *Lingshu*, ‘pinrenqueke 平人絕穀’, 509.

<sup>68</sup> *Suwen*, ‘zhuanmingwuqi 宣明五氣’, 153.

and warmth, and soothe (the emotions of) joy and anger.<sup>69</sup> However, it is more accurate to say that the spirit is divided into five phases, and that each resides in one of the five *qi* entities of the viscera. The liver stores blood where *hun* resides, the spleen stores *rong* (structural *qi*) where *yi* resides, the heart stores *mai* (vessels) where *shen* resides, the lung stores *qi* where *po* resides, and the kidney stores *jing* where *zhi* resides.<sup>70</sup> In this sense it is possible to say that the mind resides in flowing *qi*, and the five viscera serve as containers for them.

The relation between the spirit and heart in Chinese medical tradition was long acknowledged in the semantics of the Japanese term 心, as shown in an Edo-period encyclopaedia *Wakan sansaizue* 和漢三才図会 (Illustrated Sino-Japanese encyclopaedia, 1713, by Terashima Ryōan 寺島良安), which describes the heart as “the ruler of all organs and the seat of spiritual activities”.<sup>71</sup> This was the case even after the influence of Western anatomy, when the idea of heart as the centre of the circulatory system of the blood had become widespread.<sup>72</sup> Thus *Byōka suchi* also casually mentions that if you wish to know what is going on in your mind (心中 and 意裏: *kokoro no uchi*), you should look into the mirror in your chest 胸<sup>mune</sup><sup>73</sup>. On the other hand, it is explained that nightmares are often due to an unbalance in the head, which is related to emotion 精神<sup>kokoro mochi</sup><sup>74</sup>. From these statements it is difficult to establish where *Byōka suchi* places the abode of the mental faculty; and there is no reference to the heart, five viscera or brain.

<sup>69</sup> *Lingshu*, ‘benshen 本神’, 173-177.

<sup>70</sup> *Lingshu*, ‘benshen 本神’, 183-185.

<sup>71</sup> *Wakan sansai zue*. Reprint 1906 (Yoshikawa kōbunkan, Tokyo), vol. 11, ‘keiraku 経絡’, 163.

<sup>72</sup> *Kaitai shinsho* first diffused anatomical knowledge about the human body including the function of the heart. *Kaitai shinsho* by Sugita Genpaku 1774. Translated into modern Japanese and annotated by Sakai Shizu 1998, *Shinsōban Kaitaishinsho* (Kōdansha, Tokyo), 137-141.

<sup>73</sup> BS 1:17.

<sup>74</sup> BS 6:20-21.

Secondly, if the mind thinks and feels, what then is the soul? We find many examples in Japanese literature through the ages where the soul (*tamashi'i*) from time to time slips out of the body owing to death, sleep, or deep thought (including love). For instance, *Kokin wakashū* 古今和歌集 (Collective poems ancient and modern, compiled by Kino Tsurayuki 紀貫之, beginning of the tenth century CE) contains a love poem by an unknown author: "If my soul (*tamashi'i*) drifts away because I lament so much over my unrequited love, will my body remain to be spoken off as an empty cast-off shell (*kara*)?"<sup>75</sup> In the same way, *Byōka suchi* considers that the soul is mobile, residing only temporarily in the mortal body.

The soul <sup>tamashi'i</sup> 識神 is neither born nor can it die. It can see despite being formless and hear despite being soundless, and it is almost unimaginably subtle. It is assumed that the soul originally belongs to the self. Yet it dwells only temporarily in this body <sup>karada</sup> 軀殻, governs vital *ki*, breathes the air, and maintains warmth, life, and operation<sup>76</sup>.

識神 for *tamashi'i* is originally a Buddhist term and a Chinese rendition of the Sanskrit *vijñāna* meaning "soul" or "mind", more specifically defined as "the art of distinguishing, or discerning" or "perception through knowledge".<sup>77</sup> In *Byōka suchi*, the language of the soul does not directly incorporate either the literal meaning of the Buddhism term 識神 for perception, or the Chinese understanding of *jingshen* as

<sup>75</sup> 恋しきにわびてたましひまどひなばむなしきからの名にやのこらむ, *Kokin wakashū*, *Kokin wakashū*, reprint 1989, annotated by Kojima Noriyuki 小島憲之 and Arai Eizō 新井榮藏, *Shin Nihon koten bungaku taikai* (Iwanami, Tokyo), vol. 5, 179.

<sup>76</sup> BS.1:17.

<sup>77</sup> Nakamura Gen 1981, *Bukkyōgo Daijigen* (Tokyo shoseki, Tokyo), 579. Iwano Fumiyo 1991, *Japanese-English Buddhist Dictionary* (revised edition, Heibunsha, Tokyo), 309.

the spirit dwelling in the heart. The eternity and immortality of the soul form a contrast with the body 軀殼 (exterior body), which emphasises the body's physicality. The idea of the body as the container of the mind is also found in Chinese tradition. For instance *Lunheng* 論衡 (Balanced Discussions) by Wang Chong 王充 (c. 27-100) describes how the spirit *jingshen* is stored in the body "just like cereals are in a sack".<sup>78</sup> However the soul in *Byōka suchi* is different from the Chinese spirit, which is stored in the five viscera, and ultimately flows through the body and fills it as the phases of *qi*. Mobility of mind is mentioned in *Guanzi* 管子: "How the mind 意 circulates is just like the circulation of *qi* in the heavens".<sup>79</sup>

Furthermore *Byōka suchi*'s version of soul seems unique in comparison with other contemporary Japanese medical texts. For instance, *Ihōtaseiron gekai* situates the soul in the heart, and the idea of 精神<sup>tamashi'i</sup> seems to follow the traditional account of *Huangdi neijing*.

The heart is the lord of officials, the head of the five viscera and the six entrails.

The working of the whole body depends on the heart, and the heart works by

order of the soul 精神<sup>tamashi'i</sup>. Thus the heart receives the orders for the whole body...

The heart is where the soul resides, and it stores all the workings of intelligence.<sup>80</sup>

<sup>78</sup> *Lunheng*, compiled by Wang Chong 王充 (possibly between c.70-80 CE), SBCK edition, 'zibu 子部', 'tonglunsi 同論死': 人之精神藏於形体之內猶粟米在囊粟之中也。

<sup>79</sup> *Guanzi* 管子, by Guan Zhong 管仲. Put together in its present form by Liu Xiang 劉向 in about 26 BCE. SBCK edition, 'zibu 子部', 'naiye 內業': 謂雲氣意行似天。

<sup>80</sup> *Ihōtaseiron gekai*, by Okamoto Ippo (1721). Facsimile edition, Ōtsuka Keisetsu, Yakazu Dōmei (eds) 1982, *Kinsei kanpō igakusho shūsei* (Meicho, Tokyo), vol. 9, 416. Hereafter referred to as KKIS edition.

In contrast, in *Byōka suchi*, the soul is described as being the “same as demons or ghosts 鬼神”<sup>81</sup>, and it functions as the eternal core of a person upon which one’s conscience and integrity rely. “So mysterious and enigmatic is the soul that it knows things that are far away, makes no mistake in remembering what has happened in the past, and makes no error in foreseeing what is yet to occur in the future”.<sup>82</sup> This image of the mysterious, all-powerful soul is unique to *Byōka suchi*, and it may be possible to detect a certain influence from Western ideas of the soul.<sup>83</sup> Although this is merely a speculation, Hirano Jūsei’s mention of using a microscope to find worms or parasites 蟲 in rotten food<sup>84</sup> at least suggests that he had come across some ideas of Western science.

To summarise, *Byōka suchi* refers to the mind *kokoro* and the soul *tamashi’i* together as the mental faculty. *Kokoro* generally indicates a location in the chest where one thinks and feels, but it is not precisely related to the heart. On the other hand, the soul exists above all material existence, and only temporarily resides in the mortal, physical body. In the context of discussing the metaphysical nature of the soul, the body is often described as a hollow container.

### 2-3-2. *Hara*: abdomen as the centre of the body

Examining *Byōka suchi* in search of references to internal organs, one is surprised to find how few of the organs are referred to by name, and how many variations of Chinese characters are read *hara*, the abdomen (Table 7, 8, 9). Even when the Chinese characters indicate particular organs like 腸胃 (<sup>hara</sup>intestines and

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<sup>81</sup> BS 1:17.

<sup>82</sup> BS 1:18.

<sup>83</sup> This was suggested by Shigehisa Kuriyama, to whom I would like to express my gratitude.

<sup>84</sup> BS 2:7.

stomach) or <sup>hara</sup>胃 (stomach), in most cases the appended *furigana* “*hara*” has the effect of muting this specificity. This neglect of individual organs conversely leads to an emphasis on the abdomen.

Abdomen	Characters	Literal Meaning
<i>hara</i>	腸胃	the intestines and stomach
<i>hara</i>	腹	abdomen
<i>hara</i>	腹中	inner abdomen
<i>hara</i>	腹部	abdominal part
<i>hara</i>	肚	abdomen
<i>hara</i>	腹力	abdominal power
<i>hara</i>	腹氣	abdominal <i>qi</i>
<i>hara</i>	諸藏	various organs
<i>hara</i>	胃	stomach

Table 7. Characters and literal meaning of *hara*

Inner Abdomen	Characters	Literal Meaning
<i>hara no uchi</i>	腹中	inner abdomen
<i>hara no uchi</i>	身内	inside body
<i>hara no uchi</i>	腹裏	inner abdomen
<i>hara no uchi</i>	腹肚	abdomen
<i>hara no uchi</i>	腔裏	inner cavity
<i>hara no uchi</i>	内部	inside
<i>hara no uchi</i>	腹部	abdominal part
<i>hara no uchi</i>	内臓	internal organs

<i>hara no katamari</i>	lump in the abdomen	癥癖	congealed clump
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Table 9. Other expressions with *hara*

This section examines how the abdomen acquired higher significance not only in *Byōka suchi* but also in Japanese culture during and after the Edo period. The emphasis on the abdomen had been long established in Japan, and a broad examination through the ages will reveal that *Byōka suchi* epitomises a view of the body which was widely shared among the Japanese. The argument is set out mainly from three perspectives. Firstly, in Japanese tradition, there was a strong consciousness of the abdomen, which was seen as the centre of both physical and spiritual power. Secondly, in the Edo period, concern with the abdomen is inextricably linked with pathology and diagnosis in the medical context. Thirdly, concern with the abdomen is methodically reflected in cultivating-life practices.

### Centre of the body

*Byōka suchi* offers a guide to the proper manner of walking in order to put the bodily form to rights. When you walk, the part of the body that you should be most conscious of is the abdomen.

All your concern should lie in pushing the lower abdomen 小腹 (*shita hara*) forward at the waist. As you do so, strength accumulates under the navel, the lower abdomen 下腹 (*shita hara*) becomes replete with *ki*, the breath reaches under the navel, and nothing obstructs the chest, the ribs, and the pit of the stomach. You feel that the power of the whole body is in the area under the navel and the waist.<sup>85</sup>

<sup>85</sup> BS 1:11.



This account plainly asserts that the abdomen is the centre and pivot of the body. *Yōjōketsu*, another *yōjō* text by Hirano Jūsei, further explains that the abdomen acts as the centre of gravity of the body.

For example when one shoulders a heavy burden, the body invariably bends forward; and when one carries something in front, the back invariably bends backward. Likewise when one leans to the right, [the body] curves to the left; and when one leans left, [the body] curves to the right. The balance always depends on the weight of the object one is holding, and gravitates to the front, back, right and left. Shifting the centre is just like weighing an object on a scale (*Yōjōketsu*).<sup>86</sup>

No matter which way one's body leans, as long as the posture of the abdominal area is correct, the body can keep its balance. This consciousness of the abdomen grew stronger still after the Edo period. For instance Karlfried Graf Dürckheim, a German who spent about ten years in Japan during the Second World War, discusses the subject of the abdomen in Japanese culture in his *Hara 肚 Die Erdmitte des Menschen* (*Hara, the vital centre of man*, 1945).<sup>87</sup> He observes that the abdomen weighs heavily in both the mind and the body of the Japanese, for it is not just the centre of gravity of the body, but the root of human life and vitality, a concept which is based on the traditional theory of mind-body unity. Dürckheim emphasises

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<sup>86</sup> Eisei 3:156.

<sup>87</sup> Originally published in Germany, Karlfried Graf Dürckheim 1956, *Hara: Die Erdmitte des Menschen*. I used the English translation: translated by Sylvia-Monica von Kospoth & Estelle R. Healey 1962, *Hara, the vital center of man* (George Allen & Unwin Ltd, London). For the philosophical analysis of the Eastern body from the viewpoint of mind-body unity, see for instance Yuasa Yasuo 1990, *Shintairon* (Kōdansha, Tokyo).

that it is crucial to learn how to use the abdomen properly by maintaining good posture and cultivating a calm physical sensation in the lower abdomen. A certain resemblance to *Byōka suchi* in Dürckheim's description of the ideal way of sitting is noticeable.

In right sitting as well as in right standing the shoulders are relaxed. Only in the released belly is that slight tension preserved which gives strength to the whole trunk. In the Hara-seat the aspirant feels the center which keeps him in form, perhaps even more clearly than while standing.<sup>88</sup>

Dürckheim's view, though a little romanticised, shows that the emphasis on the abdomen continued more than a hundred years after *Byōka suchi*. In every action, one must be conscious of the abdomen as centred and settled, thereby maintaining the balance of the body as a whole.

### **Spiritual centre**

*Byōka suchi* regards the abdomen as the pivot of the body, but does not find any spirituality there. On the other hand, the psychologist and philosopher Dürckheim had a more metaphysical approach. Inspired by the mysterious relationship between body and mind that he finds in the Asian tradition, he claims that not only physical strength but also "supernatural strength" resides in the abdomen. It makes possible extraordinary achievements, because the abdomen represents a maturity that comes from within.<sup>89</sup>

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<sup>88</sup> Dürckheim, 126.

<sup>89</sup> Dürckheim, 18.

Finding himself in Hara means then two things: liberation from the wrong I, the one not in contact with Being and hence from the pseudo-self, and the opening of a way to the right I, which is in contact with Being, and ultimately to the true Self.<sup>90</sup>

According to Dürckheim, the abdomen was endowed with high significance in Japanese thinking. Tanaka (1993) also points out an old idiomatic expression for the ideal state of the abdomen, i.e. *taiko-bara* 太鼓腹 (potbelly, literally “drum-belly”). This was not an object of derision or distaste, but a symbol of an important man with *gravitas*.<sup>91</sup>

Where spirituality resides, the right mind is also found. For instance, *Jūshi keisei hara no uchi* 十四傾城腹の内 (Fourteen courtesans inside the abdomen, by Shiba Zenkō 芝全交, illustrated by Kitao Shigemasa 北尾重政, published in 1793)<sup>92</sup>, one of the *kibyōshi* 黄表紙 (Yellow Cover) booklets,<sup>93</sup> represents the interior of the body by personifying the internal organs.<sup>94</sup> The interior of the courtesan’s body is likened to a merchant’s house, where the liver works as head clerk, the spleen and stomach are a delicatessen, and so on. At the same time it comically shows how the words of a courtesan are at odds with her real thoughts, i.e., what is going on within her abdomen.

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<sup>90</sup> Dürckheim, 156.

<sup>91</sup> Tanaka Satoshi 1993, *Naze Taiko-bara wa kirawareru yōni nattanoka* (Kawade shobō, Tokyo), 93-7.

<sup>92</sup> Koike Masatane 1983, *Edo no gesaku ehon* vol. 4 (Shakaishisōsha, Tokyo), 47-86.

<sup>93</sup> The Yellow Cover booklets contain relatively short, entertaining tales with illustrations. This is said to have been the most popular type of literature during the Edo period, and more than 2000 booklets were published from 1775 to 1806.

<sup>94</sup> This is a parody of the acupuncture text *Jūshi keiro hakki wage* 十四經路發揮和解 (Japanese annotation of the fourteen vessels) by Okamoto Ipposhi 岡本一抱子, which is an commentary on *Shisijing fahui* 十四經發揮, a Chinese acupuncture text of the Yuan period by Hua Poren 滑伯仁. Screech also discusses the impact of anatomy on Edo popular culture, Timon Screech 1997, *Edo no karada o hiraku* (Sakuhinsha, Tokyo), 177-207.

Courtesan 1: Really, I love you so much. How can you say such a heartless thing to me!

Inside her abdomen (腹の中 *hara no naka*): He is a disgusting customer, but he may be useful. So I must cry like this, and force him to pay the bill. Well, it is so funny, ha-ha-ha.<sup>95</sup>

This dialogue shows that the term “*hara no uchi* (inside the abdomen)” has a double meaning. That is, one’s real thoughts are equated with the internal organs, i.e., the five viscera and six entrails. Shirasugi (2001) observes that the idea of peering into the interior of the abdomen to see the soul was a common theme in the popular literature of the Edo period.<sup>96</sup> People’s curiosity to see inside the human soul and the interior of the human body was accentuated by the circulation of anatomical texts in the late eighteenth century. For instance Yamawaki Tōyō published his observations of anatomical dissection in 1754 as *Zōshi* 蔵志 (Record of the viscera, 1759). *Kaitai shinsho*, a translation of a Dutch anatomy, caused a sensation among both scholars and the general public.<sup>97</sup>

The association of the abdomen with spirituality, though not found in *Byōka suchi*, is still enshrined in Japanese idioms nowadays. When we talk of “splitting the abdomen 腹を割る (*hara o waru*)”, it indicates that we are showing our real intentions frankly, while “to probe into the abdomen 腹を探る (*hara o saguru*)” means to try to find out what others are really thinking about.

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<sup>95</sup> Koike 1983, 53.

<sup>96</sup> Shirasugi Etsuo 2001, ‘Envisioning the Inner Body in Edo Japan: The *Inshoku yōjō kagami* (Rules of Dietary Life) and *Bōji yōjō kagami* (Rules of Sexual Life)’, in Kuriyama, 31-49.

<sup>97</sup> Sakai (1994) investigates how knowledge of Western anatomy was transmitted within society. Sakai Shizu 1997, ‘17/18 seiki no Nihonjin no shintaikan’, in Yamada and Kuriyama, 431-455.

## Pathology of the abdomen

We shall look next at the importance of the abdomen from the viewpoint of pathology and diagnosis. As far as *Byōka suchi* is concerned, such compounds as hara no uchi 内蔵, h a r a 諸蔵, and hara no uchi 内部 suggest that the abdomen stands for the entrails as a whole, or even more simply, the interior of the body. As mentioned before, if “the balance inside the abdomen hara no uchi 胸腹諸蔵” is disturbed, one ends up suffering from difficult and complicated illnesses.<sup>98</sup> Abdominal disorders seriously affect the whole body, and all kinds of pathological conditions manifest in the abdomen. This conversely leads to the idea that as long as the abdomen remains well, it guarantees life. For instance *Yōjōkun* claims, “the *ki* of the stomach is a synonym of vital energy 元氣, that is, harmonious central *ki* 冲和の気. Even if the disease is serious, as long as one has stomach *ki*, one will live”.<sup>99</sup>

In terms of pathology, there are two great fears regarding the abdomen. One is the fear of disturbed digestion due to excessive or inappropriate eating, which becomes the cause of various diseases.

If you eat too much and feel too full, the abdomen 腸胃 (*hara*) becomes bloated, the digestion is bad, the body gradually weakens, and the circulation of the blood becomes bad. A small congealed clump develops inside the abdomen 腹中 (*hara no uchi*) and grows in size, knotting into a larger clump known as *shaku* 癥瘕 (congealed clump), while the spirit becomes depressed and you do not feel at ease in your daily life. This will be the cause of serious diseases.<sup>100</sup>

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<sup>98</sup> BS 1:18.

<sup>99</sup> *Yōjōkun*, 50.

<sup>100</sup> BS 1:9.

The other fear about the abdomen concerns the development of congealed clumps. In *Byōka suchi*, this condition is often expressed as *shaku* or *hara no katamari* 癥癖 (habitual clump). *Shaku* is recognised as a palpable clump, produced by causes ranging from anxiety to unrestrained eating. Both “*konare* digestion” and “*shaku* congealed clump” are discussed in separate sections, but here I would like to mention how the significance of the abdomen is manifested in the theory and practice of Edo-period medicine.

As *Byōka suchi* bears out, the significance of the abdominal area weighs heavily in Edo-period medicine, and many physicians had begun to seek pathogens there. For instance Yoshimasu Tōdō 吉益東洞 (1702-1773), a prominent physician of the Classic School, maintains in his *Idan* 医断 (Deciding medicine, 1752):

The abdomen is the root of life, therefore the roots of a hundred illnesses lie there. In diagnosing diseases, one must examine a patient’s abdomen. Other symptoms are of secondary importance.<sup>101</sup>

This heightened consciousness of the abdomen affects diagnostic categories. Chinese medical tradition established four basic categories of diagnosis, that is, looking 望 (*wang*), listening and smelling 聞 (*wen*), questioning 問 (*wen*), and touching 切 (*qie*). In China, attention is concentrated mainly on *qie*, palpating the pulses. Abdominal examination was once included in touching, but Kagawa Shuan of the Classic School, for example, instituted abdominal diagnosis 腹診 and back diagnosis 背診 independently of the original four, and proposed that there should be

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<sup>101</sup> Yoshimasu Tōdō (1752) *Idan* (reprint 1993, edited by Chen Cunren, *Huanghan Yixue Caoshu* 13 (Shanghai Zhongyi xueyuan chubanshe, Shanghai), 3. Yoshimasu Tōdō’s medical view is referenced by Tateno Masami 2004, *Yoshimasu Tōdō “Kosho igen” no kenkyū* (Hanko shoin, Tokyo), 99-312.

six diagnoses 六診. Kagawa places abdominal diagnosis first among the six: “My school regards abdominal palpation as the most essential of the six diagnoses. It is because one should generally be able to tell a person’s strengths and weaknesses by palpating the abdomen”.<sup>102</sup> The popularity of abdominal palpation was not limited to Kagawa Shuan, but was widespread among Edo-period physicians. Many texts specialising in abdominal palpation were published, some of which are available to us now, as they have been republished in *Rinshō kampō shindangaku Sōsho* 臨床漢方診断学叢書 (Collection of clinical diagnosis of traditional medicine, 1995) or *Nihon kampō fukushin sōsho* 日本漢方腹診叢書 (Collection of abdominal palpation in Japanese traditional medicine vol. 1-6, 1986).<sup>103</sup> If all illnesses arise from the abdomen and manifest there, there can be no question about the importance of taking good care of it by means of daily *yōjō* practice.

As far as *Byōka suchi* is concerned, this text employs the orthodox “four diagnoses” but not abdominal diagnosis. Nonetheless, Hirano Jūsei is also very much concerned to ascertain if anything seems to be wrong with the abdomen, saying “one can ‘see’ the diseases in the patient’s abdomen from the colour (complexion or hue) manifested in the face”. This is possible because the “true *ki* 真氣” flows directly from the elixir field, i.e. the centre of the body located in the abdomen, through the forehead and nose.<sup>104</sup> This may allude to Hirano’s belief that a skilled physician should “see”, rather than “touch”.

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<sup>102</sup> *Ippondō kōyo igen* 一本堂行余医言, by Kagawa Shuan. KKIS edition, vol. 65, 36.

<sup>103</sup> A recent study classifies and analyses Japanese texts of abdominal palpation, Liao Yuqun (1997), 343-369. Abdominal palpation texts in these collections are categorised into three groups depending on their basis in medical classics. *Nanjing* 難經 (Canon of difficulties, the Later Han), *Shanghanlun*, and Eclectic School. *Oriente rinshō bunken kenkyūsho* (ed) 1995, *Rinshō kampō shindangaku sōsho* (Orientosha, Tokyo). Matsumoto Kazuo (ed) 1994, *Nihon kampō fukushin sōsho* (Oriente shuppan, Tokyo).

<sup>104</sup> *Yōjōben*, kōhen 後編: chū 中, 6.

## The abdomen in cultivating life

*Hara* is *hara* (原 plain field)... The human abdomen is also called *hara* because it is a vast field where five viscera, six entrails, four limbs, and a hundred bones are nourished... As long as the form of the abdomen is wrong, you cannot set anything right at all, as so many techniques are needed for every behaviour. When you cultivate life and the abdominal form improves, your fortune will become better and your wishes will be fulfilled. Those who have ambitions should firstly master how to regulate the abdomen (*Yōjōben*).<sup>105</sup>

This statement from *Yōjōben* privileges the abdomen as an all-powerful key to cultivating life. It is by no means neglected in *Byōka suchi*. Taking the traditional idea of *yōjō* as its basis, *Byōka suchi* particularly emphasises maintaining the tranquil function of the abdomen through such practices as proper diet, breath regulation, and massage. In particular, *Byōka suchi* is noteworthy for developing its own method of abdominal breath regulation.

The breath enters through the nostrils, reaches below the naval, and is excreted through the nostrils again, issuing from below the navel. Afterwards it also issues as vapour from the ears and exits through the pores of the skin.<sup>106</sup>

In order to enable the breath to reach the lower abdomen, Hirano Jūsei introduces the Zen sash 禪帶 for the repletion of the abdomen with breath, which he invented in *Yōjōketsu*. It is a long sash, approximately six feet in length, which is

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<sup>105</sup> Eisei 4:59.

<sup>106</sup> BS 1:11.



tied twice around the ribs, above the stomach, to concentrate the breath in the elixir field.<sup>107</sup> Probably the idea is to tighten the upper body with the sash, thereby releasing the lower abdomen where *ki* should be abundant.

Breath regulation in Chinese *yangsheng* also emphasises concentrating on the repletion with *qi* /*ki* of the area below the navel, the elixir field. Sakade (1999) observes that this begins as early as the Later Han dynasty, when *yangsheng* texts on breath regulation began to mention filling the elixir field with *qi*.<sup>108</sup> Thus the instructions in *Byōka suchi* are not unusual in Edo-period *yōjō* texts. However the author does not expect the practice to bring about longevity; and this forms a contrast with Chinese *yangsheng*, where the primary aims of breath regulation are longevity and the preservation of health.

Instead, *Byōka suchi* sees the chief effects of breath regulation in two areas: harmonising the mind and curing illnesses. Firstly, *Byōka suchi* repeatedly claims that one should be conscious of the abdomen being replete with *ki* at all times – when one is walking, sitting, sleeping, or waking. It recommends repeatedly that this should be practised in conjunction with abdominal massage. Through the constant practice of storing dispersed *ki* so as to fill the abdomen, one's mind becomes composed. The author's claims for the efficacy of this practice for the mental state are set out more clearly in *Yōjōketsu*.

When one inhales atmospheric air so that it operates through the elixir field [i.e. the centre] and circulates it equally throughout on the body – up, down, right and left, this [movement of *ki*] corresponds to the movement [of *ki*] in the universe. Thus without deliberately intending it, one becomes endowed with

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<sup>107</sup> Eisei 3:164-165.

<sup>108</sup> Sakade 1999, 54-55.

mysterious refinement and transformative virtue.<sup>109</sup>

Abdominal breathing (microcosm) is likened to the circulation of *ki* within the universe (macrocosm). The association of spirituality with abdominal *ki* seems to resonate with the views of Dürckheim, who as we have seen, maintains that spiritual power resides in the abdomen.

Secondly, it is characteristic of *Byōka suchi* to recommend that controlling and calming the breath in the abdomen can cure various diseases.

As for all those people who have chronic diseases, when going to sleep, they should in particular calm the mind, banish any thoughts, and concentrate on the area under the navel being replete with *ki*. The efficacy of going to sleep like this is often far greater than ordinary medicines.<sup>110</sup>

When combined with abdominal massage for enhanced efficacy, regulating the breath in the abdomen can be a panacea for *kan* 癩 (*Byōka suchi* defines it as various disorders related to the mind)<sup>111</sup>, stiff shoulders, flushing, dizziness, blockages in the chest and the stomach, depressed mind, *shaku* (congealed clump), colic, stomach convulsions, women's blood-related diseases and so on".<sup>112</sup>

According to Tanaka (1993, 1996), it was *Yasen kanna* 夜船閑話 (1757) by Hakuin 白隠, a Rinzai Zen priest, that propagated the idea of abdominal breathing as a "cure-all" in Edo *yōjō* theory.<sup>113</sup> The method of Hakuin, which combines Zen

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<sup>109</sup> Eisei 3:155.

<sup>110</sup> BS 1:12.

<sup>111</sup> For the definition of *kan*, see section on "massage".

<sup>112</sup> BS 1:11.

<sup>113</sup> Tanaka 1993, 51-72. Tanaka Satoshi 1996, *Kenkōhō to iyashi no shakaishi* (Seikyusha, Tokyo), 50-51.

seated meditation and breath regulation, is famously known as the “soft butter 軟酥”method. One imagines that soft butter is placed on one’s head, and the butter is melting and running down, and soaking into one’s body. This is a method of controlling the downward movement of *ki* to the elixir field through visualisation.<sup>114</sup> Deep breathing in the elixir field cures “all kinds of sufferings” and can be more effective than any medicines.

After the Edo period, many health manuals endorsing such meditation methods as a “cure-all” appeared in the Meiji, Taishō, and Shōwa eras (i.e. well into the 20<sup>th</sup> century). Often inspired by *Yasen kanna*, they focus equally on cultivating the abdomen as the centre of life. For instance Fujita Reisai 藤田靈齋 (1868-1957) and Niki Kenzō 二木謙三 (1873-1966) established their own seated meditation and abdominal breathing methods. In particular, the method of Okada Torajirō 岡田虎二郎 (1872-1920), i.e. the Okada-style seated meditation method 岡田式静座法, was widely practised at the beginning of the twentieth century.<sup>115</sup>

The cultivation of the abdomen as a panacea in *Byōka suchi* evidently also belongs to the same lineage as *Yasen Kanna*. In *Yōjōketsu*, Hirano Jūsei mentions that he learnt the art of abdominal cultivation from Shirai Kyusu 白井鳩洲, who mastered the secrets of Zen from a pupil of Hakuin.<sup>116</sup> In other words, Jūsei became a de facto inheritor of Hakuin’s method in the fourth generation of the lineage of transmission. The abdominal breathing methods of the Edo period were in turn

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<sup>114</sup> Eisei 2:240-241.

<sup>115</sup> Tanaka claims that after the Meiji Restoration, the leaders of the Japanese government, developed a complex about the Japanese physique, and launched a campaign to rebuild the Japanese body on the model of “Western” masculinity. In the national movement to re-imagine the body, opinion about the significance of the abdomen began to waver. However as one of the reactions against this form of Westernisation, some Japanese chose to revive abdominal power as an emblem of traditional body cultivation. A number of health methods sprang into being and then disappeared around the turn of the nineteenth century, some of which involved mysticism or dubious hypnotism. Proponents often maintained that a mysterious spiritual power lodges in the abdomen. Tanaka 1993, 148-178.

<sup>116</sup> Eisei 3:167-168.

passed on to later generations who practised them as a cure-all and for purposes of spiritual cultivation in the Meiji, Taishō, and early Shōwa times. Therefore when we look at the development of breath regulation in *yōjō* texts during and after the Edo period, it highlights the position of *Byōka suchi* (and *Yōjōketsu*) in the long lineage of emphasis on the abdomen in Japanese culture.

### 2-3-3. *Konare*: digestion

It seems most appropriate to translate *konare* in *Byōka suchi* as “digestion”, for this best reflects both the various Chinese characters with which *konare* makes compounds and the contexts in which the term is used (Table 10). We may think of “digestion” as a physiological process that breaks down food and drink into substances that can nourish the body. In addition to this definition, however, *konare* in *Byōka suchi* further alludes to the central bodily function, which is crucial in considering the mechanisms of life. It should be noted that the chart below gives a list of various homonyms of *konare* written with different Chinese characters in *Byōka suchi*. The left column lists the Chinese characters to which the reading *konare* is appended. The middle column shows the literal meaning of the corresponding Chinese characters in order to highlight different nuances. The right column gives the context in which each instance of *konare* appears in *Byōka suchi*. This survey suggests the possibility that the author Hirano Jūsei deliberately matches the word *konare* with particular Chinese characters, in full consciousness of the effect generated by their combination. For instance, he often uses 化<sup>konare</sup> in the context of digesting something that is (in his view) indigestible, such as rice cakes or glutinous rice products. From this example, it may be possible to claim that Hirano intends to emphasise the “converting” aspect of digestion, from a sticky or hard

substance to nourishment. On the other hand, <sup>konare</sup>化 appears in a discussion of the movement of *ki* of the body, rather than the digestion of food. Thus the chart shows that *konare* in *Byōka suchi* takes on diverse meanings depending on the context, as we shall argue in this chapter.

Characters	Literal Meaning	Context in which each <i>konare</i> appears
消化	to disperse + convert	<i>konare</i> is wrong. <i>konare</i> of: abdomen (腸胃 hara), food and drink, breakfast, things one ate, vinegar, bamboo shoots, milk, fruit.
運化	to transport + convert	<i>konare</i> of: body, inner abdomen 腹中, inner abdomen (腔裏 hara no uchi). The function of <i>konare</i> .
運輸	to transport	<i>konare</i> of: abdomen (腸胃 hara), body (腸胃 karada)
化	to convert	<i>konare</i> of: food and drink, glutinous rice products, rice cake
化熟	to convert + mature	<i>konare</i> of: abdomen (腸胃 hara), rice cake
傳化	to pass on to + convert	<i>konare</i> of abdomen (腸胃 hara), a function of <i>konare</i>
傳輸	to pass on to + transport	<i>konare</i> of: abdomen (腸胃 hara), inner abdomen (腸胃 hara no uchi)
運動	to exercise	<i>konare</i> of body (體)
轉輸	to change + transport	<i>konare</i> of abdomen (腸胃 hara)
轉化	to change + convert	<i>konare</i> of abdomen (腸胃 hara)
消化	to disperse + convert	<i>konare</i> is good/bad
轉輸	to change + transport	<i>konare</i> is good
胃弱	weak stomach	<i>konare</i> is bad
消化	to disperse + convert	<i>konare</i> of food and drink
輸化	to transport + convert	<i>konare</i> of abdomen (腸胃 hara)
運輸	to transport	<i>konare</i> of abdomen (腸胃 hara)

Table 10. Characters and literal meaning of *konare*

### Short history of *konare*

First of all let us briefly trace the meaning of the word *konare* through history. This is a noun which is cognate with the transitive verb *konasu*. The definition in *Kogo daijiten* (Dictionary of Japanese Archaisms) explains that its initial meaning is “to grind, to pulverise, to cultivate”. This relates to the literal meaning of *kona*, powder, as *konasu* can be divided into *kona* (powder) + *su* (a word to indicate action).<sup>117</sup> According to the *Dictionary of the Origins of Japanese*, the element *ko* of *konare* developed in the order of: 越 (to go beyond)→子 (child)→小 (small)→熟 (to cook or to ripen).<sup>118</sup> This seems to echo the shift in meaning that the term *konare* would later undergo. This interpretation, which had already emerged in ancient records, is supported by contemporary linguistic analysis. For instance, there is a kind of Japanese glossary, usually called *Setsuyōshū* 節用集, that appeared before the Edo period and prevailed as the prototype for many later dictionaries. The *Irin* edition (*Irin setsuyōshū* 易林節用集) explains the character 擾 (to disturb) or 農 (to farm) as synonymous with *konasu*.<sup>119</sup> The second meaning of *konasu* is “to knead”. *Nippo jisho* 日葡辞書 (Japanese-Portuguese dictionary), compiled by a Jesuit missionary in the sixteenth century CE, defined it as “*Conaxi, -su, -aita*” (*konasi*, with inflections *konasu* or *konaita*), which means “to knead wheat, or to bake bread”<sup>120</sup>.

<sup>117</sup> Yamanaka Jōta 1976, *Kokugo gogen jiten* (Hasekura, Tokyo), 226.

<sup>118</sup> *Konasu* can similarly be decomposed into: *ko* 小 (small) + *na* 馴 (mild) + *su* (a word indicating action) in this context. Tōdō Akiyasu (ed) 1984, *Nihon gogen jiten* (Gendai shuppan, Tokyo), 145.

<sup>119</sup> *Irin setsuyōshū* (12th century CE) kanchi' in edition. Edited with indices by Masamune Atsuo 1954-1955, (Kazama shobō, Tokyo).

<sup>120</sup> *Mugino co uo conasu* (麦の粉をコナス). *Nippo jisho*, Jesuit Missionary 1603, reprint 1980, translated and annotated by Doi Tadao (et al.) (Iwanami, Tokyo), 145-146. *Nippo jisho evora bon* (facsimile of the original copy *Vocabulario da lingoa de Iapan*), Annotated by Ōtsuka Mitsunobu in 1998, Seibundo, Osaka, 146.

From the Edo period onwards, the interpretation of *konare* began to change slightly. In *Wakun no shiori*, *konare* is explained as “to mature 馴熟”.<sup>121</sup> Also in *Genkai* 言海 (The ocean of language, Otsuki Fumihiko 大槻文彦, 1904), one of the most classic and authoritative dictionaries of Japanese, which was repeatedly published, the author speculates that *konaru*, the intransitive verb corresponding to *konare*, originally derived from *konaru* written with the characters 粉熟る. Then he defines it as follows: “(1) to be ground into a powder, to be reduced to tiny pieces 粉碎, (2) to become mature and mixed, *narete mazaru* 熟れて和る、熟 and (3) of foods, to be dissolved in the stomach, i.e. digested *shōka* 消化”.<sup>122</sup> The significant point here is that *konare* came to mean “to simmer or mature”, which appears to reflect the denotation of 熟, and it further evolved to denote “digestion”. In fact a survey of Edo-period materials tells us that *konare* was the commonest term for digestion. To summarise, the field of reference of *konare* had come to be represented by the combination of “grinding and simmering”, and it was then extended to include digestion. This short semantic discussion suggests that *konare* – a term for digestion in the Edo-period literature – could easily evoke the process of “grinding and simmering” foods in the body.

#### **Images of digestion: millstone and cauldron**

We find that *Byōka suchi* likens the weakened stomach of the sick person to a worn-out millstone, and admonishes the carer to lessen the amount of food given to the patient.

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<sup>121</sup> *Wakun no shiori*, vol. 2, 27.

<sup>122</sup> Otsuki Fumihiko (ed) 1904, *Genkai*, (reprint 1911, Yoshikawa Kōbunkan, Tokyo), 356.

This is because the sick usually find that their abdominal 生熟蔵 (*hara no uchi*) condition has declined and they lose the taste for food and drink. Thus if you force food on them in excessive amounts, it is obvious that it will stagnate and cause harm. It is like putting too much cereal onto a worn-out millstone めの利たる臼 (*me no tsuburetaru usu*) and trying to grind it by force.<sup>123</sup>

This short passage already contains two similes for digestion: grinding and simmering. In the former case, digestion is explicitly compared with grinding food with a millstone. The latter is implicit in the expression for “the inner abdomen” (*hara no uchi* 生熟蔵, a storehouse for simmering the uncooked.) Although the *furigana* ‘*hara no uchi*’ simply indicates “the inner abdomen”, the Chinese characters evoke the idea of simmering: 生 (uncooked) + 熟 (to simmer) + 蔵 (storehouse).<sup>124</sup>

These two motifs frequently appear in an Edo-period context. For instance, *Yōjōben* incorporates the sense of grinding into its explanation of the digestive process: “Digesting (*konaru* 熟る) foods is in fact an abbreviation of grinding things into a powder (粉になられる *kona ni narareru*). Likewise not-digesting (*konarenu* 熟れぬ) is the abbreviation of being unable to grind into powder (粉になられぬ *kona ni nararenu*)”.<sup>125</sup> A well-known instructional *ukiyo-e* print<sup>126</sup> on healthy living, *Inshoku yōjō kagami* 飲食養生鑑 (*Rules of dietary life*), literally embodies these ideas (Illustration 4). The picture, assumed to have been produced around 1850 by the artist Utagawa Kunisada 歌川国貞 (1786-1864), envisions the inner body of a man.

<sup>123</sup> BS 1:44.

<sup>124</sup> 熟 is also read “*yoku ni taru* (well-cooked)”, BS 2:15.

<sup>125</sup> Eisei 3:212.

<sup>126</sup> *Ukiyo-e* 浮世絵 (pictures of the floating world picture) is a genre of multi-coloured woodblock print pictures that flourished during the Edo period.



Shirasugi (2001) distinguishes a twofold intention in this. One is to show how the five viscera and the six entrails function, and the other is to caution against the dangers of excess in eating and drinking.<sup>127</sup> A group of workmen reside in each organ, working ceaselessly to keep the body operating healthily. A stone mill represents the function of the liver. The note on the liver says: “The role of the liver is digesting food. It is appointed as the general, who digests all the food and drink here by devising a plan”. Finely ground food is next transported to the spleen to be cooked in a huge cauldron over the fire there, and the vital essence made by this process nourishes the five viscera and the six entrails. In the conversation of the workmen in the spleen we find: “It is about time to be careful with fire now”.

In *Byōka suchi*, *konare*'s connotations of “simmering” are simply reflected in the use of the compound *hara no uchi* 生熟藏 (inner abdomen). However it was more common in other *yōjō* texts of the Edo period, including the *Inshoku yōjō kagami*, to employ the image of “fire”, which heats the cauldron where food is cooked in the spleen. *Yōjōben* uses an extended simile of cooking to portray digestion.

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<sup>127</sup> It forms a pair with *Bōji yōjō kagami* 房事養生鑑 (*Rules of Sexual Life*), which envisions the inner organs of a courtesan, and admonishes against excessive sexual intercourse. Shirasugi 1999, 31-49.



Illustration 4. *Inshoku yōjō kagami* (Rules of dietary life) (Copyright: International Research Center for Japanese Studies, Kyoto)

Digesting food can be compared to cooking rice. The spleen and stomach are just like a cauldron, the *yang ki* of the spleen and stomach is like burning firewood, and the daily consumption of food and drink is like putting water and rice in the cauldron. In order to prevent illnesses, it is most essential not to dampen the *yang ki*-firewood of the spleen and stomach (*Yōjōben*)<sup>128</sup>.

Despite the fact that Five Phases theory correlates spleen and stomach with earth, it is perhaps easy to associate fire 火 (*hi*) with the spleen 脾 (*hi*) as they are homophones in Japanese.<sup>129</sup> The image of fire probably originates in traditional Chinese physiology, particularly *sanjiao* 三焦. *Jiao* literally indicates “burner”, but it is more appropriate to understand *sanjiao* (three burners) as referring to three functions of the body rather than physical sites.<sup>130</sup> For instance, the account of digestion in the chapters of ‘wuwei 五味’, ‘xieke 邪客’, and ‘yingweishenghui 營衛生會’ in *Huangdi neijing Lingshu* can be summarised as follows: When one takes food or drink, it goes first to the stomach, which is called “the ocean of the five viscera and six entrails”<sup>131</sup>. Fine *qi* essence 精微 extracted from food and drink is then divided into structural *rongqi* 營氣 and protective *weiqi* 衛氣, and they are transported from the stomach to the other organs. Muddy *weiqi*, sent out by the upper *jiao* 上焦 (*shangjiao*), runs outside the vessels and circulates through the whole body. It warms and moistens the skin and flesh, and also defends the body from

<sup>128</sup> *Yōjōben*, kōhen 後編: chū 中, 38.

<sup>129</sup> *Suwen* ‘zhicongronglun 示從容論篇’, 551. Unschuld 1985, 177-179. Both Wang Bing 王冰 (762) and Yang Shangshan 楊上善 interpret “the storage of earth, wood, and water” in *Huangdi Neijing Suwen* as the spleen, liver, and kidney in that order. Note that this not what one would expect from the usual Five Phases view, which would correlate spleen/stomach with earth.

<sup>130</sup> For the physiology of *sanjiao*, see Sivin 1987, 124-131.

<sup>131</sup> 胃者、五臟六腑之海也. *Lingshu*, ‘wuwei 五味’, 134-136.

external evil. Meanwhile pure *rongqi*, sent from the middle *jiao* 中焦 (*zhongjiao*) where it is distilled as liquid and coloured red, runs into *mai* 脉 (the vessels) as blood. Inside the vessels it composes blood, whereas outside the vessels it runs through the crevices of the organs, carrying nourishment throughout the body. Afterwards clear *zongqi* 宗氣, which is concerned with breathing, and excrement are further separated from *rongqi* and *weiqi*.

It is difficult to fathom the actual nature of *sanjiao*, or the triple *jiao* or burner, which is classified as one of the six *fu* (entrails), and consists of the upper *jiao*, the middle *jiao*, and the lower *jiao* 下焦 (*xiajiao*). These three divisions do not correspond to any particular organs. Rather, they are defined in terms of function, being in charge of the transport of the *qi* obtained from eating and drinking. Sometimes the function of the lower *jiao*, mainly excretion, is represented by the names of all three *jiao*, but generally, the term triple *jiao* is used in comprehensive reference to the digestive function. Ishida (1992) demonstrates that each *jiao* corresponds to one of the three steps of the digestive process, which are symbolised by the image of three torches 焦 or three sickles 鎌. They are “to diffuse the tastes of the grains and extract *qi*” in the upper *jiao*, “to fumigate the remaining *qi* and transport it to the lung vessel to change it into blood” in the middle *jiao*, and “to convert what is left over into bodily *qi* and excrement” in *xiajiao*. Ishida claims that *sanjiao* implies the archaic Chinese view that food and drink are converted and absorbed by the power of fire and heat.<sup>132</sup>

Images of the cauldron in *yōjō* texts and references to the abdomen as “a storehouse to simmer the uncooked 生熟藏” in *Byōka suchi* all echo the idea of heat or fire. As well as similarities, however, there are some differences between *Byōka*

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<sup>132</sup> Yamada 1999 b, 414-420, and Ishida 1992, 166-170.

*suchi* and many of the other Edo-period *yōjō* texts in the account they give of the digestive process. For one thing, *Byōka suchi* rarely mentions the concept of *ki* in reference to digestion. Nourishment, fine *qi* essence, is often described in *Byōka suchi* as *uruoi* (moisture), which is appended as *furigana* to such terms as 滋液 (nourishing liquid) and 膩液 (oily liquid), thus stressing its physical aspect. Apart from the treatment of *qi* (*ki*), two main features further stand out in *Byōka suchi*: the absence of specific digestive organs and the emphasis on movement.

### **The absence of digestive organs**

Firstly, *Byōka suchi* rarely specifies particular organs for digestion. It is usually the spleen and stomach which play the central role in the digestive function in the Edo-period medical context. For instance *Chōmei eiseiron* states: “The spleen and stomach are the origin of life, and they receive all foods and digest them. Thus the crux of dietetics lies in not damaging the spleen and stomach”.<sup>133</sup> Similarly, most *yōjō* texts of the Edo period write of the spleen and stomach as the organs which play the central role in digestion, and some associate them with the image of the millstone: *Yōjōben* pictures digestion as the process of grinding food within the stomach. “The membranes of the inner stomach are long and vertical, with bumpy protuberances. When food enters the stomach, it is these protuberances that grind it”.<sup>134</sup> This probably indicates gastric protuberances, and suggests that the author had a knowledge of anatomy. On the other hand *Shokujikai* 食事戒 (Admonitions on diet, by Takai Ranzan 高井蘭山, 1815) says that “the spleen, which is located above,

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<sup>133</sup> *Chōmei eiseiron*, jō 上, 16.

<sup>134</sup> *Yōjōben*, shohen 初編: jō 上, 14.

and the stomach, which resides below, are two layers and move round against each other so as to digest food, like millstones grinding things into powder".<sup>135</sup>

The significance of these two organs reflects the influence of Chinese medical tradition, particularly the physiology and pathology of Li Gao's 李杲 (1180-1251) *Piweilun* 脾胃論 (Treatise of the spleen and stomach). Li Gao, himself drawing on the theory of Zhang Yuansu 張元素, firstly combines the theory of inner organs and *jingluo* 經絡 (vessels) with pharmacology. Secondly, he emphasises the importance of carrying out treatment 補益 in order to establish balance and thus expel external pathogenic influences 攻邪.<sup>136</sup> His medical scheme centres on vital essence 元氣 (*yuanqi/genki*) as the basis of human life, and he regards the spleen and the stomach as the source of that vital essence. He considers that diseases are caused by the combination of inner damage 內傷 and outer evil 外邪. The former represents sickness of the inner body, while the latter refers to changes in the outer world. However, outer evil is also allowed to invade the body by the depleted state of inner *qi*; thus the main rationale of prevention and treatment is to replenish inner *qi*. Li Gao maintains that it is the spleen and the stomach that nurture this inner *qi*, which also plays the central role in digesting food and nourishing the body. Accordingly, the fundamental principle of nurturing vital essence lies in the circulation of the *qi* of the spleen and stomach; so in order to nurture vital essence, it is necessary to maintain the circulation of the *qi* of spleen and the stomach, which comes from food and drink.<sup>137</sup> The spleen and stomach are the place where the heavenly *yang qi* which

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<sup>135</sup> Eisei 2:207.

<sup>136</sup> For instance, Zhang Congzheng 張從正 (1156-1228) employed three therapeutic techniques for the expulsion of pathogenic influences 邪 (*xie*), namely emetics, sweating and purgation 汗吐下.

<sup>137</sup> 則元氣之充足皆由脾胃之氣無所傷而後能滋養元氣...人之所受氣者穀也。穀之所注者胃也。胃者水穀氣血之海也。 *Piweilun*, by Li Gao (reprint Zhonghua shuju, 1985), 'piweixushizhuanbianlun 脾胃虛實傳變論', 2.

composes man accumulates; and there, too, earthly *yin qi* is refined into a beneficial substance (the finest kind of which is called *jing* 精).<sup>138</sup> As to the circulation of *qi*, it is the ascent of *qi* that determines the existence of vital essence itself. Therefore the medicine of Li Gao focuses on achieving this ascent of *qi* in the spleen and stomach. Rising *qi* implies that the *qi* of the spleen and stomach is in harmony, whereas descending *qi* indicates that it is disturbed. What is particularly to be feared is that the ascent of *qi* could cease. Corresponding fire 相火 (*xianghuo*), blazing up from *xiajiao* 下焦 (lower burner) to envelop the heart 心包絡 (*xinbaoluo*), is regarded as an obstacle to this upward movement. Diseases are mostly manifestations of the inner damage 內傷 that is brought about by corresponding fire 相火, called *yin* fire 陰火.<sup>139</sup> Li Gao's theory of the spleen and stomach was introduced to Japan, where it exerted a strong influence over Edo-period physicians.<sup>140</sup> *Yōjōkun* maintains, in the opening statement of the section on dietetics:

The five *fu* (entrails) start with the kidneys, and after a man is born, the spleen and stomach form the basis of the five *fu*. When one takes food and drink, it is the spleen and stomach that receive and digest the food and drink, and send their fine essence to the other *fu* and *zang*. The other *fu* and *zang* receive nourishment from the spleen and stomach, just as trees and plants are nourished by the soil they grow in. Therefore the crux of cultivating life lies first and foremost in regulating the spleen and stomach<sup>141</sup>.

<sup>138</sup> Takizawa 2001, 63-64. Unschuld 1985, 177-179. Ishida 1992, 271-275.

<sup>139</sup> 陰精所奉其人壽、陽精所降其人夭、陰精所奉謂脾胃既和、穀氣上昇、春夏令行、故其人壽、陽精所降、謂脾胃不和、穀氣下流、收藏令行、故其人夭、病從脾胃生者二也。  
*Piweilun*, 3.

<sup>140</sup> In contrast, works such as *Inshoku yōjō kagami* and *Wakan sansai zue* assign the central role in digestion to the liver. Shirasugi argues that this schema was also a common one in the literature of the Edo period. Shirasugi 2001, 31-49.

<sup>141</sup> *Yōjōkun*, 64.

It is unlikely that Hirano Jūsei was unaware of the prevalent physiology of the time, as outlined above. However instead of the spleen and stomach, “the intestines and stomach 腸胃” frequently appear in the context of digestion. In the eighth fascicle of *Byōka suchi*, these organs are explained thus: “The stomach 胃の府 (*inofu*) only stores food and drink, and transports them to the entrails 腸 (*harawata*), where they gradually turn into excrement and exit from the anus”.<sup>142</sup> “胃の府 *inofu*” refers to the stomach. 腸 can be understood literally as the intestines, but the *furigana harawata* indicates, rather, the entrails in general. However we should note that references to the stomach and entrails by specific names occur only a few times throughout the eight fascicles of *Byōka suchi*.<sup>143</sup> It may therefore be said that *konare* digestion in *Byōka suchi* is not concerned with where the process takes place but how it is carried out.

The lack of references to the spleen and stomach in *Byōka suchi* is rather unusual for an Edo-period *yōjō* text. However this may reflect the statement from the Chinese classic *Suwen*: “The stomach is the ocean where water and grains are sent to... while the six *fu* (entrails) do not store foods but transmit and convert 傳化 them.”<sup>144</sup> On the other hand, the spleen and stomach are said to be used for “the storage of cereals”.<sup>145</sup> *Suwen* explains that digestion is the process of “transporting and converting” foods by the six *fu*. This seems to suggest why *Byōka suchi* emphasises the intestines and stomach, two of the *fu*, and their movement. This

<sup>142</sup> BS 8:4.

<sup>143</sup> BS 8:3-4.

<sup>144</sup> 六府者、傳化物不藏...胃者、水谷之海、六府之大源也, *Suwen* ‘wuzangbielun 五臟別論篇’, 78. 余愿聞六腑伝谷者、腸胃之小大長短、受谷之多少余何? *Lingshu* ‘piwei 脾胃’, 503.

<sup>145</sup> 脾胃者倉廩之官、五味出焉. *Suwen*, ‘linglanmidianlun 靈蘭秘典論’, 58.



preference for the intestines and stomach is perhaps because the spleen and stomach are described as a storage area, which does not evoke the image of movement.

### Emphasis on movement

The second feature of *konare* (digestion) in *Byōka suchi* is the stress on “movement”. This is manifested in the compounds listed in Figure 22: <sup>konare</sup> 運化, <sup>konare</sup> 運輸, <sup>konare</sup> 傳化, <sup>konare</sup> 傳輸, <sup>konare</sup> 運動, <sup>konare</sup> 轉輸, <sup>konare</sup> 轉化, and <sup>hara no konare</sup> 轉輸. Evidently, this shows that digestion “transports” food and drink as nourishment to the whole body. The idea itself is not unusual, but the *furigana* in *Byōka suchi* further suggest how vital digestion is for life. “Digestion” is linked with “circulation” and “body” by appending different *furigana* to the same Chinese characters 運輸 (transport).

Figure 13: <sup>konare</sup> 運輸 (digestion) → <sup>meguri</sup> 運輸 (circulation) → <sup>karada</sup> 運輸 (body)

These three compounds well epitomise the author’s view. “Digestion” is the process of “circulating” nourishment from food and drink throughout the body, and it is precisely this circulating movement that maintains the life of the body as an organic entity. In contrast to other *yōjō* texts which find significance in preserving the spleen and stomach, the focus of *Byōka suchi* turns to movement within the body rather than the function of each organ. Unlike *Yōjōben* and *Shokujikai*, which associate gastric protuberances with digestion in conjunction with the movement of spleen and stomach, similes of millstones and simmering are no more than mere similes in *Byōka suchi*. Apparently, *Byōka suchi* accounts for the digestive process by its function, i.e., transporting food, and does not set out to reveal the roles of the inner organs or where digestion takes place. As the interlinked compounds of 運輸

(transport) and 腸胃 (intestines and stomach) show, *hara* (abdomen) is treated as the place where digestion takes place, although these compounds do not necessarily indicate the abdomen as a specific part of the body but rather the body itself or the interior of it:

Figure 14: <sup>konare</sup>運輸 → <sup>karada</sup>運輸 → <sup>karada</sup>腸胃 → <sup>hara</sup>腸胃 → Inside <sup>hara</sup>内部 → Inner organs <sup>hara</sup>内臓

When animals and birds become pregnant... they keep busy taking care of themselves, thus the body's digestion (<sup>karada</sup>體の<sup>konare</sup>運化) is good. They do not have to worry about how they will fare in childbirth, thus there is no *ki* depression. Therefore their delivery is very easy.<sup>146</sup>

*Konare* implies more than digestion as a physiological process of changing food and drink into substances that can be absorbed into the body. Rather, *konare* often refers to the smooth functioning of the body as a whole. The link between these ideas is evident in two compounds: <sup>karada ni o konareru</sup>體の運動 and <sup>karada o hatarakase</sup>身體を運動. According to the *furigana*, the former means “the body becomes digested”, while the latter means “to work the body”. However the literal meaning of both compounds is the same, i.e. “bodily exercise”.

Finally the significance of movement in digestion is accentuated by the fear of stagnation. The fear of stagnation from eating is represented in *Byōka suchi* by the

<sup>146</sup> BS 4:2.

symptoms called “food damage” 食傷. An examination of the *furigana* for 食傷 and related terms in *Byōka suchi* opens up interesting prospects for consideration.<sup>147</sup>

<i>Furigana</i>	Chinese Characters				
	Food damage	Arrested food	Stagnated food	Stagnation	Lodged food
<i>Shokushō</i>	食傷/傷食	停食		停滯	
<i>Shokutai</i>	傷食	停食	食滯	停滯	
<i>Shukushoku</i>			滯食		宿食
<i>Tsukae</i>		停食			支結
<i>Kuisugi</i>	傷食				

Table 11. Food Damage in *Byōka suchi*

The Japanese terms in the *furigana* column frequently form compounds with Chinese characters: *shokushō* for 食傷 (food damage), *shokutai* for 食滯 (food stagnation), *shukushoku* for 宿食 (lodged food), *tsukae* for 痞え (congestion), and *kuisugi* for 食い過ぎ (excessive eating). Let us see the pathology of each of the medical terms above, and how they are all interlinked by *furigana*.

Firstly, *Byōka suchi* explains that food damage 食傷 and food stagnation 食滯 occur when one eats again before the previous meal has been dispersed.”<sup>148</sup> However Chinese medical tradition provides more details. According to the pathological text *Yuanhou lun*, food damage refers to a situation where the spleen becomes unable to digest food due to excessive eating. The breathing becomes rapid, and one writhes in agony and sleeps restlessly.<sup>149</sup>

<sup>147</sup> Daidoji Keiko 2005, ‘Edo no shokushō’, in Suzuki and Ishiduka, 147-167.

<sup>148</sup> BS 2:5.

<sup>149</sup> *Yuanhou lun*, ‘shishangbaohou 食傷飽候’, 632-633.

Secondly, *Byōka suchi* does not specify the pathology of lodged food. However, the character 宿 is used in such compounds as 宿<sup>hitoyo</sup> (one night) and 宿<sup>toshi hetaru yamai</sup> 患 (longstanding illness), conveying the sense of “long duration”. 宿食 is therefore understood to be a state in which food remains lodged in the body for an extended period<sup>150</sup>. According to *Zhubing yuanhou lun*, lodged food should be differentiated from food damage. The former is the state when the *qi* of the *zang* (viscera) becomes *xu* (empty, vacuous), and there is cold between the spleen and the stomach so that the body cannot digest food. If one consumes food again before the previous food has been dispersed, the food remains in the spleen and the stomach. This is because the *qi* of spleen and stomach is already depleted. The abdomen feels full and the breathing becomes rapid. The belches have an acid smell, and one is attacked by alternating chills and fever, which causes headache. It resembles intermittent fever 瘧 (*nūe*).<sup>151</sup>

To the extent that food damage is seen as indigestion due to excessive eating, the view found in *Byōka suchi* deviates little from Chinese medical tradition. Nonetheless there are two main points of difference: Firstly, *Byōka suchi* does not mention the function of the spleen. Secondly, it neglects *ki* (*qi*) emptiness in the pathology of food damage and lodged food. During the Edo period, food damage was often conflated with stagnated food and lodged food. As Kagawa Shuan’s *Ippondō kōyoigen* explains, “*Shukushoku* 宿食 is commonly called *shokutai* 食滯 in Japan”<sup>152</sup>. This suggests that *shokutai* was not exactly a medical term, but a popular expression for the heavy feeling that comes from overeating.

<sup>150</sup> BS 2: 7, 13.

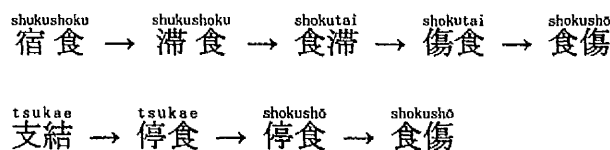
<sup>151</sup> *Yuanhou lun*, ‘sushibuxiaohou 宿食不消候’, 629–632.

<sup>152</sup> *Ippondō kōyoigen*, KKIS edition, vol. 65, 509-510.

Thirdly, *tsukae* 支結 is found in *Shanghanlun* in the sense of a small knot or congestion of *qi* beneath the breast.<sup>153</sup> However, *Byōka suchi* links *tsukae* 支結 with stagnated food: 支結 <sup>tsukae</sup> → 停食 <sup>tsukae</sup> → 停食 <sup>shokushō</sup>. Thus *tsukae* here implies food which is not digested and remains within the body. Fourthly, the term “arrested food 停食”, glossed as *shokushō*, *shokutai*, and *tsukae*, for instance, appears in *Ihōtaseiron gekai* 医方大成論諺解 (Annotations of the grand treatise of medicine, by Okamoto Ippō 岡本一抱, 1686): “The phrase “停食 則 消化之” is annotated as ‘When foods stagnate, disperse the stagnation’”.<sup>154</sup> Thus 停食 refers to the stagnation of food.

Food damage, lodged food, and congestion each originally have a different pathology in Chinese medical texts. However the *furigana* of *Byōka suchi* efficiently interlink all these terms and render them all mutually convertible, binding them together by the notion of stagnation:

Figure 15:



Digestion converts food into nourishment in the abdomen, and transports it throughout the body. In other words, “indigestion” indicates that food does not move, which results in “food damage” <sup>shokushō</sup> 停滯, i.e., stagnation <sup>tsukae</sup> 停滯. This corresponds to the statement in *Byōka suchi*: “As the ancients used to say, lodged food is the beginning

<sup>153</sup> According to the annotation of *Shanghanlun*, it states: 支者、側也、小也。支結者、即心下側之小結也。 *Dingzheng Zhongjing Quanshu Shanghanlunzhu* 訂正仲景全書傷寒論注. *Juan* 1-17 of *Yizong jinguan* 医宗金鑑 by Wu Xian 吳謙 (et al.), 1742. Reprint in 1982 (Renminweisheng, Beijing), ‘shaoyangbing 少陽病’.

<sup>154</sup> *Ihō taiseiron gekai*, by Okamoto Ippo. KKIS edition, vol. 9, 342.

of various diseases. Of all diseases, eight or nine out of ten are caused by not regulating the desire of mouth and stomach”<sup>155</sup>. *Hara* is the area where digestion takes place, and the source of the motive force for the circulation of *ki*. It transports nourishment from foods and efficacy from medicine through the body.<sup>156</sup> “Digestion of the abdomen 轉輸<sup>hara no konare</sup>” is the core of organic activity, so that excessive or intemperate eating disturbs digestion. It results in the stagnation of foods and thus of the *ki* of the whole body, which may be the cause of all diseases.

### 2-3-4. *Shaku* and *kori* —Congealed clump

This is a tale of not so long ago. There was a man who taught reading and writing in the countryside who had always suffered from *shaku* 癩. When he was about to die, he told his children, pupils and neighbours, “When I die, burn my body to ashes, and destroy the clump of *shaku* in my abdomen. This may sound unmanly in the face of death. But it will soothe the hard feelings of those who are suffering from the same disease”. After his death, according to his wishes, they burned his body and found something congealed among the bones. “This must be the clump of *shaku*”. His pupils and all the others tried to smash it with an iron axe or stone, but in vain. (*Mimibukuro*, vol. 1)<sup>157</sup>.

*Mimibukuro* 耳袋 (1814) is a compilation of unusual and interesting anecdotes collected by Negishi Yasumori 根岸鎮衛, who worked for many years as a town

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<sup>155</sup> BS 2:36.

<sup>156</sup> BS 1:44.

<sup>157</sup> *Mimibukuro* 耳袋. Negishi Yasumori 根岸鎮衛 1814. Reprint 1939, annotated by Yanagida Kunio and Ozaki Tsuneo (Iwanami bunko, Tokyo), 32.

magistrate and commissioner of finance in the city of Edo. This anecdote shows that people in the Edo period considered *shaku* to be an actual hard clump in the abdomen, which continues to exist even after one's death. In *Byōka suchi*, *shaku* is regarded as the root of many chronic diseases, and it is also claimed that various diseases such as syphilis or epilepsy will turn into *shaku*. In addition to *shaku*, *Byōka suchi* mentions in various places that one can find a congealed clump in the patient's body which is the core of a persistent pathogen. What produces this clump and why does it grow in the body? This section examines the pathology of the congelation or congealed clump, particularly *shaku*, in *Byōka suchi* and how it is interpreted in the Edo-period medical context.

First of all, what is *shaku*? During the Edo period *shaku* was known as a commonly experienced everyday ailment, identified by a congealed clump and painful spasms in the region of the lower abdomen. Despite its commonness, the experience of *shaku* gradually fell into extinction after the Meiji era. Nowadays medical historians suggest that *shaku* corresponds to such diseases as hysteria, gallstone, angina pectoris, and so forth.<sup>158</sup> For instance, *Kan-yō byōmei taishōroku* 漢洋病名対照録 (Record of the correspondences between Chinese and Western disease names, by Ochiai Taizō 落合泰三, 1883) interprets Japanese diseases using English (or Latin) and Chinese names. In Ochiai's translation, *shaku* is broken down into several diseases. Thus, the Chinese-character names 積聚, 癥瘕, and 塊癖 correspond to liver cancer, hepatitis, hepatic congestion and infarction, and other liver diseases, while the Japanese term *shaku* is matched with gastric spasms or cardialgia.<sup>159</sup> In this process of differentiated translation, the existence of *shaku*

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<sup>158</sup> Suzuki Akira 2000, *Edo no iryō fūzokushi* (Tokyodō, Tokyo), 14-16.

<sup>159</sup> *Kan-yō byōmei taishōroku*. In *Oriente Rinshō bunken kenkyūsho* (ed) 1996. In *Rinshō kampō shindangaku sōsho*, vol. 1 (Oriente sha, Tokyo)12, 81, 82.

gradually became undermined. However the complexity of *shaku* as such lies in the term itself.

*Shaku* originates in the ancient Chinese disease, *ji* 積 (accumulation). The term *ji* is mentioned in *Nanjing* 難經, as an unmoving accumulation of *qi* in the abdomen, which is contrasted with a temporary and mobile lump *ju* 聚 (gathering).<sup>160</sup> *Shaku* is the Japanese reading of the Chinese character *ji*, and writers in the Edo period began to use a made-up character 癩 for *shaku*, which is a hybrid of 積 (accumulation) and 疒 (the radical for disease). But *shaku* in Edo-period Japan must be differentiated from its ancestor and Chinese counterpart *ji*.

The perception of *shaku* during the Edo period is best referenced by Kuriyama (2004), who provides cultural and historical insights into the subject.<sup>161</sup> According to him, *shaku* is distinguished from its ancestor *ji* mainly in two aspects. Firstly, the role of stagnant accumulations as a pathogen was often the central concern for Edo-period doctors, in contrast to Chinese *ji* which acquired hardly any major significance. For instance, Gotō Konzan of the Classic School contends that “All diseases arise from the stagnation of *ki* flow... nowadays many people have accumulations of *ki* 積氣, no matter whether it pertains to fullness or emptiness. It becomes knotted in the abdomen, and the intestines and stomach are not in harmony, and *ki* and blood are not regulated”<sup>162</sup>. Doctors believed that the accumulation of *ki* was physically palpable in the abdomen, which enhanced the popularity of abdominal diagnosis in Edo-period medicine.

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<sup>160</sup> *Huangti bashiyi Nanjing* 黄帝八十一難經. Anonymous. Reprint 1996, annotated by Liao Yuqun (Liaoning jiaoyu chubanshe, Shenyang) ‘shibanan 十八難’, 35.

<sup>161</sup> Kuriyama 2004, 27-41.

<sup>162</sup> *Ikyō* 遺教 (1757 preface), compiled by pupils of Gotō Konzan after his death. KKIS edition, vol. 13, 154-155.



Secondly, during the Edo period *shaku* prevailed not only as a diagnostic term but also as a favoured expression for complaining about illness in the everyday speech of laypersons:

The hardened congelations in the abdomen became associated with accumulations at the core of the person as well as of the body... Explanations of its cause, moreover, came to include and accent the grievances of the heart, its frustrations and unfulfilled yearning. The disease began to resonate with overtones of acute pain and desire.<sup>163</sup>

In quite a few Edo-period literary works *shaku* is a manifestation of anger or frustration. For example a short poem contains the ironic line: “Madam’s *shaku* is because of mistress’ vomiting”.<sup>164</sup> The lady of the house is troubled by *shaku* when she finds out that a mistress seems to have morning sickness. Even nowadays an echo of this still remains in an expression like “it touches my *shaku*”, which conveys irritation.

As in many other Edo-period texts, the frequency of the term in *Byōka suchi* explicitly shows that *shaku* is one of the key symptoms in describing ill-health. *Shaku* creates a knot in the abdomen which blocks the free flow of the breath. It can be dispersed by daily training in breath-regulation.

All the time just concentrate on the breath reaching below the navel, and abandon all other thoughts. While counting each time, breathe in and out through the nostrils without ever opening the mouth. Some of those who have a

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<sup>163</sup> Kuriyama 2004, 29.

<sup>164</sup> The original poem has: 奥様のお癩妾の吐逆なり.

predisposition to *shaku* 癩氣 (*shaku-ke*) say that the breath often becomes blocked where there is a clump, and it is difficult to make it reach below the navel. Yet if one tries hard and practises day after day, anyone will invariably be able to make the breath reach below the navel.<sup>165</sup>

In addition to breath-regulation, such practices as massage with chanting are recommended as effective for *shaku*. Not only the Chinese character 癩 for *shaku*, but also various Chinese-character+*furigana* compounds are employed in *Byōka suchi*. Each character in the Table evokes a different pathology of accumulation.

<i>Furigana</i>	Chinese Characters				
	癩癖	癩痕	癩 or 疔 or 癖	塊	結
<i>Shaku</i> (-ke/ki, -mochi)	shaku shakuke 癩癖, 癩癖	shaku mochi 癩痕,  shakuki 癩痕	shaku mochi shakuki 宿癩, 宿癖		
<i>Shaku</i> and <i>senki</i>		shaku senki 癩痕	sen shaku shaku senki 癩疔, 癩疔		
<i>Senki</i>			senki 疔痕		
<i>Kori</i> , <i>katamari</i> , <i>tsukae</i>	hara no katamari 癩癖	shaku tsukae 癩痕		katamari 癩塊  kori 凝塊	kori 凝結,  kori 支結,  kori katamari 鬱結

Table 12. *Shaku* in *Byōka suchi*

<sup>165</sup> BS 1:16.

Examining the figure, one sees firstly that the Chinese characters 癥 and 瘕 are originally differentiated from *shaku* in terms of pathology. According to *Zhubing yuanhou lun*, there are two phenomena called *zheng* 癥 and *jia* 瘕 that become congealed and form clumps due to an imbalance between cold and warmth, indigestion from food and drink, and conflicts between evil *qi* and the *qi* of the organs. *Zheng* does not move, while *jia* moves if pushed with the hand.<sup>166</sup> This definition is also followed in Edo-period medical texts such as *Byōmei ikai* 病名彙解 (Understanding of disease names, 1686) by Ashikawa Keishū 蘆川桂洲 (seventeenth century). *Zheng* and *jia* in Chinese medicine do not originally occur in the abdomen, but in the chest.<sup>167</sup> However *Byōka suchi* associates both of them jointly with the *furigana* “*shaku*” by virtue of their common feature of forming a knotted clump.

Secondly, *senki* 疝氣 was one of the commonest everyday afflictions for Japanese people in the Edo period. It appeared with a sharp spasm of pain in the region from the lower abdomen to the groin, and in serious cases developed into painful swelling in the sexual organs. It is sometimes interpreted as colic, while in *Kan-yō byōmei taishōroku* 漢洋病名对照録, *senki* is, like *shaku*, dissected into several diseases such as enteritis or intestinal neuralgia, peritonitis, and renal hyperaemia.<sup>168</sup> It is impossible to conceive of *senki* as a single symptom, and just like *shaku*, *senki* is no longer experienced or talked of nowadays. From the viewpoint of medical and cultural history, Shirasugi (1997, 1999) concludes that the experience

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<sup>166</sup> *Yuanhou lun*, ‘zhengjiahou 癥瘕候’, 578.

<sup>167</sup> *Byōmei ikai* 病名彙解, by Ashikawa, Keishū 1686. Facsimile 1979. Contained in *Byōmei byōronshū* (Maeda shoten, Tokyo), 118.

<sup>168</sup> *Kan-yō byōmei taishōroku*, 79, 81, 86.

of *senki* is primarily attributable to the pathology of accumulation.<sup>169</sup> It was thought that the flow of *ki* circulation within the body became blocked due to *senki*. These diseases of the accumulation of *ki* 積氣 are now regarded as a culture-bound phenomenon with special resonances for that time. Kagawa Shuan contends:

It has been about a century since the country became stable. The whole nation is better off, and people have become lazy. They are inclined to warm themselves excessively and indulge in leisure. In the meantime, their mind is much troubled, their spirit is worn out from the accumulation of a century, and their heart is anxious about their livelihood. In addition they take food and alcohol greedily, and indulge themselves in sexual pleasure. In so doing how can the vital essence not be exhausted to the point of wasting one's life? *Ki* is so exhausted that *ki* transport cannot help but slow down, and it forms stagnation. Therefore no person today, whether noble or lowly, rich or poor, is free from knotted *chō* 癥 and *sen* 疝.<sup>170</sup>

Along with the dissemination of pathologies of accumulation and stagnation, *sen* came to be used as a synonym of *ji* 積 and *ju* 聚 in an Edo-period medical context.<sup>171</sup> Although in the Chinese medical view, *ji* and *ju* are not closely related, *Byōka suchi* often juxtaposes *sen* and *shaku*, suggesting that the two *furigana* are almost interchangeable. It seems that *Byōka suchi* links the conditions together by the common element of “accumulation” in *sen* and *shaku*. The various compounds in the Figure on *shaku* mainly indicate two features of the understanding of *shaku* in *Byōka*

<sup>169</sup> Shirasugi 1997, 63-92. Shirasugi Etsuo 1999 ‘A Peculiarly Japanese Colic: Senki-The Experience of the Body in the Edo period’, in Ōtsuka, 63-72.

<sup>170</sup> *Ippondō kōyoigen*, KKIS edition, vol. 65, ‘chō 癥’, 129.

<sup>171</sup> Shirasugi 1997, 75.

*suchi*: Firstly *shaku* is recognised by a tangible clump in the abdomen. Secondly *shaku* is understood to be a habitual and chronic affliction.

Firstly, the *furigana* “*kori*” (stiffness) and “*katamari*” (clump) indicate that *shaku* is mostly recognised as an actual clump in the abdomen.

Figure 16: <sup>shaku</sup>癥癖 → <sup>hara no katamari</sup>癥癖 → <sup>katamari</sup>癥塊 → <sup>ko ri</sup>凝塊 → <sup>ko ri katamari</sup>鬱結.

As shown in the compounds 支結, 凝結, or 鬱結, the process of growth of the clump is described as “knotting 結”, and a passage by Kagawa Shuan elaborates on this image. He contends that the accumulation of bad *ki* grows day by day: At first it is almost indistinguishable. It gradually grows and accumulates till it reaches the size of a grain of rice, then a bean, a bullet, and an egg, and eventually becomes as big as a ball.<sup>172</sup>

Secondly in the Edo-period literature, *shakuke* or *shakuki* usually forms compounds with the Chinese characters 癩氣 (*shaku* nature), implying that *shaku* becomes so habitual as to be like a part of one’s nature. The compounds 宿癖 (lodged congelation) and 宿癥 (lodged clump) also suggest that the symptoms are apt to be chronic. It implies the necessity for resignation to cope with the disease, just like the old man in *Mimibukuro* who lived with *shaku* for many years.

What makes these clumps form? The examination of the causes of *shaku* in *Byōka suchi* suggests that not only physical substances like food and drink, but also states of mind and venereal diseases can cause stagnation and accumulation. When the pathogenic poison of syphilis or gonorrhoea strikes inward instead of being purged as pus or a swelling, it may congeal and turn into *shaku*. On the other hand, it

<sup>172</sup> *Ippondō kōyoigen*, KKIS edition, vol. 65, ‘chō 癥’, 125.

sometimes happens that *shaku* turns into beriberi, which is regarded as a self-inflicted disease due to intemperate eating or an idle lifestyle. This interpretation corresponds to the view of Kagawa that the increase in *shaku* and *senki* in the Edo period reflects the degeneracy of his contemporaries. Furthermore, negative emotions like depression, melancholy or anger are very likely to result in *ki* congelation.<sup>173</sup> This view of emotional accumulation is described by Gotō Konzan in this way: “Such illnesses are caused by stagnation. Eating and drinking also bring on stagnation. There are seven emotions that also provoke the stagnation of vital essence.”<sup>174</sup> The seven emotions are anger 怒, joy 喜, worry 思, melancholy 憂, sorrow 悲, fear 恐, and fright 驚. Generally speaking, in *yōjō* teachings, excess in any emotion should be suppressed. Yet *Byōka suchi* particularly emphasises the harm done by negative feelings which are difficult to release and can easily accumulate within the person. In this sense, it is possible to say that *shaku* is the tangible trace of one’s way of living thus far: intemperate and excessive eating and drinking, negative and introspective ways of thinking, and so forth. Kuriyama (1997) considers that the discourse of stagnation turned people’s attention towards the past: What they thought, did, or should have done all accumulated in the body and gradually manifested as a congelation.<sup>175</sup>

Finally thus far, *shaku* has appeared as a persistent congelation in the abdomen which is chronic. *Byōka suchi* further contends that a few of the acute diseases also create transient knotted clumps in the body, which can be dispersed by strong pressure or massage, thereby soothing the acute attack. The sixth fascicle explains that one can find these knots in patients suffering from sleeping sickness, apoplexy, and convulsions.

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<sup>173</sup> BS 1: 9, 13, 40, 48, and 5: 2, 4, 42.

<sup>174</sup> *Ikyō*, KKIS edition, vol. 13, 154.

<sup>175</sup> Kuriyama 1997, 48-52.

In the case of sleeping sickness nete samenu yamai 沈睡病, one suddenly falls asleep without cause, and often dies before appropriate measures are taken. As first aid, *Byōka suchi* instructs that the reviving technique of the martial arts is effective: If one feels the shoulders of the patient, one can feel deep-rooted congelation sokofukaku korikatanari taru mono 深凝結たるもの. Take hold of it and break it up... If one finds a congealed knot in the region of the shoulders, backbone, and armpit, it should be rubbed firmly.<sup>176</sup>

In the case of apoplexy 癱, a congelation appears as one of the signs of an attack, often combined with such symptoms as flushing, dizziness, headache, tinnitus, stiff shoulders and stiffness in the ribs. A congelation kor i 支結 is felt in the chest or armpit. According to *Byōka suchi*, apoplexy occurs when the abdomen hara 諸蔵 (internal organs) rises up and put pressure on the heart. This pressure ascends and results in further blockage in the head. Massaging any congelation kor i 凝結 or stiffness anywhere in the body is effective for dispersing this blockage tsumari 閉塞 in the head as well. Furthermore, many cases of apoplexy are initially induced by stagnated food shokutai 停食 or excessive drinking, which can be removed by phlegm or vomiting.<sup>177</sup> Phlegm is particularly dangerous because it may choke the throat. It is noticeable that the signs, cause, and symptoms of apoplexy are often discussed in the discourse of stagnation or blockage, which is most distinctly recognised as congelation or stiffness when one lays one's hand on the abdomen.

<sup>176</sup> BS 6:9-11.

<sup>177</sup> BS 6:11.

In the case of sudden fainting from convulsions <sup>niwaka ni hikitsukeru yamai</sup> 昏 冒 , congelation is also sometimes found. When one comes into contact with poisonous *ki* or the body's circulation is disordered, one may suffer a fit of convulsions and fainting. A congelation 凝塊 <sup>kori</sup> is found in the shoulder region, and this should be massaged.

At first sight, sleeping sickness, apoplexy, fainting due to convulsions seem to have no connection with each other. However in *Byōka suchi*, they are all categorised as *kan* 癩, diseases involving disturbance of the mind. Reflecting the literal meaning of the element 間 (space) in the Chinese character, *kan* is defined as a disease in which the soul becomes separated from the body. Thus the disease manifests in abnormal mental states, such as becoming unusually confused or alert, bad-tempered or overjoyed, or depressed, or suicidal. In this way, various signs may appear. We may wonder why diseases related to the mind should form a congealed knot. This is probably based on the aetiology of “retrocession 鬱” and “knots 結” as described in *Byōka suchi*: Any excess of emotion, food or drink may be a potential cause of stagnation, not to mention the pathogenic poisons of various other diseases. If one fails to purge excesses or poisons at an early stage, or to disperse them by daily massage or other treatment, they are likely to invade the body more deeply, and gradually become knotted into a congelation or stiffness. This explains why venereal diseases sometimes result in *shaku*. As congelation disturbs *ki* transport in the body, the effects probably extend to the mental functions. Both sleeping sickness and fainting from convulsions affect consciousness; and such signs as uneasiness, bad temper, forgetfulness, and sleeplessness may be the prelude to a fit of apoplexy. It seems that using massage as first aid for these symptoms is intended to open up or penetrate the blockage, thereby promoting proper circulation within the body.



## 2-4. Dietary Instruction

Eating is vital for life, a theme that is by no means neglected in *Byōka suchi*. While basic guidelines concerning diet, mainly focussed on temperate eating, are briefly presented in the first fascicle, the second fascicle is devoted entirely to dietary instruction and directs special advice to the sick. This fascicle sets forth the objections to eating animal meat, the significance of habitual eating and digestible foods, and the proper diet for the sick, and gives a list of foodstuffs from the viewpoint of their beneficial and harmful effects on various symptoms. In conclusion it states that it is difficult for lay people to distinguish the nature of foods and medicines; and for this reason recommends that decisions on this matter should be left to doctors.

These topics involve several popular themes, found in dietary instructions in various Edo-period *yōjō* texts. Firstly, meat-eating raises issues of digestion and/or the morality of frugal eating. Secondly, the focus on providing specific information about proper diet for the sick, so characteristic of *Byōka suchi*, means that foodstuffs are evaluated mainly on the basis of fear of stagnation. Thirdly, the idea of “poison” plays a key role in the classification of foodstuffs and the account of digestion. Thus this section will examine these three areas of dietetic concern in *Byōka suchi* in comparison with other Edo-period *yōjō* texts.

### 2-4-1. Meat: Nourishing Food or Delicacy?

Before the Meiji era, animal meat was not commonly consumed in Japan, apart from game and chicken. For instance *Hitoyashinai mondō* 人養問答 (Dialogue on

the Cultivation of Man, by Shibata Yūshō 芝田祐祥, 1715) emphasises the harmfulness of animal meat, as it causes “accumulated fever in the spleen and stomach, and venereal scabies, or other malignant tumours”.<sup>1</sup> Many other *yōjō* texts take up the pros and cons of meat-eating, and the arguments mainly focus on two points: Firstly to what extent may one be allowed the pleasures of gourmet food? Secondly how does meat-eating fit into a good diet in terms of digestion and nutrition? *Yōjō* teaching entails the fundamental assumption that plain food is most digestible and most suitable for a frugal way of life, but during the Edo period controversy regarding this assumption multiplied as time went by.

*Byōka suchi* does not recognize any necessity for meat-eating, primarily from the viewpoint of nutrition and digestion. Quoting the statement from *Lunyu*<sup>2</sup>, “do not let meat conquer the *ki* of food (grain)”, *Byōka suchi* contends that because animal meat is fatty and spoils easily, excessive meat-eating invariably disturbs the digestion, and causes stagnation in the abdomen.<sup>3</sup> *Yōjōkun* speaks in similar terms of the problems attached to digesting animal meat: “Do not eat meat much. Do not eat raw meat frequently. They easily stagnate.”<sup>4</sup> It can be said that these arguments differentiate good and bad foodstuffs on the basis of their physical nature. As an alternative argument against the excessive consumption of animal flesh, *Yōjōkun* proposes that the Japanese are different from the Chinese or Koreans in constitution: “Animal meat is not suitable for the Japanese whose intestines and stomachs are less strong than those of the Chinese or Koreans”.<sup>5</sup> Rather than constitutional differences, *Byōka suchi* insists that differences in food quality are the reason for stagnation: The

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<sup>1</sup> Eisei 5: 58.

<sup>2</sup> The original text states: 肉雖多不使勝食氣. *Lunyu* ‘xiangdang 鄉党’. *Lunyu*, SSJZS edition, 2495.

<sup>3</sup> BS 2:1-2.

<sup>4</sup> *Yōjōkun*, 65.

<sup>5</sup> *Yōjōkun*, 74.

reason that more Japanese people suffer from food stagnation than Chinese or other foreigners is that the Japanese rice and rice wine (*sake*) are stronger in flavour and more nourishing.<sup>6</sup> This point brings to mind the loyalty to Japanese products that Hirano expresses elsewhere as an author of national history, in *Kōkoku kaibyaku yuraiki* (The record of national origins since the beginning) and *Tenjitsushiben* (Discussion of the successor of the sun).

There is yet another ground of objection to animal meat, which is often cited in other *yōjō* texts: Japan had a long tradition of considering animal meat to be ritually impure. Harada (2004) attributes this deep-rooted view to early government policies from around the eighth to the eleventh century, when meat-eating was prohibited at certain times of the year in an attempt to promote agriculture. The notion of rice being “holy” and meat “impure” gradually grew up as a consequence of this. For instance, *Shokujikai* 食事戒 mentions that the meat of animals with four legs should be avoided in the Shinto religion.<sup>7</sup> *Rōjin hitsuyō yashinaigusa* also describes animal meat as “low”, which means that humans should not eat it. In particular, they should not eat beef, because it is against benevolence to kill domestic animals that assist with human agriculture.<sup>8</sup> Although this idea of the impurity of meat was widespread among the population, in reality meat-eating was widely practised, mainly among the middle and lower classes of society.<sup>9</sup> Hirano himself in *Byōka suchi* flatly rejects the idea of impurity, though in his case, he attributes it to Buddhism or humanism.

If the eating of living creatures must be prohibited, there should be no distinction between birds, animals, fish and shellfish. Thus one cannot be

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<sup>6</sup> BS 2:1-2.

<sup>7</sup> Eisei 2:214.

<sup>8</sup> Eisei 2: 37.

<sup>9</sup> Harada Nobuo 2004, ‘Tenka taihei no jidai ga yutaka na [shoku] o unda’, in Harada, 12.

prohibited from eating animal flesh alone, without prohibiting fish and fowl. Is it not evident that meat-eating is naturally prohibited by the divine sense with which each person is endowed? It is prohibited because greasy things are not good for the body. Even for those who are robust and free from illness, the harm of over-nourishment should be feared, if they indulge themselves to excess in eating meat, not only animal flesh but also fish or poultry.<sup>10</sup>

The issue for him does not lie in impurity or the value of life in other species, but in the fear of stagnation in the human body, no more and no less. Noting that “there is nothing wrong with eating animal meat in regions where fish is in short supply”<sup>11</sup>, Hirano allows that, in terms of nutrition, animal meat can be an alternative to fish. What really matters is digestion. To sum up, *Byōka suchi* expresses disapproval of animal meat for its strong flavour, but not out of concern for the Japanese constitution or for reasons of impurity. The real issue is whether or not one can digest it. Thus as long as one is habituated to animal meat, there should be no reason to refrain from it. Furthermore, unlike many other *yōjō* texts, *Byōka suchi* does not discuss meat-eating from either an ascetic or an epicurean standpoint.

This is not the case in *Yōjōkun*, which, in addition to the problems of digestion, warns that meat may threaten the moral value of frugality: “One should be temperate in meat-eating, because it is rich and flavoursome”.<sup>12</sup> Nonetheless *Yōjōkun* does not entirely reject the enjoyment of fine foods in daily life, only claiming that one should eat them in moderation, to satisfy one’s appetite and curiosity “eighty or ninety percent”.<sup>13</sup> This moderate asceticism sometimes contrasts with attitudes in other

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<sup>10</sup> BS 2:2-3.

<sup>11</sup> BS 2:2.

<sup>12</sup> *Yōjōkun*, 74.

<sup>13</sup> *Yōjōkun*, 66.

*yōjō* texts. *Tsūsen enju shimpō* 通仙延寿心法 (The Immortal's method of prolonging life, author unknown, 1695) is more strict in its objections and completely repudiates fine foods: "We have never had so many delicacies in the world as we have now. If people are lost in desire, they crave delicacies. People who are fond of sumptuous foods age fast and their lives are short."<sup>14</sup> *Yōjō shichifuka* 養生七不可 (Seven prohibitions in cultivating life, Sugita Genpaku 杉田玄白, 1801) also claims that "food and drink are not to be savoured and enjoyed, but should be eaten and drunk just in order to nourish the body".<sup>15</sup>

As time went by, however, the insistence on a frugal diet began to wane. This became a general trend in the early nineteenth century, when some *yōjō* texts appeared which were more lax or lenient about sumptuous foods, asserting that there is nothing wrong with eating what one enjoys. *Yōjō bukuro* 養生囊 (Packet of cultivating life, Ogawa Kendō 小川顛道, 1818) contends:

You do not need to trouble your mind or worry about what is good and what is not. There are no poisonous foods among those that are habitual to your intestines and stomach. As the popular saying has it, there is no harm in one's favourite things.<sup>16</sup>

*Yōjōben* also states that "all foods [are acceptable], as long as you find them tasty, they suit your stomach, and there is no poison in them."<sup>17</sup> This tendency probably reflects developments in food culture. During the Edo period, various new recipes and foodstuffs became available to people in urban areas, due to increases in

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<sup>14</sup> Eisei 6:93.

<sup>15</sup> Eisei 1:4.

<sup>16</sup> Eisei 1:46. *Rōjin hitsuyō yashinaigusa*, Eisei 2:40.

<sup>17</sup> *Yōjōben*, shohen 初編: jō 上, 14.

agricultural productivity, improvements in the transportation network, the development of the fishing industry and the manufacture of seasonings and alcoholic beverages, and so forth. On the other hand, people in rural areas lived in almost constant fear of famine, which, of course, from time to time had a drastic impact on the life of the urban population as well.<sup>18</sup> With changes in availability, rather than advocating the complete suppression of one's appetites, dietary instructions began to permit to a certain extent the pleasure of eating, thereby providing a framework within which one was at liberty to enjoy oneself.<sup>19</sup>

### **2-4-2. Dietary cautions for the sick: against overeating**

The significance of diet for the sick is encapsulated in the following statement in *Byōka suchi*: "Nursing comes first, food second and medicine third. This being the case, except for acute diseases, it is indispensable to regulate one's eating and drinking, rather than hastening to take medicine".<sup>20</sup> Dietary treatment is the responsibility of the patient's attendants, presumably (female) family members. Thus more than half of the second fascicle of *Byōka suchi* is devoted to a discussion of diet for the sick. It discusses the merits and demerits of each foodstuff for various symptoms, while imparting general alimentary rules for healthy people.

*Wasabi* (Japanese horseradish) has the efficacy of restoring abdominal digestion, curing stomach ache, and relieving depression. There is no need to prohibit it to those with any kinds of illnesses. It is recommended that the sick eat it daily as a

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<sup>18</sup> Takagi Kazuo 1997, *Shoku kara mita Nihonshi* (Mebaesha, Tokyo), 308-345.

<sup>19</sup> Tsukamoto 1995, 300-304. Takizawa 2001, 72-74.

<sup>20</sup> BS 2:1.

medicine for blood-related illnesses, depressive illnesses, and paralytic diseases.<sup>21</sup>

*Byōka suchi* primarily evaluates foodstuffs according to whether or not they are easily digestible. This emphasis on digestion is shared with most Edo-period *yōjō* texts, not only for the sick but also for the healthy. However the dietary advice given in *Byōka suchi* differs from that of other major texts in not associating digestion with the theory of spleen and stomach put forward by Li Gao, which had wide currency in the medicine of the Edo period. The typical Edo-period dietary guidelines call for replenishment of the spleen and stomach, two of the chief digestive organs. So what is good for the spleen and stomach? *Yōjōkun*, for instance, specifically lists the foods that are inappropriate for the spleen and stomach. They include “[foods that are] raw, cold, tough, sticky, dirty and impure, foul smelling, insufficiently cooked.” Also “foods that have lost their flavour from overcooking, foods left out for a long time after having been cooked, unripe fruit, things that have lost their flavour because of being too old, things unbalanced in the five flavours, greasy [things], and [things with] a strong taste.”<sup>22</sup>

In contrast, *Byōka suchi* is basically critical of the majority of classifications that lay down the nature, flavours and efficacy of foodstuffs for dietary therapy, calling them “empty theories that clutch at shadows”.<sup>23</sup> Furthermore *Byōka suchi* contends that discriminating the flavours or thermostatic nature of foods, most typically hot, cold, warm and cool, is very difficult for lay people. The nature of the food should not overwhelm the vital energy of the living body. For this reason, Hirano Jūsei does not hide his suspicion of dietary taboos regarding food

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<sup>21</sup> BS 2:31.

<sup>22</sup> *Yōjōkun*, 76.

<sup>23</sup> BS 2:8.

combinations, which were one of the most popular topics in Edo-period dietary instruction. For instance, *Chōmei eiseiron* lists such taboos as “do not eat white snake with vegetables, as they are of the same kind”, “do not combine mustard with chicken and carp”, and so forth.<sup>24</sup> Food combination taboos 合食禁 are said to have their theoretical basis in the categorisation of flavours according to the theory of the Five Phases, whereby any combination of foods from the same category must be avoided. *Byōka suchi* does not entirely deny the credibility of combination taboos, but it criticises much of their content as unfounded.<sup>25</sup> Instead of focusing on classifying the nature of foodstuffs, *Byōka suchi* first and foremost emphasises the danger of excessive eating. Any diet, whatever one eats, should be limited to seventy to eighty percent at most of what one desires.<sup>26</sup>

Finally, a comparison with the dietary instructions of the Hippocratic regimen may shed light on the fear of excessive eating expressed in *Byōka suchi* and other Edo-period *yōjō* texts. The instructions of Hippocrates teach what to eat and how much to eat according to the changes of the four seasons. “During the winter, one should eat as much as possible, drink as little as possible and this drink should be wine as undiluted as possible.”<sup>27</sup> In contrast, it is never the case in the Edo-period texts that one is allowed to eat as much as one pleases, whether one is healthy or not. In particular, *Byōka suchi* claims that the quantity of food for the sick should “always” be reduced to less than usual when the abdominal digestion is depleted. What is more, *Byōka suchi* warns the sick to avoid a heavy or greasy diet, as it is indigestible. This contrasts with the Hippocratic regimen, which instructs the sick that a light and frugal diet is harmful in case of chronic diseases.

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<sup>24</sup> *Chōmei eiseiron*, jō 上, 25-28.

<sup>25</sup> BS 2:7.

<sup>26</sup> BS 2:3.

<sup>27</sup> G.E.R. Lloyd (ed) 1950, *Hippocratic Writings* (Penguin, London, reprinted 1983), 272.



Sick people are in error when they take a light diet which only increases their distress. Then, whatever be wrong, they only become more ill on a light diet than they would on a slightly more substantial one. For this reason, light and frugal diets, when persisted in, are dangerous even for the healthy, because the undernourished do not bear an illness so well as the well nourished. Therefore, on the whole, light and frugal diets are more dangerous than those that are a little more substantial.<sup>28</sup>

When one is weakened by long illness, food provides the power to combat the disease. However, it seems that the dietary advice in *Byōka suchi* is primarily concerned with the potential dangers posed by food as the cause of stagnation. Of course the efficacy of dietary therapy is acknowledged, but more importantly, the patient's usual eating habits should be respected in time of illness. That is, the attendants should not strictly prohibit foods that the patient is used to eating as part of his or her normal daily diet, even if some of them are unbalanced in flavour. This contention is based on the belief that one's habitual diet, including the nourishment obtained from one's favourite foods, is beneficial to "the innate function of the body", which assists the natural healing process from within.<sup>29</sup> One should just be careful not to exceed appropriate amounts, or to force the sick to eat foods they do not like. Forcing a person to eat brings no benefit, and it may upset the digestion and cause stagnation.<sup>30</sup> For the same reason, although greasy and strong-tasting foods like animal meat are generally to be avoided, this is not always the case for those who are accustomed to them. All in all, rather than worrying about the idea of the "nature" of

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<sup>28</sup> *Hippocratic Writings*, 206-207.

<sup>29</sup> BS 2:3-4.

<sup>30</sup> BS 2:3.

foodstuffs, the best remedy is to give what the patient is used to and enjoys eating, just so long as this is not carried to excess.

### 2-4-3. Poison

*Byōka suchi* expresses suspicion about the classification of foodstuffs as hot, cold, warm and cool. Instead it often describes the dangerous aspects of foods as “poison”.

A bonito fish is poisonous. The sick should never eat it. Even for healthy people, if they eat a lot of it, it does harm by perturbing the blood.<sup>31</sup>

Potatoes are not poisonous, but it is recommended that they should not be given to patients suffering from phlegm 痰涎 and stagnated drink 留飲....<sup>32</sup>

The concept of poison is commonly used in the Bencao 本草 (*Materia Medica*) tradition as a criterion for the classification of living things and natural substances, including foodstuffs. For instance, the famous pharmacological encyclopedia *Bencao gangmu* 本草綱目 (*Classified Materia Medica*, 1578) by Li Shizhen 李時珍 of the Ming dynasty generally specifies whether each foodstuff is poisonous 有毒 or not 無毒. For example, the entry on Rhubarb 大黃 classifies it as “bitter and cold, non-poisonous 苦寒、無毒”<sup>33</sup>

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<sup>31</sup> BS 2:25.

<sup>32</sup> BS 2:32

<sup>33</sup> *Bencao gangmu* 本草綱目. Compiled by Li Shizhen 李時珍 (1518-1593) in 1578. Reprint 2001, annotated by Terashi Bokusō (Meicho, Tokyo), 179-183.

On the other hand, the idea of poison in *Byōka suchi* raises an interesting prospect. That is, it does not necessarily relate to the poisonous nature of foodstuffs. The harm done by a poison often depends on “how one eats” rather than “what one eats”; that is, it often depends on the state of one’s health, the size of the portions, and the appropriateness of the cooking method used. Even for healthy persons, “excessive eating” in particular may lead to dangerously poisonous results, often associated with disturbances of the digestion or the circulation of the blood, as the examples of bonito fish and potatoes demonstrate. In other words, a food can become a poison depending on who eats it or how it is eaten.<sup>34</sup>

How can a foodstuff be both nourishment and poison? A survey of the major *yōjō* texts yields a possible answer to this. At the beginning of the second fascicle, *Byōka suchi* acknowledges that the object of eating and drinking is “stopping hunger and thirst, and preserving one’s life”.<sup>35</sup> However throughout most of the fascicle, the author stresses the dangers of intemperate eating. A statement in *Yōjōben* represents the dangers of eating in this way: “Mouth <sup>kuchi</sup>口 is an abbreviation of “to rot <sup>kuchiruru</sup>朽ちる.<sup>36</sup> This straightforward association between eating and putrefaction needs more explanation. It seems to suggest that food is innately an alien substance that may damage the body at any moment. Such an idea is also found in Hippocratic medicine, which recognises the potential danger of food as well as the nourishment it provides.

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<sup>34</sup> Takizawa explains that “poison” in the Edo dietary refers to incompatible combinations of foods according to the categorisation of *yin* and *yang*, and Five Phases theory, or it can be an expression for something that is acknowledged to be harmful for the body after generations of experience (Takizawa 2001, 72).

<sup>35</sup> BS 2:1.

<sup>36</sup> *Yōjōben*, kōhen 後編: jō 上, 29.

It must be considered whether the patient will be strong enough for the diet when the disease is at its height. Will the patient be exhausted first and not be strong enough for the diet, or will the disease be blunted and exhausted first?<sup>37</sup>

This passage conjures up the image of a contest of strength between the patient, the food and the disease. However, Edo-period dietary theory differs from the Hippocratic view in assigning responsibility for the harm done by diet. Often, the nature of the food itself is not regarded as bearing any responsibility. *Yōjōben* contends that “there is no such thing as poisonous foods, but simply excessive eating that turns [foods] into poison”.<sup>38</sup> *Yōjō yōron* also warns that people should not fret about the formula for “avoiding poisonous foods” because “the real poison lies in eating [foods with] strong flavours constantly and excessively, even if the foods themselves are not poisonous”.<sup>39</sup>

Why does food becomes poison? In Edo-period *yōjō* thought, it is explained by saying that even good food rots in the stomach if one eats wrongly, and this produces the poison. *Yōjō yōron* maintains that “cereal, meat and vegetables, [are] all originally meant to nourish the human body, and [are] not poisonous. Yet all of them become poisonous due to excessive eating and rot in the stomach. People do not eat things that are already rotten from the start, but many of us are not cautious about food rotting in the stomach”.<sup>40</sup> The process of decay in the stomach is illustrated in this way:

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<sup>37</sup> *Hippocratic Writings*, 207.

<sup>38</sup> Eisei 3:209.

<sup>39</sup> *Yōjōben*, shohen 初編: jō 上, 12.

<sup>40</sup> Eisei 1:126. A similar statement is also found in *Yōjōkun*, 87.

When everyday food is not digested and goes rotten, it becomes acid water 酸水. You should know this from the fact that rice and wine taste acidic when they go rotten. Vinegar accelerates decay. Therefore even if food bypasses “stagnant acid rotten water” 酸敗液, it is gradually dispersed and goes rotten. However much one eats, the stomach cannot be full, and one feels like eating more and more...Day by day, year by year, the decay in the end fills up the stomach (*Yōjōben*).<sup>41</sup>

The image of “acid rotten water” is probably evoked by the acidity of gastric juices. Overeating does not just cause stagnation within the stomach, but also the food itself rots and turns into poison. In the context of the Edo period, the idea of decay involves parallels between the outside and the inside of the body.<sup>42</sup> Thus however careful one is to avoid indigestible or rotten food, if one eats to excess, the result will be the same in the long run.<sup>43</sup> Therefore “poison” is not only traceable to the nature of foodstuffs such as globefish or aconite. Potential poison exists in every food, just awaiting transformation into poison by a person’s intemperate nature and gluttony.

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<sup>41</sup> *Yōjōben*, shohen 初編: chū 中, 12-13. A similar statement is also found in *Yōjōdan*, Eisei 3:60.

<sup>42</sup> The association of “decay” with the process of digestion may show a certain influence from Boerhaave, of the Leiden School. A few medical texts of the Leiden School are known to have been translated by Edo physicians. Frederik Cryns 2006, *Edo jidai ni okeru kikairon teki shintaikan no juyō* (Rinsen shoten, Kyoto), 310.

<sup>43</sup> I have examined the idea of decay in the view of digestion in Edo dietary theory. During the Edo period, the term food damage, which in the Chinese medical tradition is caused by excessive eating, often indicates food poisoning. This conflation probably stems from the idea of decay within the stomach, which equates eating something rotten with making foods go rotten in the stomach. Daidoji 2005, 147-167.

## 2-5. Massage and pressure: tactile remedies and *kan*

*Byōka suchi* favours massage or pressure as remedies. Ishihara (1931), for instance, classifies the many massage methods scattered throughout *Byōka suchi* into eleven categories: (1) massage for convulsions during pregnancy or morning sickness, (2) massage to make a new-born baby produce its first cry, (3) whole-body massage to cure chronic diseases, (4) massage after meals, (5) abdominal massage to adjust the position of the foetus, (6) whole-body massage to rouse a person from sleeping sickness, (7) massage for paralysis, (8) massage for fainting due to *ki* reverse (*kinuke yamai* 僵厥病), (9) martial arts massage method for fainting 昏冒, (10) massage for dizziness 眩暈卒倒, and (11) massage for increasing breast milk.<sup>44</sup>

Although Ishida's categorisation covers all the methods in the text without omission, I would like to divide the massage methods in *Byōka suchi* into two groups: massage for acute symptoms and for chronic symptoms. This approach will highlight an interesting aspect of the relation between massage treatment and pathology in *Byōka suchi*. Pressing and rubbing the seat of the disorder is said to be effective as a first aid for many acute symptoms, while abdominal massage is able to disperse most chronic afflictions. Among the various conditions that are dealt with, the illness known as *kan* stands out as a key to understanding massage. In Hirano Jūsei's view, many of the acute illnesses that are treated with pressure are to be categorised as *kan*, and for those suffering from chronic *kan* as the primary diagnosis, he also invented his own method of abdominal massage. The unique pathology of *kan* seems to underlie his choice of massage and pressure remedies, and these tactile cures are a feature of treatment in *Byōka suchi*. Thus this section

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<sup>44</sup> Ishihara Yasuhide 1931, *Kanyoku ryōhō* (reprinted in 1987, annotated by Sakade Yoshinobu. Taniguchi shoten, Tokyo), 231-234.

will examine the symptoms to which pressure and massage are applied, and how the pathology of *kan* is associated with them.

When/to whom	Chronic Symptoms	Method
Before sleep	<i>kan</i> , chronic <i>shaku</i> , uterine diseases, twitching in babies, <i>kan</i> (驚風)	When you go to sleep, first lie on your back, stretch both legs and calmly stroke downward from the chest and ribs to the lower abdomen with both hands several dozen times. Then stroke from the hinge joint of the waist to the thighs, stretching both hands as far as they will go, several dozen times. Afterwards slowly move the big toes. All the time you are stroking the chest and ribs, do it lightly, then moderately from the pit of the stomach to around the navel, and firmly towards the lower abdomen. (BS 1:12-13)
Before sleep	<i>shaku</i> , <i>kan</i> , uterine diseases, dizziness and headache, palpitations, exhaustion, drink stagnation, paralysis, stomach ache, back pain, twitching in the waist and legs during pregnancy	abdominal massage with chanting (BS 16-17)
After meal	digestion, food stagnation, drink stagnation, lodged food 宿食	(1) Very lightly massage a few times from the forehead to the cheeks and eyelids, and (2) massage a little more firmly from the chest and ribs to the lower abdomen more than ten times, and the arch of the foot (most firmly 50-70 times with the thumbs). (BS 2:36)
For pregnant women	when the embryo is inclined to one side, and causes twitching in the chest, abdomen, waist, and legs	Massage the abdomen and turn the embryo to the right position (BS 2: 8).

Table 13. Massage for chronic symptoms

### 2-5-1. Chronic symptoms

Firstly, the initial fascicle of *Byōka suchi* twice mentions a massage method for use before going to sleep which also cures chronic diseases. It is a combination of breath-regulation and abdominal massage, recommended as not only able to regulate the whole body, but also effective against such longstanding afflictions as *kan*, *shaku*, uterine diseases, paralysis, numb legs, infantile convulsions, colic, and other difficult illnesses. Abdominal massage before sleep is discussed from pages fifteen to seventeen, and further detail is provided by four illustrations (on pages 271, 272 of this thesis). This method was developed by Hirano, and is especially directed at women and the elderly, who are thought to find traditional therapeutic gymnastic excessively complex and difficult to practise.

Lie down on your back, relaxing the area around the shoulders and the neck, lowering both hands alongside the body, stretching out both legs, and let the whole body be free of any stagnation...First open the mouth and breathe out from under the navel seven times. Then shut your mouth and close your eyes, calm your mind, and stroke downwards from chest and ribs to the lower abdomen thoroughly with both hands while you chant songs thrice seven times. This is the first step. Afterward from the top of the thighs to the joints of the hips, both the inner and outer sides towards the knees, stroke firmly downwards in turn as far as the palm can reach while chanting songs seven times. This is the second step. Then stretch both legs and move the big toes while chanting songs seven times. This is the third step. As mentioned above, when you have finished everything, in a composed manner chant songs thirty-five times, remaining as you were, with the whole body relaxed and nowhere strained. Then inhale



through the nostrils and calmly make the breath reach below the navel thrice seven times.<sup>45</sup>

Abdominal massage accompanied by chanting is effective for such disorders as women's blood-related diseases, *shaku*<sup>46</sup>, exhaustion, a depressed mind, stagnated drink, paralysis and other chronic illnesses, as well as pain in the abdomen or back. Pregnant women who have trouble walking due to the position of the foetus being on one side will also be cured. The choice of chant is not critical: a Daoist incantation, a Buddhist chant, a Japanese poem, or any song will do. The important thing is to use the rhythm and soothing sound as an aid to relaxation.

According to *Byōka suchi*, *kan* is especially typical of women. It causes many troubles: uneasy sleep, nightmares, feelings of stuffiness in the heart and abdomen, continual dizziness and headache, and so forth. Abdominal massage has the effect of soothing the mind, thereby dissolving the worries that form stiffness or congelation in the body. Once the mental state becomes peaceful, these troubles spontaneously cease to occur.

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<sup>45</sup> BS 1:15-17.

<sup>46</sup> Along with *kan*, *shaku* was one of the most prevalent everyday afflictions for people in the Edo period, and there is no doubt that abdominal massage was meant to cure *shaku*, too. Here however, the discussion centres on methods developed for patients with a primary diagnosis of *kan*. See section on *shaku*.

〇 小飲食をせし後とて心臓坐して先口と咽喉中の氣を呼ぶ。數通ふ。口を閉じて兩手掌を  
 相摩して熱せし。胸上より兩腋下及左右の脇と摩擦を數通ふ。輕く。其次に兩手相並て左右  
 の胸脇より小腹に至るまで。徐々と按摩を十數通ふ。其後面部を摩る。より。必力を用へ。其後  
 兩大指を以て足心湧泉穴と力を極て摩擦を左右各五七十通ふ。止。此法飲食後心下膨悶腹  
 氣停滯をおかす。或ハ身體沉重睡臥を催す。とあるもの。小月と果年と撰て行。ハ藥小優る効  
 有。とあり。ハ。症あるもの。常小施して止。此ハ飲食の消化を資。滯食留飲の患を除。ハ。湯益の  
 功。熱按をせし。小古人の宿食を雜病の先と論。云。ハ。さる。と。小。施。の。病。ハ。口。腹。の。欲。を。節。せ。さ。る  
 より。發。もの。十。小。一。て。八。九。か。止。ハ。さ。り。古。聖。人。の。食。飽。と。求。る。と。  
 亦。た。ち。ひ。こ。り。志。是。あり。其。蝦。か。た。ハ。非。ど。先。小。も  
 い。へ。る。如。く。飲。食。を。戒。る。な。り。も。か。か。さ。格。物。致  
 知。の。大。本。小。く。身。體。の。壯。健。ある。ハ。非。ハ。道。と。得  
 こと。た。く。士。農。工。商。各。の。職。と。成就。せ。る。と。能。さ  
 る。ハ。故。ある。且。飲。食。自。倍。と。ハ。腸。胃。乃。傷。と。  
 古人も戒た。と。ハ。懲。て。飲。食。ハ。必。六。七。分。と。  
 定。と。も。べ。ハ。飢。乃。加。餐。茶。食。美。子。珍。味。德。然  
 後。卧。草。荐。勝。似。重。相。古。の。君子。ハ。蔬。食。も。飽。す  
 で。小。せ。と。い。へ。ハ。ば。一。て。美。味。醇。酒。を。肆。小。一  
 身。を。忘。て。も。い。で。天。年。を。折。家。と。破。と。の。む。ら。は。る。宿。き。故。ハ  
 かの。項。未。ある。導。引。も。こと。と。の。聖。の。一。科。ハ。具。ハ。き。の。と。あら。ば。  
 是。ハ。修。身。齊。家。の。一。助。ハ。も。ある。べ。た。無。と。く。難。ハ。さ。る。ハ。と。あり。ける。



Illustration 5. Massage after a meal (BS 2:36)

The variety of symptoms makes it seem as if massage is regarded almost as a panacea in *Byōka suchi*. This view is in tune with the instructions for massage after meals in the second fascicle (Illustration 5). To promote digestion, one should first massage lightly from the forehead to both cheeks and eyelids, then rub a little more firmly from the chest to the lower abdomen, and lastly massage the arches of the feet vigorously. This method is able to remove “stagnation of food and drink 滯食留飲” which is “the beginning of various diseases”<sup>47</sup>. In other words it can be assumed that this massage is able to prevent a range of illnesses.

Tanaka (1996) argues that the idea of a panacea in Edo-period *yōjō* was first developed by Hakuin, who emphasised the efficacy of the breath-regulation method as a cure-all which efficaciously incorporates Zen thought. Hakuin’s method became the prototype of many kinds of breath-regulation for later *yōjō* writers, including Hirano Jūsei.<sup>48</sup> Regarding the method of breath-regulation, the master-disciple lineage between Hakuin and Hirano is established in *Yōjōketsu*, which states that Hirano learned the method from a disciple of Hakuin himself.<sup>49</sup> It is thus to be assumed that Hirano attached the utmost importance to breath-regulation in *yōjō* practice. However, *Byōka suchi* actually employs massage much more frequently as a treatment than breath-regulation, whereas this typically appears in the first fascicle of *yōjō* texts to be taught only once as a means of harmonising the body.

The preference for massage in *Byōka suchi* can probably be attributed to its simplicity as well as concern about congelation in the body. Firstly, massage is easier and simpler for “women and elderly people”, compared to breath-regulation,

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<sup>47</sup> BS 2:38.

<sup>48</sup> Tanaka Satoshi 1996, *Kenkōhō to iyashi no shakaishi* (Seikyusha, Tokyo), 50-54.

<sup>49</sup> Eisei 3:164-171.

which often involves meditation. Secondly, massage addresses the fear of congealed *ki* as a tangible clump or stiffness in the body, which constitutes the seat of afflictions. Abdominal massage is intended to disperse this, thereby promoting good *ki* circulation.

These factors may explain the use of massage in *Byōka suchi* as a virtual panacea; however, I would like to revisit the relation between massage treatment and symptoms, especially *kan*, from the opposite direction. That is, why did abdominal massage become a cure-all for *kan* in the first place? In other words, why does *kan* cover so many symptoms as to include almost all illnesses? It is possible that an account of *kan* and its pathology will be able to elucidate the mechanism of the massage cure, and Hirano's strong belief in it.

### 2-5-2. *Kan*

Firstly for instance, the Chinese pathological text *Yuanhou lun*, considers *jian* (Chinese pronunciation of *kan* 癩) to be a children's illness. *Dian* 癩 refers to an illness of children over ten years old, while *jian* affects those under ten years old. Its symptoms present as twitching mouth and eyes, dazzled eyes, or cramps in the arms and legs, a rigid back, or a twisted neck.<sup>50</sup>

In Edo-period Japan, however, the scope of reference of *kan* underwent considerable transformation. In the late seventeenth century *Byōmei ikai* explains that when *kan* occurs, one abruptly loses consciousness and faints, the body becomes numb, and one clenches one's teeth and foams at the mouth.<sup>51</sup> This

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<sup>50</sup> *Yuanhou lun*, 'jianhou 癩候', 1289-1290.

<sup>51</sup> *Tenkan* 癩癩 (*dianxian* in Chinese) is usually understood as spasm or seizure, although interpretations vary. According to *Byōmei ikai*, in Edo medicine the character 癩 is sometimes used alone as a synonym of 癩癩. However 癩 and 癩 are not originally the same. For instance, some authors claim that a patient with 癩 suddenly loses consciousness, whereas one

version seems to follow the Chinese definition closely. But by the late eighteenth century, *Ippondō kōyoigen* observes that fright 驚, seizure 癲, and madness 狂 are collectively known in Japan as *kan*, which is widespread as a familiar term among the general public, and even people who are pompous or obsessed with cleanliness are also regarded as afflicted with *kan*.<sup>52</sup> Nowadays in contemporary Japanese, *kanshō* 癩性/癩症 (*kan* nature/symptom) is an expression used to describe the personality of someone who is particularly anxious and fanatical about cleanliness. This suggests that *kan* has in the long run established itself in its secondary meaning, gradually casting off its medical tenor.

What brought about these changes? According to *Hōi kuketsu* 方彙口訣 (Oral secrets of technical terminology, 1865) by Asai Teian 浅井貞庵 (1770-1829), the meaning of *kan* in Japan passed through three stages: initially it referred to twitching and convulsions, then later to epilepsy, and in his own time to difficult character traits. By Asai's time all kinds of twitching or wrenching in a muscle can be called *kan*, although that is clearly different from its original meaning in Chinese tradition. Tracing the background of this change, *Hōi kuketsu* argues that twitching or depression are merely secondary symptoms of the primary *kan*, but conversely, people have come to regard all twitching, convulsion, and worries as *kan*. Moreover, in general parlance, *kan* is widely used in reference to people who have particularly complicated habits of thinking or acting, or become nervous about every detail. In the extreme extension of the term, even personal characteristics like being pompous or cowardly, or even ill educated, come to be called *kan*, too.

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with 癩 madly runs about. Others regard 癲 as a disease of adults, and 癩 as one of children (*Byōmei ikai*, 59).

<sup>52</sup> *Ippondō kōyoigen*, KKIS edition, vol.65, 383-385.

The complexity of *kan* lies in the term itself. *Hōi kuketsu* points out that sometimes vulgar doctors write *kanshō* as 肝症 (*kanshō*: liver symptom), although it is “nothing but a mistake”.<sup>53</sup> Including liver *kan*, there are three terms read *kan* in the Edo-period medical context: 癇 (<sup>kan</sup> spasm), 疳 (<sup>kan</sup> infant colic), and 肝 (<sup>kan</sup> liver symptom). As already pointed out in *Hōi kuketsu*, epileptic *kan* 癇 came to refer to all kinds of twitching and convulsions. In the case of liver *kan* 肝, the liver corresponds to anger in Five Phases theory, so *kan* came to mean “bad temper”. As a result, *kan* in the Edo period came to indicate not only the variety of symptoms caused by the original *kan* illness, but often personal characteristics as well. In addition, as long as *kan* was seen as part of a person’s nature, many of the *kan* symptoms were regarded as chronic.

### 2-5-3. Acute symptoms

Let us now examine the acute symptoms to which massage or pressure is applied as first aid, because most of them are categorised as *kan* in *Byōka suchi*. *Byōka suchi* puts forward a rather unique pathology of *kan*, which is based on the interpretation of the character *kan* 癇: The character 癇 consists of 疒 (a radical for disease) + 閑 (partition/distance), thereby illustrating that *kan* causes the spirit to be “set apart” from the body. *Byōka suchi* maintains that this is why the diseases with the character 癇 are all related to the mental faculties. Unconsciousness, dizziness, convulsions, sleeping sickness, insomnia, nightmares, feeling unwell on awakening, madness in women, women’s blood-related diseases, depression, anger, regret, frustration, worry, uneasiness, fright, flushing, headache,

<sup>53</sup> *Hōi kuketsu*, KKIS edition, vol. 78, ‘kanshōmon 癇證門’, 327-330.

tinnitus, and paralysis are all different manifestations of *kan*.<sup>54</sup> *Furigana*-character compounds also display the variations of *kan* in *Byōka suchi*.

Disease Name	Chinese Characters				
<i>kanshō</i> ( <i>kan</i> symptom)	癩	癩症	癩證	癩疾	藏躁
<i>kan</i> (infant colic)				疳疾	
<i>kichigai</i> (madness)	狂癩				藏躁
<i>kyōfū</i> 驚風 (fright wind)	癩瘳	驚癩		癩疾	

Table 14. *Kan*: separation of the soul from the body

*Kanshō* or *kichigai* for 藏躁 (organ agitation) refers to madness based on the idea that the inner organs of a lunatic wriggle and become agitated. *Kan* 疳 (infant colic) is often used in reference to children who have a swollen belly due to undernourishment and cry habitually at night. In the account given in *Byōmei ikai*, *kyōfū* 驚風 (fright wind) causes convulsive fits and twitching in the eyes and mouth, while *kyōkan* 驚癩 (fright *kan*) is a complication of *kyōfū* and *kan*.<sup>55</sup> An examination of the *furigana* shows that *Byōka suchi* interconnects *kan*, madness and infant colic.

Figure 17: *kyōfū* 癩疾 → *kanshō* 癩疾 → *kan* 疳疾 → *kanshō* 藏躁 → *kichigai* 藏躁

The sixth fascicle of *Byōka suchi* gives an account of acute symptoms ranging from poisoning to various kinds of attack, wounds and injuries, and recommends treatment methods for them. Pressure and massage are recommended for such

<sup>54</sup> BS 6:21.

<sup>55</sup> *Byōmei ikai*, 133.

symptoms as convulsions, constipation, sudden infant death, dizziness, sleeping sickness, apoplexy, paralysis, stupor, and unconsciousness (Table 15).

When/to whom	Acute Symptoms	Method
Baby	infantile convulsions 衝逆 (after vomiting milk)	Press firmly on the pit of the stomach and <i>fuyō</i> 不容 (below the left breast), and push down towards the navel. Use the fingers or the outstretched palm. When pressing the side bone of your palm against the pit of the child's stomach, it is also good to press down in a scooping manner. If you feel the heart throbbing beneath your fingers, press harder and do not let up (BS 3: 19) (Illustration 6).
Newborn baby	when a newborn baby does not give a first cry	Massage the shoulders with the finger tips until the baby cries (BS 4: 23) (Illustration 7).
	when a baby is crushed to death under the mother's breast	If it is shortly after death, massage the shoulders, strike the back and splash water.
Pregnant women	<i>Ki</i> reversal 衝逆 during pregnancy. When the pregnant woman breathes hard and rolls her eyes abnormally, with her mouth clamped shut, is unable to recognise people, and suffers and writhes owing to a severe up-thrust in the chest.	Press <i>fuyō</i> 不容 (below the left breast) with the right fist, and push down towards the pit of the stomach with all one's strength (BS 4:10-12) (Illustrations 8, 9).
		This method is also effective for children's convulsions and heart failure from beriberi (4: 12).
After delivery	urine retention	There is a projection in the left side of the lower abdomen, where the waist bone and the pubic bone intersect. Press there; it causes pain which extends to the urethra. Push there, and pull that part up; then she will pass urine (BS 4: 12-16) (Illustration 10).
After delivery	sudden dizziness from anaemia	There is a clump thrusting up from the pit of the stomach to below the left rib. Press the clump downward with the fist (BS 4: 25-28) (Illustration 11).



After delivery	rigidity 瘳 after delivery (but without loss of consciousness)	The right hand presses the border of the abdomen and ribs below the left breast, while the left hand presses from the neck to the shoulders (BS 4: 28-30) (Illustration 12)
After delivery	sudden bleeding	Press down firmly on the buttocks with both hands to close the passage of bleeding (BS 4: 30-33). (Illustration 13)
	sleeping sickness	take hold of a deep-rooted congealed clump in the shoulder, and push it back several times. Then stroke the patient from the shoulders to the chest, ribs, and the pit of the stomach. Later strike the back firmly along the backbone. If there is any congealed clump or stiffness in the region of the shoulders, back and abdomen and four limbs, it should be massaged and rubbed (BS 6: 9-11).
	apoplexy	There is stiffness in the region of the neck and shoulders, and the back of the left breast. This place around the neck should be seized. The inner organs are thrust up, which puts pressure on the heart, and the cause of disease is in the head. Massage with three fingers to the left of the backbone, and the outer and inner thighs and knees (BS 6:12-13).
	paralysis	Massage the head, neck, armpit, back abdomen, waist, arms and legs, and even fingertips, daily (BS 6: 15-16).
	long-lived pain 長命痛	There are small clumps between the joints of the shoulders, which should be massaged (BS 6: 16).
	stupor (senselessness)	same as sleeping sickness (BS 6:17)
	sudden unconsciousness	If there is a clump in the shoulder, it should be massaged (BS 6: 18).
	dizziness	same as sleeping sickness

Table 15. Massage for acute symptoms



Illustration 6: Pressure to treat convulsions in a baby (BS 3:20)



Illustration 7: Massage when a newborn baby does not give its first cry (BS 4:

23)

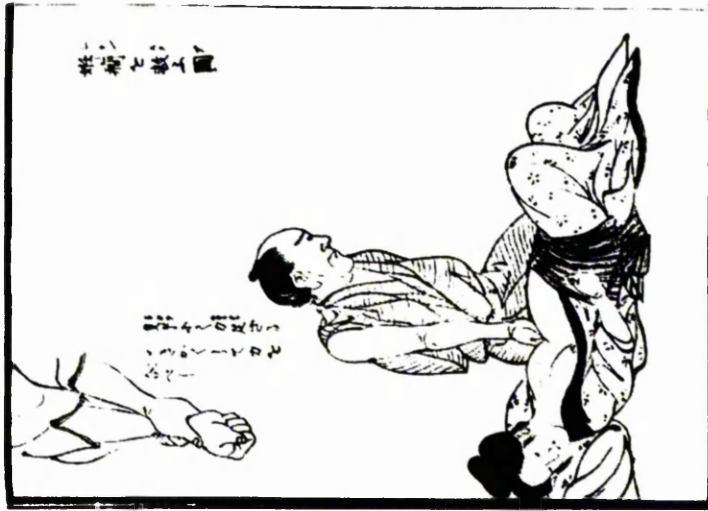


Illustration 8: Pressing down *ki* reversal during pregnancy (BS4: 11)

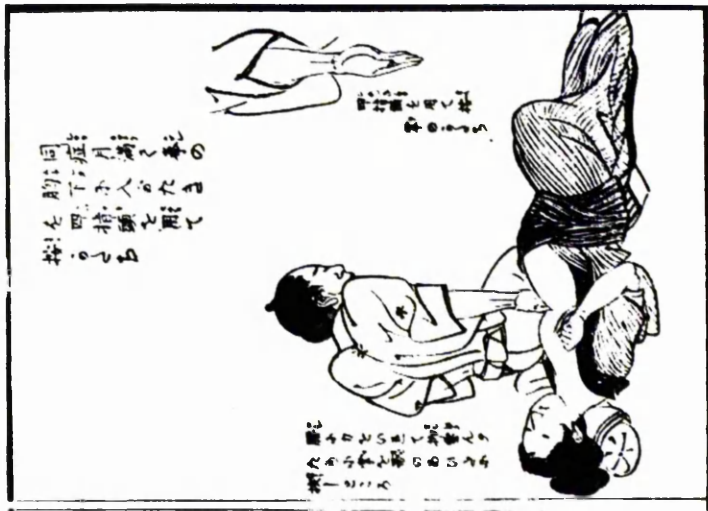


Illustration 9: Pressing down *ki* reversal during pregnancy (BS 4: 12)



Illustration 10: Pressure to treat urine retention after childbirth (BS 4:16)



Illustration 11: Pressure to treat sudden dizziness from anaemia (BS 4:26)



Illustration 12: Pressure to treat rigidity after childbirth (BS 4: 29)

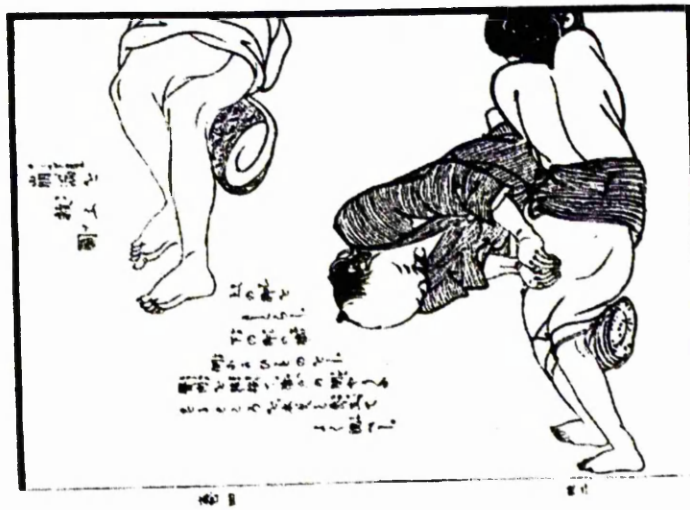


Illustration 13: Pressing the buttocks in case of sudden vaginal bleeding (BS 4:

32)

The fourth fascicle also discusses convulsions and dizziness in women post partum. Roughly speaking, many of these symptoms involve convulsive attacks and unconsciousness, and they are all categorised as *kan* in *Byōka suchi*. Here is a description of the treatment for a case of sleeping sickness, which is representative of treatment for other acute *kan* illnesses as well.

When one feels the shoulders of the patient, one can feel deep-rooted congelation. Take hold of this to break it up. The pain will then pass through the patient's head until the patient utters a sound. Without releasing your hold, push back the congelation into the shoulders with force again and again. Then rub the ribs firmly from the shoulders down to the pit of the stomach. Placing both hands around the navel, seize the ribs, and pull them up forcefully. After this, strike the middle of the back hard with your fist. If one finds a congealed knot in the region of the shoulders, backbone, and armpit, it should be rubbed firmly. When one feels any knot within the body, just massage from the head to the shoulders, abdomen, arms and legs (Illustration 14).<sup>56</sup>

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<sup>56</sup> BS 6:9-11.





Illustration 14: Pushing and striking to treat sleeping sickness (BS 6: 10)

In addition to sleeping sickness, apoplexy, paralysis, stupor, long-lived pain, sudden unconsciousness, and dizziness are also identifiable by stiffness or clumps in the upper part of the body. The precise nature of the condition called *chōmeitsū* 長命痛 (long-lived pain) is unknown; but first aid for all these symptoms aims at breaking up or pushing down clumps by means of pressure, in order to restore the

patient to consciousness as soon as possible. On the other hand, in patients suffering from urine retention and sudden dizziness from anaemia after childbirth, one needs to find a projection or something thrusting up in the abdominal area. For convulsions in pregnant women and babies, one needs to press firmly on the pit of the stomach or below the left breast.

Why do tactile stimuli show efficacy for these *kan*? The answer can be found in the pathology of *kan*. *Byōka suchi* simply explains that *kan* is due to the separation of mind from body. However as we have already explained, the significance of *kan* in the Edo-period vocabulary became quite complicated. *Byōka suchi* seems by no means free from the general view of *kan* in the Edo period, to judge from the many permutations of Chinese characters with which the *furigana* is juxtaposed.

Firstly, for instance, *Yōjōben* considers *kan* as an illness of the vessels 脈絡 whereby the vessels become shrunken and taut, resulting in pressure on the five viscera. When the internal organs become strained, one is apt to be hot-tempered, or to worry without a reason. Furthermore *kan* makes people unsociable, lacking in endurance, inconsistent in mind, suspicious, and cruel. Most important of all, *kan* causes the accumulation of *ki* in the pit of the stomach, which forms a blockage.<sup>57</sup> Similarly *Ippondō kōyoigen* attributes the origin of *kan* to a congealed clump 癥 in the abdomen which puts pressure on the heart. When heart *ki* is subject to pressure, it causes depression and blockage, which creates the various symptoms of *kan*.<sup>58</sup> These medical texts say that *kan* forms *ki* accumulation, and puts pressure on the inner organs.

Secondly, *kan* causes a “thrusting upward” in the flow of *ki* flow. For instance, in *Enjutai kōyō ryakuki* 延壽帶効用畧記 (Synopsis of efficacious methods for

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<sup>57</sup> Eisei 3:268-269.

<sup>58</sup> *Ippondō kōyoigen*, KKIS edition, vol. 65, ‘chō 癥’, 389.



longevity, by *Kōhan rōjin* 考槃老人 [a pen name of Hirano Jūsei], year of first publication unknown), Hirano considers this change in *ki* to be a contemporary illness.

Peaceful times have lasted long. People lapse into luxury and idleness, and indulge in both alcohol and sexual pleasure, and excessive thinking . . . . . Thus there are only a few who are free of illness. In all illnesses, eight or nine times out of ten, something thrusts up and migrates towards the upper body. For example, colds, headaches, stiff shoulders, stiffness in the back, coughing, blockage and accumulation of *ki* in the chest, vomiting from stagnant drink, numbness from beriberi, all result in cramp and thrusting up 繫引. In addition, vomiting milk, twitching, fright wind 驚風, and infant colic (*kan* 疳) in babies, and madness and irregular menstruation in women are all caused by thrusting up and incorrect circulation in the lower abdomen... Congealed clumps, stiffness and twitching should be soothed (stress added).<sup>59</sup>

The passage above asserts that there is a “modern” tendency for people to suffer from “thrust up” illnesses due to disordered living. We also notice that many of those “modern” illnesses include *kan* symptoms as categorised in *Byōka suchi*.

In *Byōka suchi*, the idea of “thrusting up” is hinted at in the pathology of paralysis, one of the manifestations of *kan*. The initial cause of paralysis is attributed to the thrusting-up of inner organs. This results in the obstruction of *ki* movement, and the area below the heart becomes constricted due to “retrograde

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<sup>59</sup> Eisei 2:354-358.

upward movement of *ki* 氣逆”. Therefore one feels “heavy in the upper body, while light in the lower (*kami omoku shimo karoku* 氣逆)”.<sup>60</sup> This suggests that massage and pressure are intended to push back the upward movement of *ki* or clumps of *ki* to assist the natural circulation of bodily *ki*, which should primarily flow from the top down.

Paralysis in *Byōka suchi* resonates with the explanation of *dian* 癱 in the Chinese text *Suwen*, where it is seen as a disorder involving the reversal of *qi* due to fright: “*qi* only goes upward, but cannot come downward 氣上不下)”.<sup>61</sup> As pointed out in *Ippondō kōyoigen*, fright 驚, seizure 癱, and madness 狂 are often conflated in the Edo period. *Byōka suchi* sums them all up as *kan* 癩. It can therefore be suggested that *Byōka suchi* identifies the common factor in these mental disorders as a dysfunction entailing *ki* reversal, which requires to be pushed down with the hands. This stands in contrast, for instance, with *Yōjōkun*, which warns against carrying out massage or therapeutic gymnastics in diseases of rising *ki*.<sup>62</sup> *Byōka suchi* differs from *Yōjōkun* in recognising the movement of *ki* as a physical flow that can get stuck and form tangible obstructions in the pit of the stomach.

In this way, the pathology of *kan* reveals why *kan* involves so many symptoms, all due to the retrograde upward movement of *ki*, which causes corporeal blockages or stiffness in the body. The bias towards massage remedies reflects the view that rubbing or pressing is required to push back down and disperse clumped *ki*.

To summarise, most of the massage and pressure remedies in *Byōka suchi* relate to *kan*. In the Edo-period medical milieu, physicians considered that *kan* occurred

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<sup>60</sup> BS 6:12-13.

<sup>61</sup> It is originally described as ‘a fatal disorder’ (*taibing* 胎病), which occurs in the womb when the mother has a great fright. *Suwen*, ‘qibinglun 奇病論’, 263.

<sup>62</sup> *Yōjōkun*, 105.

because of the accumulation of *ki* in the pit of the stomach, which resulted in *ki* flowing upwards. Since the *ki* was flowing against the natural direction of its current, the internal organs were thrust up and became constricted and unbalanced. Because of this, massage in *Byōka suchi* seems to aim at dispersing congealed clumps or stiffness in the body, thereby opening up blockages which get in the way of *ki* flow to the head. Similarly the application of pressure to the *kan* patient is probably an attempt to push the up-thrust *ki* back down to its rightful place.

## 2-6. Water Cures

The popularity of the water cure in Japan rose and fell. Fujikawa Yū 富士川游 (1865-1940), a pioneering medical historian and himself a practitioner of Western medicine, discusses the application of water in Japanese medicine through history.

The application of the water cure for cold damage already appears in *Shanghanlun*.<sup>63</sup> Thereafter it disappears from the records, and for a long period, many physicians were not keen on this method. However as late as the end of the Edo period, several physicians such as Nakagami Kinkei 中神琴溪, Kouta Tsunetomo 古宇田知常, Tachibana Shōken 橘尚賢 and Hirano Genryō 平野元良 began to make claims for the effectiveness of the water cure and recommended [applying] it to fever from cold damage.<sup>64</sup>

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<sup>63</sup> For instance, *Shanghanlun* says “when the illness is *yang*, it should be dissolved by perspiration. But, conversely, if one applies cold water by splashing, the fever cannot be removed: 病症陽以汗解之、反以冷水之、若灌之、其熱被劫不得去. *Shanghanlun* 傷寒論. By Zhang Zhongjing 張仲景 (3<sup>rd</sup> century CE). Edited by Xiong Manqi 熊曼琪. Reprint 2000 (Renmin weisheng chubanshe, Beijing), ‘wengesan 文蛤散’, 302. Although this is an example of an unsuccessful remedy, it points to the existence of water cures.

<sup>64</sup> Fujikawa Yū, *Nihon shippeshi* (reprinted in 1969, Tokyo, Heibonsha) 285-286.

The statement shows that the water cure had gained popularity in the late Edo period after a period of eclipse. Nakagami Kinkei (1744-1833) a physician of the Classic School, mentions water cures in *Seiseidō itan* 生生堂医譚 (Tales of medicine by *Seiseidō*, 1795). Kouta Tsunetomo is the author of *Kansuihen* 灌水編 (Compilation of splashing water, 1811), while Tachibana Shōken (d. 1849) wrote *Bakufu kōnōki* 瀑布効能記 (Record of the efficacy of the waterfall, 1812), and Hirano Genryō is, as already stated, a pen name of Hirano Jūsei.

As a therapeutic method, the water cure has always been found at the fringes of medical practice. However the fact remains that these medical texts speak of water in diverse forms and contexts. The physicians mentioned above contend that not only cold damage but various other illnesses too can be cured by water. For instance, *Kansuihen* 灌水編 states that splashing with water is effective for “the five accumulations 五積, six gatherings 六聚, congealed clumps 仙癖 and colic pain 塊痛, since they all descend along with water. Water also flushes out illnesses such as beri-beri, paralysis, and consumption”.<sup>65</sup> *Seiseidō itan* 生生堂医譚 gives examples of water treatment for such conditions as madness, fever, epilepsy, melancholy, bruising, unconsciousness, sudden fright 急驚, dizziness, headache, chill and smallpox.<sup>66</sup>

Regarding Hirano Jūsei and the water cure, *Byōka suchi* contains scattered references to the healing powers of water for many symptoms, when splashed, spat, imbibed, bathed in, and so on. Despite, however, containing a substantial number of examples, *Byōka suchi* always omits any detailed explanation of why and how water

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<sup>65</sup> *Kansuihen*, by Kouta Tsunetomo (1811). Facsimile edition, in the possession of Kenkensai sho'oku 乾々齋書屋, 5.

<sup>66</sup> *Seiseidō itan*, KKIS edition, vol. 17, 76-84.

achieves efficacy, saying only: “The details are not to be mentioned here, see *Kisai bigen* 既濟微言 and *Suiryō zokuben* 水療俗弁”<sup>67</sup> or “see *Kansuikō* 灌水考 for further explanation”<sup>68</sup>. However the whereabouts and the contents of the texts he cites are lost to us today, and only their names appear in *Byōka suchi*. Presumably Hirano wished to avoid too much overlapping of contents between texts, and unnecessary discussion of complex theory in a popular home medicine text like *Byōka suchi*. This section will thus collect together and examines the fragmentary and limited references to water cures that are interspersed throughout the text of *Byōka suchi*, with the aim of reconstructing the physiology and pathology that lies behind them.

## 2-6-1. Methods and effects

The therapeutic methods of applying water mentioned in *Byōka suchi* can be divided into five categories: application by (1) listening, (2) washing, (3) bathing in when hot, (4) spitting, (5) imbibing, and (6) pumping (Figure 33).

Method	Details	Symptoms (fascicle number: page number of <i>Byōka suchi</i> )
Listening	The patient counts the dripping sounds of water.	Insomnia. (1:49)
Spitting and imbibing	The patient drinks cold water and spits it over the face.	Uterine bleeding after childbirth, with a thumping heart. (4:32)
Spitting and imbibing	Half a cup of freshly drawn is drunk, and also spat over the infant's face.	The infant vomits milk with convulsions. 衝逆 (3:19)
Spitting	Cold water is spat over the infant's face.	A newborn infant who does not give a first cry. (4:23)
	Cold water is spat over the face.	A woman who faints from dizziness after childbirth. (4:26-28)

<sup>67</sup> BS 5:31.

<sup>68</sup> BS 5:11.

Splashing	Splashing water or bathing in water or using a waterfall.	Fever, smallpox, fright <i>kan</i> , 驚癇, <i>kan</i> 癇疾, epilepsy, madness, paralysis, numb limbs, dog bites, insanity, rush of blood to the head, chronic shivering, intermittent fever 瘧, initial stages of leprosy and consumption. (2:37)
	The baby's head is made wet with a towel soaked in cold water.	
	Pumping cold water.	Madness from cold damage 傷寒 and yin-reversal disease 厥陰病. (5:30-31)
		<p>Fevers or madness 狂躁 from cold damage 傷寒, small boils (5:32)</p> <p>References: <i>Shoku Nihongi</i> 続日本紀, <i>Ōkagami</i> 大鏡, <i>Eiga monogatari</i> 栄花物語, <i>Kagerou nikki</i> 蜻蛉日記, <i>Jushelun songshu</i> 俱舍論頌疏, <i>Suwen</i> 素問, <i>Shanghanlun</i> 傷寒論, <i>Shiji</i> 史記, <i>Zhang Zihe</i> 張子和, <i>Shiban</i> 西蕃, <i>Haidao yizhi</i> 海嶋逸誌</p>
		Apoplexy 卒暈, fainting from <i>ki</i> reversal 僵厥病, convulsions ひきつけ, unconsciousness 昏冒, <i>kan</i> 癇證, madness 狂癇 (6:17-19, 23, 24)
	Pumping.	Leprosy. (5:12)
	Cold water is splashed over the head, or the patient is thrown into a clear stream.	Dog bites (rabies). (6:36)
	Cold water is splashed over the legs.	Nosebleeds. (6:26)
	Splashing with cold water or hot baths.	Infant's <i>kan</i> 驚癇. (3:20)
	Splashing with cold water.	Food poisoning. (6:7)
	Washing with cold water.	Weakness in infants 虛弱兒. (8:30)
	Wet sheet.	Dizziness after childbirth. (8:8)
hot baths	Hot baths.	Diarrhoea. (5:35)
	Warming with hot water.	When one's legs become cold with nosebleeds. (6:26)
	Hot baths.	Rigidity 瘳病. (8:9)
washing	Washing away eye mucus.	Tired eyes. (2:36)
	Washing the inner private parts with cold water.	Uterine bleeding after childbirth. (4:33)

	Washing with cold water.	Venereal ulcers 下疳瘡. (5:3)
	Washing.	Cuts. (6:39-40)

Table 16. Water cures in *Byōka suchi*

(1) Dripping sound

**Method.** The illustration shows that one sets up two containers of water at different heights near the patient's head, in such a way that the water drips continuously from the upper container into the lower one. (Illustration 15)

**Effect.** The sound of water is used as a hypnotic method. The idea is to let the patient count the dripping sounds of water, which works as a sedative when one is unable to fall asleep owing to uneasiness or worries, exhaustion or nightmares.



Illustration 15: Water dripping device (BS 1:48-49)

Unlike other modes of water application, this method does not involve any direct physical stimulus. Why the sound achieves efficacy is not clarified in the text,

but it seems to be related to mechanisms of dreaming. In the opening of the passage on the water dripping method, *Byōka suchi* refers to the importance of the ancient instruction “to stop thinking, calm the mind and store the soul” to obtain sound sleep without nightmares. What does “store the soul” mean? Although the original source of this statement is unknown, it seems to fit the aetiology of dreaming in *Lingshu*.

When right evil 正邪<sup>69</sup> attacks the body from outside and cannot find the proper place to settle, it flows into the viscera 臟 and drifts around. The evil circulates with the structural 營 and protective 衛 *qi* within the body, and acts tactless/rashly towards the *hun* and *po* soul 魂魄. They trouble sound sleep, and cause dreams.<sup>70</sup>

*Byōka suchi* mentions neither *qi* (*ki*) nor evil, but both *Byōka suchi* and *Lingshu* agree on the point that when the soul drifts away from its rightful place, it causes uneasy sleep and dreams. Therefore the dripping method may perhaps function by concentrating the mind on counting the sounds of water, thereby preventing the soul from moving aimlessly about.

An advantage of this method is that it can be used as an alternative to hypnotic drugs. Hirano strongly objects to the use of sleeping pills based on “an amateur’s complacent judgement, as [the case] is difficult [to assess] even for a medical professional”.<sup>71</sup> It is not clear what exactly *Byōka suchi* intends by the term rendered as “sleeping pill”, as the reading *nemuri gusuri* does indeed refer simply to a sleeping pill, but the Chinese characters used here strongly suggests an anaesthetic. Little is

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<sup>69</sup> Right evil indicates seasonal wind as a pathogen; it blows from the correct direction with respect to the season, Ishida 1987, 288.

<sup>70</sup> *Lingshu*, ‘yinxiefameng 淫邪發夢’, 17-18.

<sup>71</sup> BS 1:48-49.



known about the use of hypnotic drugs during the Edo period, and the suspicion occurs that “sleeping pill” in *Byōka suchi* may imply something more like an anaesthetic.

This supposition may not be unfounded, because the news that a physician Hanaoka Seishū 華岡青洲 (1760-1835) had for the first time succeeded in carrying out a surgical operation under anaesthetic (made mainly from mandarage [datura] and aconite) caused quite a sensation in Edo-period medical circles.<sup>72</sup> It is possible then that anaesthetics or something similar had begun to circulate in the drug market, and that lay people sometimes took them as soporifics without proper knowledge of their effects and possible risks. *Byōka suchi* recommends the sound of water because, whether or not it is effective, it is at least “harmless”.

## (2) Washing with water

**Method.** One should wash cuts, tired eyes and venereal ulcers with cold water (douches). Pure water is harmless, but a layperson may fear that washing the injured part with pure water could cause tetanus. Although this fear is unfounded, one can mix ash with water in order to ease the minds of those who feel concerned. For cuts, wounds and uterine bleeding, one can use a water pistol (children’s toy) or a kettle to spray or pour on the water.

**Effect.** Washing with cold water seems basically to be an empirical and naturalistic treatment. Washing cleanses dirt and blood from the wound, and tired eyes can also be refreshed by cold water.

In the case of boils on the genitalia, douching is used to keep the genital area clean and dry, as the area is liable to be “foul due to being covered by dirty

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<sup>72</sup> Hanaoka Seishū carried out an operation to remove a cancerous breast tumour under anaesthetic in 1804.

underwear”, which should be most particularly avoided<sup>73</sup>. Also, the jet of water from a water pistol makes the genitals constrict and closes the passage of bleeding between the uterus and vulva. Meanwhile the wound in the uterus will heal gradually.<sup>74</sup> The disease poisons from boils on the genitalia can gradually retrocede and eventually result in genital dysfunction, so it is extremely important to purge the poisons as soon as possible in the form of pus, by washing with a lotion and taking internal medicine. However one can achieve great efficacy just by washing with cold water, because “the use of washing lotion cannot be explained to laypersons so easily”.<sup>75</sup> Again, blind reliance on self-prescribed medicines by lay people should be avoided, and water is suggested as a harmless option.

### (3) Hot baths

**Method.** There are only two prescriptions for hot baths, for diarrhoea and cold legs due to nosebleed.<sup>76</sup> When one feels chilled in the initial stages of diarrhoea, bathing (especially the lower body) in very hot water with a pinch of salt is

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<sup>73</sup> BS 5:3.

<sup>74</sup> BS 4:31.

<sup>75</sup> BS 5:3.

<sup>76</sup> Although *Byōka suchi* mentions hot baths only a few times, bathing and balneology are a popular topic in the Edo medical texts. For instance, *Yōjōkun* discusses how to bathe and the effectiveness of hot baths for conditions such as diarrhoea, food damage and stomach ache (*Yōjōkun*, 113). As far as hot springs are concerned, the famous Gotō Konzan was given the nickname Yunokumakyūan 湯熊灸庵 (“Dr Bath-Bear-and-Moxa”), for his three favourite treatments: dietetics (especially the use of bear heart as a panacea), balneology, and moxibustion. Kagawa Shuan, author of *Ippondō yakusen zokuhen* 一本堂薬選続編 (1738), recommends Kinohaki 城之崎 (in present-day Hyogo prefecture) as the best hot spring, which is particularly famous for curing swellings. Many scholarly works have examined the cultural/social/economic/anthropological aspects of bathing and balneology in Japan. For instance, the general history of bathing culture in Japan is referenced in such works as Matsudaira Makoto 1997, *Nyūyoku no kaitai shinsho* (shogakukan, Tokyo), Inoue Shun (ed) 1987, *Furo no shakaigaku* (Sekaishisoshā, Tokyo), Nakano Eizo 1996, *Nyūyoku, sentō no rekishi* (New edition from Yuzankaku, Tokyo). An anthropological approach to bathing culture is found in Yoshida Shūji 1995, *Furo to ecstasy* (Heibonsha, Tokyo). Suzuki relates the popularity of hot springs and daily bathing in the Edo period to changes in concepts of the body. See Suzuki Noriko 1999 ‘Hot Springs in the Edo Period’, in Ōtsuka, 185-200, and 2001 ‘Edo no sentō nimiru yōjō to seiketsu’ in Yoshida and Fukase, 197-215.

recommended. The hotter the water, the better. Afterwards one should dry the body well, put on warm clothing and take hot food with plenty of soup.

If one finds the legs to be chilled owing to a nosebleed, it is good to soak both legs in hot water, to which a few pinches of powdered alum may be added.

**Effect.** In the case of diarrhoea, it is extremely important to begin perspiring as soon as possible in order to get rid of the disease poisons completely. According to *Byōka suchi*, diarrhoea is a disease of *yangming* 陽明 (where *yang ki* is most vigorous)<sup>77</sup>. Regarding the correlation of *yangming* disease with diarrhoea, Hirano Jūsei's *Uta shōkan zatubyōron zokuben* 歌傷寒雜病論俗弁 offers a more explicit account.

*Yangming* disease is located in the abdomen. The evil *ki* reaches *yangming*, therefore the treatment needs to lead [evil *ki*] to the surface, and disperse it through sweating. This [method] is meant to destroy the power of [evil *ki*] to penetrate inside, and to suppress uneasiness in the abdomen.<sup>78</sup>

A hot bath, therefore, stimulates perspiration from two angles. For one thing, it warms up the body from inside, and for another, hot water is considered to open up the pores of the skin.<sup>79</sup>

On the other hand, it is difficult to understand the reasoning behind the recommendation of hot baths for nosebleeds, as no pathology or expected effect is mentioned. Probably, the hot bath is simply intended to warm up the chilled legs.

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<sup>77</sup> *Yangming* is the name of a vessel. It refers to the *yangming* stomach vessel of the legs 陽明胃經 and the *yangming* colon vessel of the hands 陽明大腸經.

<sup>78</sup> *Uta shōkan zatubyōron zokuben*, by Hirano Jūsei, Fujikawa Bunko of Kyoto University, fascicle 4, 3-4.

<sup>79</sup> There was a general consensus among Edo-period physicians that taking long baths is dangerous because it opens the skin pores wide and leaves the body vulnerable to outer evil (see, for instance, *Yōjōkun*, 113).

#### (4) Spitting water

**Method.** One should try spitting cold water over the face of a newborn infant who fails to cry, and the same method is recommended in case of infantile convulsions, and post-partum bleeding or dizziness..

**Effect.** For a weak newborn infant, the shock occasioned by spitting cold water may be sufficient to cause him or her to give a first cry.

In other cases water has a cooling effect. Both convulsions and dizziness occur due to “the retrograde upward movement of *ki* 衝逆”, which should be treated by cooling. Uterine bleeding often involves such symptoms as “fever, perspiration and palpitations” which are categorised as “hot” in nature; thus cooling will bring relief.<sup>80</sup>

#### (5) Imbibing water

**Method.** Drinking cold water is effective for severe vomiting and diarrhoea 霍乱<sup>81</sup>, food poisoning, and pain caused by threadworms or pinworms.<sup>82</sup> Sometimes, drinking can be combined with spitting water over the patient’s face, which is particularly effective for those who have palpitations, which cause heating in the heart.

**Effect.** Firstly the coldness of the water can relieve the pain of threadworms, because it produces a shock in the worms in the intestines, which then release their bite (of the inner body).<sup>83</sup>

Secondly drinking water cools down the inner organs. *Byōka suchi* contends

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<sup>80</sup> BS 4:30-33.

<sup>81</sup> BS 6:3-4.

<sup>82</sup> BS 6:4.

<sup>83</sup> BS 6:29.

that one should let the patient drink as much cold water as he or she wants because it shows “the need of [one’s] own vital essence which tries to moisten and cure the heated inner abdomen”, and anyway water is “harmless”.<sup>84</sup>

Furthermore the cooling effect of water is related to detoxification. As pointed out in *Byōka suchi*, “all toxins quicken with heat, and cease with coldness”<sup>85</sup>. There was a general consensus in Edo-period medicine on the association of toxins with heat, which allows for detoxification by water. For instance, the Edo-period physician Tachibana Nankei 橘南谿 (1753-1805) states: “All toxins are extremely hot in nature, and therefore whatever the toxin may be, drinking cold water can work as an antidote”.<sup>86</sup> In this way, the use of water for food poisoning is designed to be a cooling antidote.

#### (6) Affusion

**Method.** I will classify as “affusion” the sixth and last model, whereby the patient is soaked with water. Examples of this are water being pumped over someone, or someone being placed under a waterfall, or bathed in a well, or immersed and made to swim in a river. For instance, two illustrations show a woman who has gone mad being splashed with cold water while restrained by three men, and a man who has gone mad(?) due to *yin* reversal disease 厥陰病 swimming in a river (Illustrations 16 and 17).<sup>87</sup>

Pumping cold water over the patient is the main method, among the water cures described in *Byōka suchi*. It is applied to various symptoms: *kan* 癎疾, seizures,

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<sup>84</sup> BS 5:29.

<sup>85</sup> BS 6:6.

<sup>86</sup> *Saiyūki* 西遊記 (1782-1786) by Tachibana Nankei, (*Shin Nihon kotenbungaku taikai* 98, annotated by Munemasa Iso’o, Iwanami, Tokyo), 309.

<sup>87</sup> BS 5:30.

paralysis, apoplexy, convulsion, fright *kan* 驚癇, unconsciousness 昏冒, fainting from *ki*-reversal 僵厥病, madness, dog bite (rabies), rush of blood to the head, fevers, chronic chills, periodic fever, initial stages of consumption, smallpox, leprosy, small boils, numb limbs, nosebleed, food poisoning and others. It is used as well to strengthen a weak infant. In particular, pumping water is effective for fever and madness of many kinds, such as fever from the initial stages of smallpox, fevers or madness from cold damage, and madness from *yin* reversal disease 厥陰病.

**Effect.** Firstly, the coldness of the water and the stimulation from pumping have an energising effect on the body. The intended effect is probably to stimulate numb limbs or strengthen a weak infant. Secondly it may be possible to consider the efficacy of water from the viewpoint of *yin* and *yang* differentiation. Water is innately *yin*, and in most instances of pumping, water is applied to *yang* symptoms, thereby combating the disease.

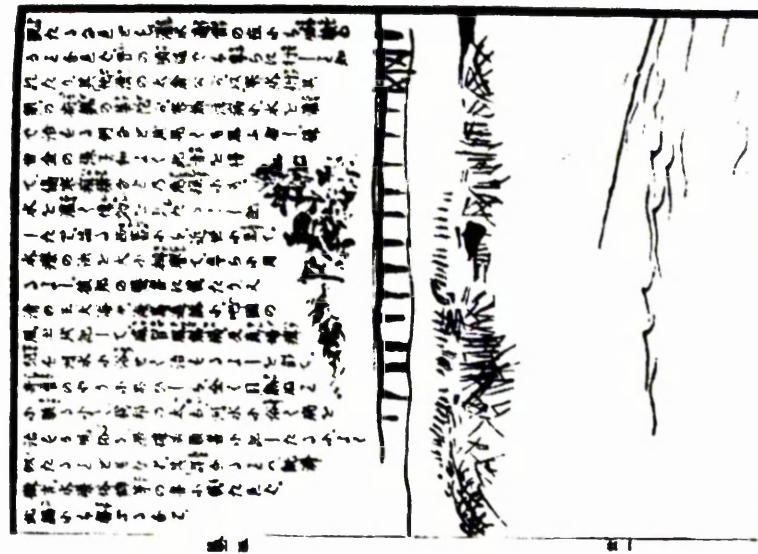
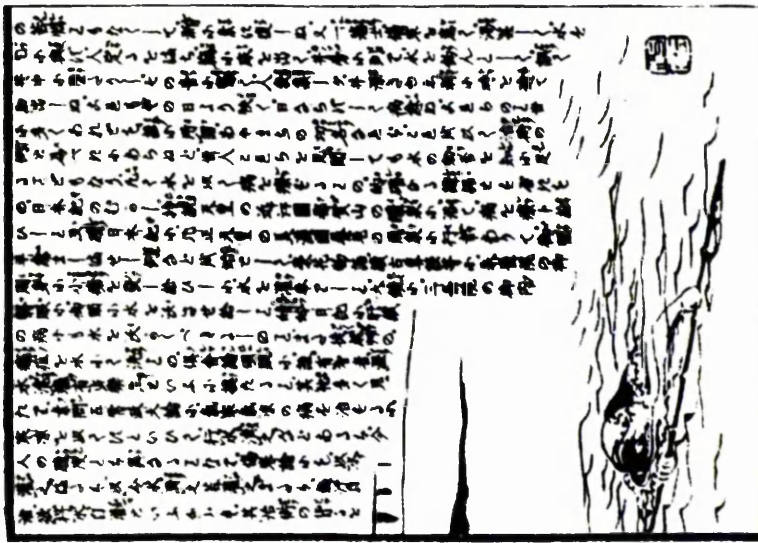


Illustration 16: A man suffering from cold damage falls into a river, and afterwards the disease is cured (BS 5:30-31)



Illustration 17: Affusion for *yin* reversal (BS 5: 30)



Illustration 18: Using water for a child suffering from smallpox (BS 3:33)



In traditional diagnosis, symptoms are largely divided into the two categories of *yin* and *yang*. Generally speaking, *yin* symptoms are associated with the inside, of the body, depletion, coldness, the downward movement of *ki*, chronic illness, languor, inhibition, decline in bodily metabolism or body function, metabolic decline and so forth. On the other hand, *yang* symptoms are identified with the outside, repletion, heat, the upward movement of *ki*, acceleration in bodily metabolism and function, acute illness, exuberance, and exhalation. As far as *Byōka suchi* is concerned, fever, mental disorders, and all kinds of pus and ulcers can be categorised as *yang*.

*Yang* symptoms (1). “Heat” is perhaps the most obvious case of a *yang* symptom. Periodic fever, fever at the initial stages of consumption or smallpox, and fever from cold damage all obviously involve heat. Furthermore rushes of blood, pus from smallpox and leprosy, and small boils are also attributed to “heat”, because in *Byōka suchi* they are regarded as manifestations of “pent-up toxins”<sup>88</sup> in the body. The association between toxins and heat, and the efficacy of cold water as an antidote, have already been mentioned in the section on drinking water. Water cools down “heat” of various kinds.

*Yang* symptoms (2). Mental disorders seem to belong to the *yang* category in *Byōka suchi*. As we have seen previously, *Byōka suchi* defines *kan* 癩 very broadly, including various kinds of disorders affecting the mind, such as epilepsy, paralysis, apoplexy, convulsions, infant colic, unconsciousness, fainting from *ki*-reversal, madness and dog bite (rabies). To the extent that *kan* is attributed to the “upward movement of *ki*”, it is a *yang* symptom. In the same way, rushes of blood to the head and nosebleeds are also considered *yang* symptoms, as they occur due to the

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<sup>88</sup> BS 5:5, 24.

retrograde upward movement of blood.

Within this scheme, the application of cold water, being *yin*, is expected to rectify *yang* symptoms. Pointing out the role of water as *yin* to cure *yang* symptoms, Ōtomo (1980) contends that the water cure is a type of “regular treatment 正治” that treats illnesses by applying something opposite in nature.<sup>89</sup>

On the other hand, we also find in *Byōka suchi* the use of pumped water for *yin* symptoms, such as extreme *yin* disease and chills of long duration. It may seem contradictory, but it is based on the principle of *yin* and *yang*, whereby each may be transformed into the other, moving from one pole to the other. As mentioned before “it is often the case that one can obtain efficacy by further warming up a fever, and further cooling down coldness”<sup>90</sup>. When *yin* reaches its extreme, *yin* is transformed into *yang*, as *yang* is transformed into *yin*.

Water is primarily *yin* in nature, but it can be used for both *yin* and *yang* symptoms in *Byōka suchi*. Although it is extremely difficult to distinguish which symptoms are *yin* and which are *yang*, water achieves a balance between the two attributes, thereby curing the illness.

## 2-6-2. References

How did Hirano Jūsei get the idea of using water for various afflictions? In *Byōka suchi* he contends that the use of pumped water for leprosy is his own original invention which “the ancients have never mentioned”<sup>91</sup>. However, a number of references in *Byōka suchi* to classic literature suggest that the author collected and widely surveyed examples of water cures described by his predecessors. The records

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<sup>89</sup> Ōtomo Kazuo 1980 ‘Suichi’, available at: <http://www.geocities.jp/kokido/>.

<sup>90</sup> BS 2:37.

<sup>91</sup> BS 5:12.

show that bathing or soaking the body in cold water was believed to cure afflictions of the brain, eyes and liver, as well as swelling and so on. For instance, the Emperor Genshō 元正 (reigned 715-724) visited the waterfall in Mino 美濃 to cure various symptoms of skin disease<sup>92</sup>, and the Emperor Sanjō 三条 (reign 1011-1016) was splashed with water to treat an eye disease.<sup>93</sup> An essay *Tsurezuregusa* 徒然草 (published in English as *Essays in Idleness*, by Kenkō hōshi 兼好法師, 1310) notes that water is good for abscesses 癰疽.<sup>94</sup>

*Byōka suchi* also mentions the popularity of water cures in the West, “in the Netherlands, water cures have become highly regarded lately, and they devote themselves exclusively to [this treatment]. [Water cures] are referred to in their medical texts”.<sup>95</sup> However, this view of the water cure as a peculiarly Dutch practice is probably a misunderstanding on Hirano’s part. Although there may have been Dutch texts on the subject, it is more probable that Hirano had come across Dutch translations of texts that were in circulation across contemporary Europe. In the West, the medical uses of water can be traced back to Hippocrates (460-370 BC), but it was not until the eighteenth century that the extensive use of water was promoted as a medical fashion. For instance *On the Power and Effect of Cold Water* (1738) by Johann Sigmund Hahn of Silesia went through several editions. At all events, which text Hirano is referring to, we do not know.

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<sup>92</sup> *Shoku Nihongi* 続日本紀 (The sequel to the chronicle of Japan), compiled in 797 CE. Reprinted in 1990, annotated by Aoki Kazuo, *Shin Nihon kotenbungaku taikei* 13 (Iwanami, Tokyo), 17th November, Genshō tennō yōrō gannen 元正天皇養老元年十一月十七日, 35.

<sup>93</sup> *Ōkagami* 大鏡 (Great mirror), Anonymous. It is thought to have been compiled in the 11th century CE. Reprinted 1963, annotated by Matsumura Hiroji, *Ōkagami*, in *Nihon kotenbungaku taikei* 84 (Iwanami, Tokyo), Sanjōin 三条院, 55-56.

<sup>94</sup> *Tsurezuregusa*, chapter 217, annotated by Nishio Minoru, Yasuraoka Kōsaku 1928 (Iwanami shoten, Tokyo), 362.

<sup>95</sup> BS 5:31.

### 2-6-3. Analysis

What ideas lie behind the water cures of *Byōka suchi*? A survey of the methods and effects of water cures and of the references to classic texts in Hirano's work will provide some interesting perspectives on the theoretical underpinnings of the uses of water with respect to natural healing power and purification. The relation of water cures to Hirano's objection to the blind usage of medicines will also be examined.

#### (1) Constriction of skin pores

One merit of water, as emphasised in *Byōka suchi*, is that when it is pumped cold onto the skin, it tightens the skin's pores and strengthens the constitution.

The pumping of water shows prompter efficacy for those who are lean and pale than for those who are overweight and have a ruddy complexion. Therefore it is problematic to practise the pumping of water on those whose skin pores are not fine... Some say that they feel exhausted after being pumped with water. This is nothing but an amateur's misunderstanding. [Laypersons] do not acknowledge that it is reasonable to use water for those who have become weak, because water tightens the pores of the skin.<sup>96</sup>

The passage above argues that the stimulus of cold water has an energising effect on the skin and *ki* circulation, thereby strengthening the body.

Concern with the opening and closing of the skin pores is also found in the pathology of traditional medicine, in conjunction with the idea of wind as an alien invader. *Byōka suchi* designates harmful *ki* by such names as *jadoku* 邪毒 (evil

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<sup>96</sup> BS 6:24.

poison), *gaija* 外邪 (outer evil), *dokuki* 毒氣 (poisonous *ki*) or *kanki* 寒氣 (cold *ki*, in case of cold damage). Harmful *ki* first attacks the pores of the skin, and then intrudes into the human body and sweeps through it.<sup>97</sup> For instance, the Chinese text *Suwen* describes how harmful *ki* enters the body through the skin's pores.

This is how the myriad diseases begin. It is always the skin and hair that evil attacks first. It opens the pores of the skin. When the pores of the skin are open, the evil enters the channels and vessels. The evil stays there and does not leave, and moves into the entrails, and putrefies the intestines and stomach. When evil first enters via the skin, the body hair stands up and the pores of the skin open.<sup>98</sup>

If the pores of the skin are loose and open, it means the body is open to invasion. Thus it is naturally assumed that opening and tightening the pores is the key to not allowing the evil pathogen into the body. The coldness of water constricts the pores, thereby blocking evil disease from entering the body.<sup>99</sup>

But where does the association between “constriction of skin pores” and “strengthening the body’s constitution” originate? Of course, traditional medicine links the constriction of the pores with the idea of preventing illnesses, which indirectly leads to health and the strengthening of the body. However, the assertion that cold water has the direct effect of strengthening the body is a feature of *Byōka*

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<sup>97</sup> BS 5:21.

<sup>98</sup> 是故百病之始生也。必先於皮毛。邪中之。則腠理開。開則入客於絡脉。留而不去。傳入於經。留而不去。傳入於府。廩於腸胃。邪之始入於皮也。泝然起毫毛。開腠理。*Suwen* ‘pibulun 皮部論 56’, 290.

<sup>99</sup> On the other hand, there are also “warm-factor” theorists in traditional medicine. Among them, the author of *Wenyilun* 瘟疫論 (Treatise of warm-factor epidemics), Wu Youxing 吳有性 (c.1644) is particularly famous and influential. Instead of attributing epidemics to traditional “seasonal *qi*” or to “cold damage” which invades the body through the skin pores, Wu Youxing proposed the concept of *liqi* 戾氣. According to his theory, there are many different kinds of *liqi* that enter the body through the nose and mouth. Every *liqi* attacks a different viscus, thereby causing all the different symptoms.

*suchi*. Though it remains a mere speculation, it may be possible to see here the influence of water cures in the contemporary West.

In the nineteenth to early twentieth-century West, the popularity of water cures was promoted by a belief in natural healing. Criticising reliance on drugs as artificial and unhygienic, health reformers tried to take control of the destiny of human health through such things as wholesome diet, regulation of life style and the therapeutic use of waters.

The most influential of these reformers was a Silesian, Vincenz Priessnitz (1799-1851) whose hydropathy became to a popular sensation. In the naturopathy movement, this trend was further developed by such people as Sylvester Graham (1794-1851), the French physician François Broussais (1772-1838) and Father Sebastian Kneipp (1821-97) in Bavaria. In America too, Thomsonism, a movement initiated by Samuel Thomson (1769-1843) advocated the effectiveness of water as a form of homely medicine.<sup>100</sup> In addition, a number of medical spas were developed in sixteenth to early twentieth-century Europe, where patients sought such forms of treatment as douches, wet-sheet wrapping, bathing, and drinking the waters for various disorders.<sup>101</sup>

As for the therapeutic virtues of water, water cures were primarily concerned with re-establishing the body's own natural healing power. Based on the concept that insalubrious air, mental disorder, intemperate diet, and the suppression of perspiration not only cause deterioration in the bodily function, but also produce noxious fluids in the body, water cures were often seen as sudorific or purgative.

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<sup>100</sup> Ronald L. Numbers 1977 'Do-It-Yourself the Sectarian Way', in Risse, 49-72.

<sup>101</sup> Phyllis Hemby 1990, *The English Spa 1560-1815, Social History* (The Athlone Press, London). Douglas Mackaman 1998, *Leisure Settings, Bourgeois Culture, Medicine, and the Spa in Modern France* (The University of Chicago Press, Chicago and London). Roy Porter (ed) 1990, *The Medical History of Waters and Spas* (Medical History, Supplement No. 10, Wellcome Institute For the History of Medicine, London).

Hydropathy was designed to properly flush out stale fluids and any obstructions in the body by means of sweating or excretion. Water doctors also agreed that cold water constricts the skin's pores, thereby energising the circulation of the blood and strengthening the constitution.

Although not specifically connected with water cures, the influence of Western medical trends may be traced in *Byōka suchi* in the references to “healing by nature”. It is Hirano's contention that perspiration, fever, diarrhoea, the formation of swellings, pus, and ulcers are all ways in which the “natural function of the human body 人身機関の自然 (*hito no karada no karakuri*)” removes disease toxins.

Fevers radiating from illness are all due to the natural function of the human body, which tries to eradicate illness. Fever is a tool for removing illness and a soldier on your side, therefore you should not attack it.<sup>102</sup>

This view is also expressed in such phrases as “the function of vital energy of nature 元氣自然の運機 (*genki shizen no hataraki*)”, or “function of nature 作用力 (*ten'nen no hataraki*)”, which allude to the body's natural ability to repair itself. Conspicuously not belonging to the vocabulary of traditional medicine, these terms evoke the concept of natural therapeutics in the West. It is thus possible at least to surmise that the explanation of the water cure in *Byōka suchi*, regarding the pores of the skin, also reflects a certain influence from the West.<sup>103</sup> It is possible to point out a certain conceptual overlap between Hirano's water cures and Western practices. Hirano argues that the stimulus of cold water strengthens the body's constitution. That is, water constricts the pores of the skin and energizes the circulation of *ki*,

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<sup>102</sup> BS 5:23.

<sup>103</sup> For the influence of Western medicine on the concept of the healing power of nature in *Byōka suchi*, see endnote D to Chapter 3-3.

instead of blood as claimed by Western physicians.

## (2) Purification

Secondly, water is able to cure mental disorders and skin diseases. As well as being physically cooling, water may have an effect of symbolic purification on the patient. In the ancient and medieval periods, illness was viewed in Japan as “impure”, and water was applied to “purify” it.<sup>104</sup> By the Edo period the association of disease and “impurity” had mostly faded, and been replaced by systematic pathology.<sup>105</sup> However, although it is not explicitly mentioned, it seems possible to observe the idea of purification at work in the use of water for skin diseases and madness in *Byōka suchi*, probably fuelled by the stigmatisation of these diseases in Edo-period society.

Madness (to be cured by water) is mostly attributed in *Byōka suchi* to cold damage or extreme *yin* disease. We find a great deal of evidence to show that skin diseases and madness were often stigmatised in Edo-period society. For instance, Tatsukawa (1998) observes that insane people were the object of both scorn and fear, and were often confined at home or in temples that functioned as asylums. In particular, Daiun-ji temple 大雲寺 in Kyoto was famous as a place where the insane were sent for treatment by being placed under a waterfall there.<sup>106</sup> This suggests an association between a stigmatised image of madness and purification by water. *Byōka suchi* does not clearly voice any negative view of madness, yet it admits that it is sometimes necessary to “scold severely, beat, bind tightly, or confine at home”

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<sup>104</sup> Takeda enumerates four aims of bathing in Japan: (1) religious purification, (2) the treatment of illness by the purifying effect of water, based on the concept that illness is “impure”, (3) sanitary and hygienic purposes, and (4) pleasure. Takeda Katsuzō 1967, *Furo to yu no hanashi* (Kōshinsho, Tokyo), 38-41.

<sup>105</sup> Nonetheless, the practice of purifying diseases by means of water seems still to have been extant in Edo culture, mostly in the context of folk religions.

<sup>106</sup> Tatsukawa Shōji 1998, *Edo yamai no sōshi* (Chikuma shobō, Tokyo), 343-345.



those who are mad in order to suppress their excited souls 神氣.<sup>107</sup> This statement implies that the insane were often treated harshly, and also abused in the name of treatment.

On the other hand, the skin diseases referred to here are mostly leprosy, venereal ulcers and small boils. Among those suffering from skin diseases, lepers in particular experienced stigmatisation, being confined or expelled from their community on the grounds of their severe physical deformity. *Byōka suchi* considers leprosy to be the most fearful of contagious diseases, for the ancients called it the “disease of punishment from heaven 天刑病”<sup>108</sup>. The second fascicle of *Byōka suchi* tells of a leper who cured his disease with pure water, taking refuge in the mountains and eating only vegetables and fruit. He was able to escape from his village because “even relatives did not dare to come near him, let alone strangers”, and he lived in the mountain “rather than disgracing himself at home”. This illustrates the stigmatisation of lepers and their exclusion from society.<sup>109</sup>

It was widely believed that lepers had strong sexual urges, as the disease was hereditary via “inherent toxins” from their parents. Consequently, leprosy gradually came to be regarded as the cause or transformation of other diseases, most typically syphilis.<sup>110</sup> This popular view is also found in *Byōka suchi*, with the warning that

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<sup>107</sup> BS 6:23-24.

<sup>108</sup> BS 5:12.

<sup>109</sup> BS 2:7-8. Suzuki examines the theory that a strong fear of leprosy in the medieval period resulted in a heightened consciousness of the state of the skin's surface, which in turn helped promote the consciousness of cleanliness and the habit of daily bathing. Suzuki Noriko, '[Cleanliness] and Bathing in the Edo Era Japan', presented at Symposium on A History of Cleanliness/Purity (Institute of History and Philosophy, Academia Sinica, June 11-12, 1998, Taiwan). Suzuki Noriko 1999, 'Sōzō sareru yamai [rai to sei]', in Sakai, 124-161.

<sup>110</sup> Regarding the popular view of syphilis during the Edo period, a Portuguese missionary, Luis Frois (1532-1597), noted that “in Japan, all men and women regard it (syphilis) as normal, and no one is ashamed of it”. This is cited in his letters, contained in *Nichiō bunka hikaku* 日欧文化比較, in *Daikōkai jidai sōsho*, translated by Okada Akio 1965 (Iwanami, Tokyo, first edition, vol. 11), 587. While admitting the tragic aspects of the disease, Tatsukawa observes that people were generally open and tolerant about syphilis, due to the commonness of the disease (Tatsukawa 1998, 176-198). On the other hand, Suzuki argues that syphilis patients were the target of

leprosy is sometimes a transformation of syphilis, which may originate in toxins inherited from the parents, created by their strong sexual desire.

As for the association between leprosy and purification by water, the Arima 有馬 hot spring is said to have originated with the treatment of a leper (in fact, the Buddha incognito)<sup>111</sup>. Drinking the holy water of the Asahi waterfall 朝日滝 (in present-day Toyama 富山 prefecture) was also a famous cure for leprosy. Such accounts are mostly found in legendary tales or folk religion. However it can be assumed that this purifying effect is also implied by the tale in *Byōka suchi* of the leper who was cured of his disease in the mountains by means of pure water.

To summarize, the use water cures for mental disorders and leprosy (and possibly for other severe skin diseases too) is probably to be attributed not only to the empirical cleansing of the skin's surface or the cooling of the mind, but also to a pursuit of purification, which seems to have been fuelled by the stigmatisation of those afflictions in the popular view.<sup>112</sup>

### (3). Against the abuse of medicines

Thirdly, one of the merits of water cure lies in its convenience and simplicity. *Byōka suchi* contends in several places that one should try “harmless” water rather than indiscriminately resorting to medicine, which results in nothing but harm. This is based on the author's strong conviction that the prescription of medicine requires professional knowledge and experience, and should not be attempted by an amateur.

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relentless scorn and discrimination, due to their disfigured features and the idea that they had a strong sexual drive. Suzuki Noriko 2005, 'Edojidai no igakusho nimiru baidokukan nitsuite', in Fukuda and Suzuki, 37-66.

<sup>111</sup> *Kokon chomonzhū* 古今著聞集, compiled by Tachibana Narisue 橘成季 (1254). Annotated by Nagazumi Yasuaki and Shimada Isao 1978, *Nihon koten bungaku taikai* 84 (Iwanami shoten, Tokyo), 75-76. Suzuki Noriko 2005 'Edojidai no tōji to baidoku', in Fukuda and Suzuki, 67-99.

<sup>112</sup> Regarding the stigmatisation of illnesses, Sontag (1990) famously points out that the leper in the Middle Age of Europe and the syphilitic in the late 19th and early 20th centuries were often associated with moral depravity, especially sexual desire in a social context. Susan Sontag 1990, *Illness as Metaphor* and *AIDS and Its Metaphors* (Anchor Books Doubleday, London) 58-59.

This emphasis on drugless modalities is intertwined with warnings about the dangers of the blind misuse of medicines and the problems caused by the uninformed judgment of laypersons. The usage of medicines, what to take and how to take it, requires proper knowledge of the true nature and efficacy of the various drugs.

Lay people tend to think that fevers should be cooled down, while chills should be warmed up. However, the treatment and the prescription of drugs cannot conform to this amateur's view.<sup>113</sup>

There are many people who misunderstand the true nature of *yin* symptoms because of the name. They very often damage their life by taking the bulb of Carmichael's monkshood (附子 *Aconitum carmichaelii*), simply trying to warm up the chilled body as with a fireplace.<sup>114</sup>

Such warnings evoke a picture of the medical environment of the Edo period, where many unlicensed home-made drugs were available, while people had difficulty in finding doctors or at least competent doctors due to the multitude of quacks who did not know how to prescribe medicines correctly. For instance, Carmichael's monkshood, mentioned in the quotation above, contains large quantities of the alkaloid aconitine, a deadly poison, but Edo-period physicians sometimes dispensed it as a warming medicine. Rather than risking one's life by the misuse of drugs, it was far safer to try water cures. Even if not effective, at least water did no harm.

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<sup>113</sup> BS 2:37.

<sup>114</sup> BS 5:22.

## 2-6-4. Summary

*Byōka suchi* recommends the application of water for various symptoms, in the forms of listening, washing, hot bathing, spitting, imbibing, and affusing. The benefits of water cures are often attributed to the coldness of water, and its ability to stimulate the senses, energise the skin, constrict the pores of the skin (or open them, in the case of hot baths), and so on. Being *yin* in nature, water also establishes a balance between *yin* and *yang* symptoms, thereby restoring the body to health. The author's convictions about the extensive applications of water, though not further clarified, may be imbued with various ideas, such as naturopathy from the West and the need for purification in stigmatised diseases. Also rather than run the risk of amateurs prescribing inappropriate treatment or medicines, water is recommended as a "harmless" option.

## 2-7. Conclusion of Chapter 2

To conclude, Chapter 2 has presented a detailed analysis of *Byōka suchi*. In order to illuminate images of health and sickness in *Byōka suchi*, I have examined five key terms: *karada* (body), *kokoro* (mind), *hara* (abdomen), *konare* (digestion), and *shaku* (congealed clump), and three kinds of practices that seem to be given particular prominence in the text: dietetics, massage and water cures. Before narrowing my focus, however, I first gave a picture of the changing social, economic and cultural features of early nineteenth-century Japan, when the author Hirano Jūsei lived and worked, and then of his personal background. *Byōka suchi* reflects the changing dynamics of the late Edo period, and Hirano Jūsei's view of the body and illness epitomise the characteristics of the Japanese medicine of the time in many

ways – such as the emphasis on the abdomen as the centre of the body and mind, which conversely leads to the neglect of individual organs; the view of the good “circulation” of *ki* as the most crucial factor for preserving life, which is intertwined with the fear of *ki* stagnation within the body, and so on. Such practices as proper diet, breath regulation and massage are often directed at maintaining the smooth functioning of the abdomen. Hirano Jūsei invented the method of breath regulation with abdominal massage, and recommended it almost as a panacea.

Despite having a lot in common with other *yōjō* texts of the time, *Byōka suchi* has developed some unique features of its own in terms of medical views and practices.

Firstly the lack of reference to the spleen and stomach in *Byōka suchi* is rather unusual. Reflecting influences from Chinese medical tradition, particularly the treatise on the spleen and stomach of Li Gao, most *yōjō* texts of the Edo period ascribe a central role in digestion to these two organs. On the other hand, the discussion of digestion in *Byōka suchi* is not concerned with where it takes place but how it is carried out, seeing it as the process of “transporting and converting” foods by the six *fu*. A close examination of the *furigana* in *Byōka suchi* enables us to recognise these differences more clearly. Through the simple act of appending the *furigana hara* to various Chinese-character compounds, the abdomen often comes to represent the entrails as a whole, or even more simply the interior of the body. Not only are the spleen and stomach conspicuous by their absence, but also in general, specific organs are rarely mentioned by name.

Secondly, the fear of stagnation is particularly evident in *Byōka suchi*, as represented by illnesses like *shaku* and *kan*. The *furigana*-character collocations in *Byōka suchi* show that *shaku* and *kan* are often identified by a palpable clump in the

body that is habitual and chronic. Any excess of emotion, food or drink may be a potential cause of stagnation; thus dietary instructions, massage and water cures are all concerned with dispersing the core of the persistent pathogen.

Thirdly, the application of water cures is undoubtedly unique to *Byōka suchi*. Although it cannot be further clarified, for one thing, the extensive use of water may be attributable to influences from the West, such as the idea of the “healing power of nature” or the trend of naturopathy. For another, water cures are favoured as a handy and harmless option for laypersons, avoiding the dangers of the misuse of medicine by amateurs.

How can the above findings be related to the starting point of my analysis, that is, what do they reveal about the relationship between Chinese medical tradition, Japanese scholarly doctors, and lay readers? It is evident that *Byōka suchi* was written for the ordinary Japanese householder. For one thing, the text offers simple theories and easy practices, mostly based on Hirano Jūsei’s own experience and thinking. For another, *furigana* are intensively exploited as a reading aid and to facilitate the reader’s understanding. Due to dependence on Chinese medicine, most of the technical medical terms in *Byōka suchi* are given in Chinese characters. Nonetheless, the author’s interpretation of Chinese medicine is often reflected in certain gaps between the foreign and native connotations of *furigana*-character collocations. For instance, such key terms as *hara*, *shaku*, and *kan* in *Byōka suchi* belong to the everyday language of the Edo period, and the task of semantic reconstruction must take this into account. They are often appended as *furigana* to Chinese characters to flesh out Chinese medical knowledge for the general Japanese reader, while the Chinese characters seem to be deliberately chosen to reference complex underlying concepts of pathology and physiology.

## **Chapter 3.**

**What a household with sick persons should know  
Translation of *Byōka suchi*, first fascicle**

## Footnotes

As we have already seen in the previous chapters, most of the Chinese characters in *Byōka suchi* are provided with *furigana* – Japanese phonemic transliterations. *Furigana* do not merely indicate how a character or characters should be read. They also provide the author’s translation of adopted technical terms and represent his efforts to digest their foreignness and render them into more familiar, everyday speech to facilitate reading for an audience of ordinary people. The *furigana* function then as a kind of gloss. As a result, *furigana*-Chinese character compounds effectively highlight Hirano’s way of thinking about what is to be emphasised in discussing life, the body, and illness.

In order to elucidate the text, my translation of the first fascicle of *Byōka suchi* basically follows the meaning of the author’s *furigana*. Whenever the meaning of the appended *furigana* deviates from the conventional interpretation of the Chinese characters, or whenever the same reading has been imposed on different Chinese characters in different contexts or vice versa, I cite in footnotes the compound in the original text using following the format: (1) R: Japanese reading of the word, (2) C: Chinese characters, and (3) conventional denotation of the Chinese characters. Thus “R” stands for reading while “C” stands for characters. For instance, the footnote for the term <sup>karada</sup>腸胃, which is translated as “the body” in accordance with the appended reading *karada*, would look like this:

R: *karada*. C: 腸胃 the intestines and stomach.

It shows that the term is read *karada*, “the body” in Japanese, while the characters 腸胃 in the text literally denote “the intestines and stomach”. This implies



an authorial emphasis on the abdomen as the pivotal part of the body. These footnotes reveal the interpretive role of the *furigana*, and enable us to appreciate the expressiveness of a text in which the combination of *furigana* and characters can carry ever-varying shades of meaning. Further annotation and commentary appear as endnotes at the conclusion of each section.

Table 17. List of Disease Names in *Byōka suchi*

Reading/Readings	Chinese characters	English Translation
<i>ashi-koshi nae</i>	痿蹙	Numb back and legs
<i>bahifū</i>	馬痺風	Infantile asthma
<i>bikutsuki</i>	搐搦	Twitching
<i>chi no dokaori, chi no dokkari oriru</i>	崩漏	Vaginal bleeding
<i>chi no ichigai ni ori, bōrō</i>	崩漏	Atypical vaginal bleeding
<i>chichi no dekimono</i>	乳瘍	Breast tumour
<i>chi no kata no yamai</i>	子藏攣急	Uterine convulsions
<i>chi no michi, chi no kata no wadurai, chi no kata no yamai</i>	子藏病, 子藏諸病	Diseases related to women's blood, i.e., women's diseases
<i>chūshitsu</i>	中湿病	Pain or numbness due to damp
<i>chinoke memai</i>	昏眩	Dizziness due to hot blood
<i>chi no yori</i>	瘀血	Impure blood
<i>chūki, chūbū</i>	痲, 痲病、痲疾	Paralysis
<i>dakkō</i>	脱肛	Prolapse of the anus
<i>ekirei</i>	疫癘	Epidemic
<i>fukotsuso</i>	附骨疽	Malignant carbuncle on the muscle or bones. Similar to osteomyelitis?

<i>furuchi</i>	瘀血	Stagnant blood
<i>gakōsō</i>	驚口瘡	Stomatitis
<i>gangasa</i>	瘡	Ulcers on the shinbone (sometimes specifically contagious rashes such as impetigo)
<i>gekansō, sao no dekimono</i>	下疳瘡	Boils on the genitalia
<i>gyōchū</i>	蟻虫	Pinworm
<i>haiyō</i>	肺癰	Pulmonary abscess
<i>hanaji</i>	衄血	Nosebleeds
<i>hara no katamari</i>	癥癖	Clump in the abdomen
<i>haremono</i>	腫瘍	Tumour
<i>hashika</i>	麻疹, 麻	Measles
<i>hashōfū</i>	破傷風	Tetanus
<i>haya uchi kata</i>	肩項卒痺	Sudden congestion and severe pain around the shoulders
<i>hikitsuke</i>	卒厥	Sudden <i>ki</i> reversal
<i>hikitsume</i>	瘵	Palpitations
<i>hikitsuri</i>	拘攣, 惕	Convulsions
<i>hizen, hizen gasa</i>	肥前瘡, 肥前	Venereal scabies
<i>honyi</i>	翻胃	Vomiting
<i>hōsō, tōsō</i>	痘瘡, 豆瘡、痘毒, 痘	Smallpox
<i>inkin</i>	陰癬	Ringworm
<i>ji, jishitsu</i>	痔、痔疾	Haemorrhoids
<i>jieki</i>	時疫	Seasonal epidemic
<i>kaku</i>	膈噎	Diaphragm diseases
<i>kakuke</i>	足痺, 脚痺	Beriberi (numbed legs)
<i>kakuran</i>	霍亂	Acute vomiting and diarrhoea
<i>kaku shitsufū</i>	鶴膝痺	Crane-legged disease
<i>kaichū</i>	虯虫	Roundworms
<i>kanbō, hikikaze</i>	感冒	Cold
<i>kan'netso chūbyō</i>	寒熱注病	Intestinal obstruction
<i>kan-kakuran</i>	乾霍亂	Occlusion in the intestines and stomach (due to inappropriate diet)

<i>kanshō, kan</i>	癩、癩症、癩證、癩疾、癩躁、疥疾、癩癬	<i>Kan</i> mental disorders ( <i>Byōka suchi</i> defines <i>kan</i> as separation of the soul from the body)
<i>kasa, kasake, kara-gasa</i>	徽毒、徽疾、徽瘡、広東瘡	Syphilis
<i>katamari</i>	癥塊	Congeaed clump
<i>kata-se kowari</i>	肩背強急	Stiffness in the shoulders and back
<i>ketsu'un</i>	血運	Dizziness after childbirth
<i>kichigai</i>	狂氣、癡躁、狂癩、狂乱	Madness
<i>kinkōri</i>	禁口痢	Diarrhoea with lack of appetite
<i>kinuke yamai</i>	僵厥病	Fainting from <i>ki</i> reversal
<i>ki o fusagi</i>	昏冒	Depression
<i>kiutsu</i>	鬱悒	Depression
<i>kobu</i>	癩癧	Scrofula (King's evil)
<i>kochō</i>	鼓脹	Abdominal swelling
<i>kōhi</i>	咽痺	Laryngeal paralysis
<i>kyōfū</i>	驚風、癩疾、驚癩、癩瘕	Fright wind (often infant colic)
<i>kyōnetsu geri</i>	挾熱下利	Combination of chill and diarrhoea
<i>memai</i>	眩運	Dizziness
<i>mukumi</i>	水腫、浮腫、腫脹	Oedema
<i>muzukashiki dekimono</i>	癰疽	Difficult abscess
<i>mune tsukae</i>	胸癰	Stifling sensation in the chest
<i>mushi</i>	蛔虫	Roundworm
<i>mushi no yamai</i>	蟲病	Worm disease
<i>nagachi</i>	漏血	Atypical vaginal bleeding
<i>nebuto</i>	瘰癧	A type of carbuncle
<i>nekketsu bōryū</i>	熱結旁流	Constipation or diarrhoea due to fever
<i>nemuri yamai, nete samenu yamai</i>	沈睡、沈睡病	Sleeping sickness
<i>ne'obie</i>	睡魘	Night terrors
<i>niwaka ni hikitsukeru yamai</i>	昏冒	Sudden convulsive fit

<i>niwaka ni taururu yamai</i>	僵厥	Fainting from <i>ki</i> reversal
<i>nobose</i>	上衝	Rush of blood
<i>okori</i>	瘧、瘧疾	Intermittent fever
<i>ōdan</i>	黄疸	Jaundice
<i>raibyō</i>	癩病	Leprosy
<i>ribyō</i>	痢、痢病	Diarrhoea
<i>rōshō, rōshō-yami, rōgai</i>	勞瘵, 癆瘵	Consumptive diseases
<i>rinbyō</i>	瘰、瘰病	Gonorrhoea
<i>ruichūbū, ruichū</i>	緩痺	Mild paralysis
<i>ryūin</i>	留飲	Stagnated drink
<i>sanada mushi</i>	長虫	Tapeworm
<i>sashikomi</i>	衝逆、癇瘵、拘攣	Hysterical convulsion
<i>sen, senki</i>	疝、疝癖、疝瘕、瘕	Colic
<i>shaku, shakuki, shakuke, shaku-mochi, shaku-tsukae</i>	癥瘕, 癥, 癥癖、癥疝、瘕疝、宿癖、精神	Congeaed clump (in the abdomen)
<i>shikan</i>	妊痛	Eclampsia
<i>shōkachi</i>	癯病	Thirst and frequent urination
<i>shōkan</i>	傷寒	Cold damage
<i>shokushō</i>	停食, 傷食	Food damage
<i>shōshin</i>	衝心	Heart failure from beriberi
<i>sotchūbū, sotchū</i>	急痺, 卒痺	Acute paralysis
<i>sori no yamai</i>	瘳病	Rigidity
<i>sori</i>	瘳	Rigidity
<i>tan</i>	宿飲	Phlegm
<i>tenkan</i>	癲癇	Epileptic seizure
<i>tenkei byō</i>	天刑病	Leprosy
<i>toketsu</i>	吐血	Vomiting blood
<i>tsūfū</i>	痛痺	Gout
<i>un-eki</i>	溫疫	Epidemic
<i>uttori suru yamai</i>	昏冒	Unconsciousness, coma
<i>uwazuri</i>	上迫	Rush of blood
<i>uwasokohi</i>	內翳眼	Cataract, amaurosis and

		glaucoma
<i>yabuimo</i>	水痘	Chickenpox
<i>yamime</i>	焮腫眼	Trachoma
<i>yōbaisō</i>	楊梅瘡	Exanthema in the second stage of syphilis

### 3-1. *Byōka suchi fascicle 1: page 1-7*

Diseases are nothing but disasters you invite on yourself. From the diseases that prevail at the turning of the seasons<sup>1</sup>, to those such as cold damage<sup>i</sup>, epidemics<sup>ii</sup>, intermittent fever<sup>2</sup>, diarrhoea<sup>iii</sup>, smallpox<sup>3</sup> and measles, there are no illnesses that are not preventable if you try. This is much more so in cases of syphilis<sup>4</sup> and venereal scabies<sup>iv</sup>, which are easily transmitted to others; of food damage<sup>5v</sup> and vomiting and diarrhoea<sup>6vi</sup> that occur due to incorrect practices of cultivating life<sup>7</sup>; and of the diseases that arise from too much drinking and too much love of women<sup>8</sup>. Some people may know that you can ruin the body through catching a cold<sup>9vii</sup>, dozing, alcohol and food, and hardships<sup>10</sup>, but there are so many people, even among physicians nowadays, who think that seasonal epidemics, smallpox and measles are unavoidable. For those who are not in the field<sup>11</sup> I find that it is understandable not to realise this. Therefore now for the sake of those people, I cannot help wishing to let them know about the reasons why, for those who are not yet ill, there is no unavoidable disease, which will also allow those who are already ill to access appropriate treatment. Ignoring my lack of skill, I just wrote down what occurred to my mind and eventually compiled this text. If readers will read it repeatedly,

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<sup>1</sup>R: *jikō*. C: 氣候 weather.

<sup>2</sup> R: *okori*. C: 瘧 intermittent fever. It causes intermittent shivering, fever and perspiration, and is assumed to correspond to such diseases as malaria and pyelitis. The term 瘧 (*nūe*) appears in such texts as *Suwen* 'nūelun 瘧論' or *Jingui yaolüe* 'nūebing 瘧病'.

<sup>3</sup> R: *hōsō*. C: 痘瘡 smallpox. 痘瘡, read *tōsō*, is more often found in medical texts, compared to *hōsō*, which is a rather more popular way of referring to the disease.

<sup>4</sup> R: *kara-gasa*. C: 徽瘡 syphilis. The element *kara* 唐, i.e. China, reflects the popular opinion that syphilis was transmitted from China.

<sup>5</sup> R: *shokushō*. C: 食傷 indigestion from inordinate eating.

<sup>6</sup> R: *kakuran*. C: 霍乱 vomiting and diarrhoea.

<sup>7</sup> R: *yōjō*. C: 摂養 regulation and nurturing.

<sup>8</sup> R: *onna zuki*. C: 多房 excessive sexual intercourse.

<sup>9</sup> R: *hiki kaze*. C: 感冒 catching a cold.

<sup>10</sup> R: *hone ori*. C: 勞碌 hard work.

<sup>11</sup> R: *suji*. C: 道. Here it indicates the field of medicine.

abandoning any bias from favour or antipathy, and will understand my obliging mind<sup>12</sup>, it will have achieved what I wish from many people.

Regarding the essentials to bear in mind about the cultivation of life<sup>13</sup>, the first fascicle argues that you become healthy or develop disease depending on whether the five (factors) of dietetics, sleep, daily behaviour, breathing, and feeling<sup>14</sup> are in harmony or not. It also discusses the harm that comes from using medicines blindly, and explains the basic points to keep in mind in sending for a doctor and requesting medicines in case of illness. Next comes the principle<sup>15</sup> of why a disease is transmitted, and finally there are the three things to bear in mind for those who are engaged in nursing: The first is to prevent disease when there is no sign of it yet. The second is to cure the disease at its initial stage. The third regards devoting oneself to those whose condition is becoming serious<sup>16</sup>, and the matters of concern when the patient's life is drawing to an end. In addition, the fascicle discusses the ideas of those who pray for a cure for disease, for such ideas will provide guidance<sup>17</sup> for the household of a sick person.

The second fascicle deals with experiments<sup>18</sup> with poisonous foods, the reason why our country prohibits the consumption of animal meat, an outline of the good and bad effects of cereals, meats, fruits, and vegetables, and how to cure disease by means of food. The last part is a summary of misunderstandings about the efficacy of medicine due to having incorrect ideas<sup>19</sup>. This section will cover the essential points for lay people to bear in mind.

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<sup>12</sup> R: *sewayaki gokoro*. C: 苦心 pains.

<sup>13</sup> R: *yōjō*. C: 養生 cultivation of life.

<sup>14</sup> R: *kokoro mochi*. C: 心意 state of mind.

<sup>15</sup> R: *wake*. C: 道理 principle.

<sup>16</sup> R: *omoru mono*. C: 險重 serious and dangerous.

<sup>17</sup> R: *tayori*. C: 便 convenience.

<sup>18</sup> R: *kokoromi*. C: 親験 personal experiment.

<sup>19</sup> R: *ashiki kokoroe*. 憶料 conjecture.

The third fascicle deals with the main points to bear in mind about raising a child, the reasons why a mother should breast-feed her own children, and how breast milk can sometimes change the child's characteristics<sup>20</sup>. For mothers who cannot breast-feed themselves, there are things that should be kept in mind<sup>21</sup> in choosing a wet-nurse. This fascicle further discusses the cultivation<sup>22</sup> of the wet-nurse, breast-feeding a newborn baby, cases when there is not enough breast milk, the reason<sup>23</sup> for dribbling and excretion in a newborn baby<sup>24</sup>, and why vomiting milk is the most fearful disease<sup>25viii</sup>. This fascicle briefly reveals that there are methods<sup>26</sup> and medicines<sup>27</sup> to save a child from convulsions<sup>28ix</sup>, that most childhood diseases originate in toxins<sup>29</sup> inherited from the parents, and that there is a child disease called the "worm"<sup>x</sup>. At the end it mentions the origins of smallpox poison<sup>30</sup>, and the essentials to bear in mind when nursing children suffering from smallpox, and gives an outline of chicken pox.

The fourth fascicle discusses how women often develop chronic diseases<sup>31</sup> owing to bad everyday conduct<sup>32</sup>, and how mistakes<sup>33</sup> occur in care<sup>34</sup> during

<sup>20</sup> R: *kokoro mochi*. C: 氣質 characteristics.

<sup>21</sup> R: *kokoroe*. C: 計較 a scheme.

<sup>22</sup> R: *yōjō*. C: 撰養 regulation and nurturing.

<sup>23</sup> R: *wake*. C: 辨 to distinguish.

<sup>24</sup> R: *umare ko*. 初生 a newborn infant.

<sup>25</sup> R: *yamai*. C: 證 symptom.

<sup>26</sup> R: *shikata*. C: 手術 operation.

<sup>27</sup> R: *kusuri*. C: 用藥 usage of medicines.

<sup>28</sup> R: *sashikomi*. 衝逆 hysterical convulsion.

<sup>29</sup> R: *taidoku*. C: 遺毒 inherent toxin. This toxin is attributed to the fire of the five viscera which arises from excessive eating of spicy, hot, sweet or fatty foods; leading an irregular life; and feeling worry, anger, sorrow and anxiety during pregnancy. It affects the embryo through the mediation of the mother's womb.

<sup>30</sup> R: *hōsō no doku*. C: 痘疹毒 the poisons of smallpox and measles.

<sup>31</sup> R: *jibyō*. C: 持病 habitual disease. 持 denotes "to have/possess", thus the compound refers to habitual ailments; for the people of the Edo period, *Byōka suchi* often cites such conditions as *shaku*, *kan*, and *ryūin*.

<sup>32</sup> R: *kokoroe*. C: 裁量 judgement.

<sup>33</sup> R: *machigai*. C: 背 against.

<sup>34</sup> R: *teate*. C: 保護 preserving.



pregnancy. It sets out the pros and cons<sup>35</sup> of the abdominal sash<sup>36</sup> and the chair<sup>37</sup>. It will demonstrate, with illustrations to facilitate understanding, that disorders during pregnancy, such as eclampsia, rigidity<sup>38</sup> and urinary retention, may be treated even by a layperson. Regarding birth-inducing medicines<sup>39xi</sup>, care during childbirth, treatment after childbirth, dizziness, massive vaginal bleeding<sup>40xii</sup>, and retained placenta<sup>41xiii</sup>, all that can be of use to the amateur is briefly mentioned. This fascicle is to be read in conjunction with “What a midwife must study”<sup>42</sup>.

The fifth fascicle discusses how syphilis and venereal scabies were transmitted from foreign countries, and the way to prevent them. It clarifies the reasons for which, even if someone has already contracted these diseases, if it is recognised right away, the poison is easily cured and will not become widespread<sup>43</sup>. It gives details that even physicians might fail to see, once the disease has developed into various other diseases<sup>44</sup>. It is [then] difficult to get treatment, and the result for the patient may be a useless body<sup>45</sup> due to medicines. Ringworm in the groin<sup>46</sup> and experiments with moxibustion are mentioned. Next comes an outline of the issues concerning cold damage, seasonal epidemics, and catching cold. It deals with the different names [used for these illnesses] at present and in the past, mistakes regarding *yin*<sup>47</sup> or *yang*<sup>48</sup> symptoms due to wrong identification both by physicians

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<sup>35</sup> R: *yoshi ashi*. C: 利害 benefit and harm.

<sup>36</sup> R: *hara obi*. C: 鎮帶 soothing sash.

<sup>37</sup> R: *isu*. C: 産椅 birthing chair.

<sup>38</sup> R: *sori no yamai*. C: 瘧病 rigidity.

<sup>39</sup> R: *hayame gusuri*. C: 催生藥 labour-inducing drug.

<sup>40</sup> R: *chino ichigaini ori*. C: 崩漏 vaginal bleeding.

<sup>41</sup> R: *ena*. C: 胞衣 afterbirth.

<sup>42</sup> R: *toriage baba no kokoroe gusa*. C: 坐婆必研 (What a midwife must study).

<sup>43</sup> R: *habikoru*. C: 蔓延 to become widespread.

<sup>44</sup> R: *misokonai*. C: 誤認 to misrecognise.

<sup>45</sup> R: *yakuni tatamu karada*. C: 癱殘 deformity from after-effects.

<sup>46</sup> R: *inkin tamushi*. C: 陰癬 extragenital scabies.

<sup>47</sup> R: *inshō*. C: 陰證 *yin* syndrome.

<sup>48</sup> R: *yōshō*. C: 陽證 *yang* syndrome.

and laymen, mistakes in the use of medicines<sup>49</sup>, and the signs of whether symptoms are serious or mild, curable or incurable. It teaches the essentials to be borne in mind in treating and nursing all those patients who have fever, summarised in the principle that all things in Heaven and Earth lie in balance<sup>50</sup>. It reveals that both diseases<sup>51</sup> and treatments must follow the Way of nature. By showing this, I only wish to reduce the doubts of the amateur<sup>52</sup>. The fascicle then analyses the treatment of diarrhoea at its first occurrence and of severe poisoning. There have long been mistakes<sup>53</sup> about the causes of diseases, and the views of the Chinese<sup>54</sup> and the Dutch<sup>55</sup> have done harm in recent times. It shows [all] the things to be borne in mind<sup>56</sup> in a household where someone is sick. Also, as for beriberi<sup>57</sup>, it is different from what is stated in such texts as *Qianjinfang*<sup>58xiv</sup> and *Waitai miyao*<sup>59</sup>; therefore many medicines for beriberi<sup>60</sup> used since antiquity show no efficacy. Even if a disease appears to have been cured, it merely subsides along with the season<sup>61</sup>. As time goes by, it becomes difficult to cure, and eventually turns into various other diseases. But by then there is no one who realises this, and people do not know that the treatment should have been different from the very beginning. These [matters] will make up the teachings for laypersons.

<sup>49</sup> R: *kusuri*. C: 用藥 using medicines.

<sup>50</sup> R: *tsuriai*. C: 條理 principle.

<sup>51</sup> R: *yamai*. C: 病苦 suffering from diseases.

<sup>52</sup> R: *shirōto*. C: 愚俗 the naive amateur.

<sup>53</sup> R: *machigae*. 誤認 misunderstanding.

<sup>54</sup> R: *Kara*. C: 中夏 China. *Kara*, which is widely used to indicate China, originates from the reading of 唐, as China was known in Japan during the Tang period.

<sup>55</sup> R: *Oranda*. C: 囑蘭 Netherlands.

<sup>56</sup> R: *kokoro*. C: 意得 things to be concerned about.

<sup>57</sup> R: *kakuke*. C: 脚氣 beriberi.

<sup>58</sup> R: *Senkinpō*. 千金方 *Qianjinfang*. This is the collective term for the two classic *yangsheng* texts *Beiji Qianjin yao fang* 備急千金要方 and *Qianjin yifang* 千金翼方 by Sun Simiao.

<sup>59</sup> R: *Gedai hiyō*. 外台秘要 *Waitai miyao*. By Wang Tang 王燾 (752 BCE).

<sup>60</sup> R: *kakuke*. C: 脚痺 numb legs.

<sup>61</sup> R: *jikō*. C: 氣候 weather.

The sixth fascicle deals with ideas<sup>62</sup> about food damage<sup>63</sup>, vomiting and diarrhoea<sup>64</sup>, and all kinds of poisoning. Those who have acute and severe symptoms sometimes die in an instant without even having time to request a doctor. So the things to remember in daily life will be explained one by one. Next comes discussion of the kinds of diseases that occur suddenly. These include sleeping sickness<sup>65</sup>, acute apoplexy, paralysis<sup>xv</sup>, sudden collapse<sup>66</sup>, fainting<sup>67</sup>, dizziness, fear of sleep, *kan*<sup>xvi</sup>, madness, stiff shoulders<sup>xvii</sup>, nosebleeds, vomiting blood, prolapsed anus, worm disease<sup>68</sup>, sea or palanquin sickness [motion sickness]<sup>69</sup>, burns<sup>70</sup>, choking on objects in the throat<sup>71</sup>, dog bites, snake or worm bites, and rodent bites. The patients can all be saved if treatment is given immediately. The methods are shown briefly, facilitating understanding for the layperson. Among them, dog bite appears to be the mildest and easiest case, but neither doctors nor lay people have knowledge about it, leaving it until it becomes serious<sup>72</sup>. Lamenting this, I wrote down without omission my own experience of long years. The following deals with ideas about cuts and bruises and techniques of bone setting, which can also serve as knowledge for samurai in case of emergency. So that, even though it is not my speciality, I just wrote down concisely the gist of what I have learnt from secret teachings here and there<sup>73xviii</sup> since my youth.

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<sup>62</sup> R: *kokoroe*. C: 心得 knowledge.

<sup>63</sup> R: *shokushō*. C: 傷食 food damage.

<sup>64</sup> R: *kakuran*. C: 霍乱 vomiting and diarrhoea.

<sup>65</sup> R: *nemuri yamai*. C: 沈睡 sleeping deeply. It refers to sleeping sickness.

<sup>66</sup> R: *niwaka ni taururu yamai*. C: 僵厥 fainting from *ki* reversal.

<sup>67</sup> R: *uttori suru yamai*. C: 昏冒 unconsciousness.

<sup>68</sup> R: *mushi no yamai*. C: 蟲病 worm disease.

<sup>69</sup> R: *fune kago no yoi*. C: 注橋船 to sway in a palanquin or ship.

<sup>70</sup> R: *yakedo*. C: 湯火傷 burns (scalds) from hot water.

<sup>71</sup> R: *nondo ni mono tsumaru*. C: 咽梗 choking.

<sup>72</sup> R: *ōgoto*. C: 大患 serious trouble.

<sup>73</sup> R: *achi-kochi*. C: 緒家 various schools.

The order of the headings listed above may sometimes be incoherent<sup>74</sup>. However, this text was written just as the thoughts occurred to my mind, so that there is no deep intention<sup>75</sup> of putting them in order. What I have missed out here, I wrote down there, and there are many omissions. Due to this, unless you read it from start to finish<sup>76</sup> without missing anything, and cross-reference [items] together<sup>77</sup>, there may be some points that you will not be able to understand. Readers, do not laugh at this disorder<sup>78</sup>.

The seventh fascicle makes up the first volume of “What a midwife must study”<sup>79</sup>. It was not originally composed for the layperson. However I suppose that there is liable to be a shortage of midwives in the countryside, and there are also many women who die owing to difficult childbirth. Therefore if even lay people understand the contents<sup>80</sup> discussed here, they will at times be able to save others. This fascicle first makes clear the shapes of the uterus<sup>81</sup> and the placenta<sup>82</sup>, the presentation of the foetus, how to ascertain pregnancy, and the pros and cons of the abdominal sash<sup>83</sup> and chair<sup>84</sup>. It mentions everything that I would wish to teach midwives in detail. How to rectify the transverse position of the foetus, how to examine the uterus<sup>85</sup>, due date of delivery<sup>86</sup>, how to bring on labour<sup>87</sup>, and how to

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<sup>74</sup> R: *irihoga naru*. C: 錯置 wrongly placed.

<sup>75</sup> R: *ryōken*. C: 意旨 meaning.

<sup>76</sup> R: *nokorazu yomi*. C: 通覽 to read through.

<sup>77</sup> R: *majie kangau*. C: 參攻 reference.

<sup>78</sup> R: *midari*. C: 支離 incoherent.

<sup>79</sup> R: *Toriage baba no kokoroe gusa*. C: 坐婆必研 (What a midwife must study).

<sup>80</sup> R: *kokoro*. C: 意 intention.

<sup>81</sup> R: *kotsubo*. C: 子藏 the uterus.

<sup>82</sup> R: *nochi zan*. C: 胞衣 afterbirth.

<sup>83</sup> R: *hara obi*. C: 鎮帶 soothing sash.

<sup>84</sup> R: *isu*. C: 産椅 birthing chair.

<sup>85</sup> R: *tankyū*. C: 探宮 groping for the uterus.

<sup>86</sup> R: *san ni kakari*. C: 坐草 beginning of sitting, a term that reflects the custom of giving birth in a sitting or squatting position during the Edo period. The character 坐 (sitting) here implies childbirth.

<sup>87</sup> R: *ko wo umase*. C: 分娩 childbirth.

expel the afterbirth<sup>88</sup> – these five secret methods are mentioned. It also sets out in detail ideas about the onset of labour<sup>89</sup>. All the points are explained plainly so as to be comprehensible to midwives.

The eighth fascicle makes up the second volume of “What a midwife must study”. It contains methods to save women from disorders that occur before and after childbirth: morning sickness, constipation<sup>90</sup>, rigidity, eclampsia, sudden massive vaginal bleeding<sup>91</sup>, and dizziness. As for the things that are easy for the layperson to carry out, they are presented in *Byōka suchi* instead. Here the main focus is on what I try to teach to midwives. Therefore I pick out and explain those techniques that are simple and easy to carry out, intending to allow midwives to master them completely by cross-referencing them here and there (in the text). The crux of this fascicle is a discussion about when to allow the [infant’s] head to crown in difficult childbirth, when to deliver the arms or legs first, how one is unable to do anything but feel for the back in a sideways lie<sup>92</sup>, and errors in the controversy about twins now and in the past<sup>xix</sup>. It also describes thoroughly the secret techniques that enable mothers to give birth without the slightest damage, no matter how difficult the delivery is. These are techniques that no one has heard of before<sup>93</sup>, which are easy both to carry out and to understand. As for those that cannot be fully explained in words, I have made them clear by means of illustrations. My original intention was to provide comprehensive teaching for the midwives of the world, thereby aiming at preventing the needless

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<sup>88</sup> R: *nochizan*. C: 胞衣 afterbirth.

<sup>89</sup> R: *san no toki*. C: 臨産 during delivery.

<sup>90</sup> R: *shōben tsumari*. C: 小便閉 urine retention.

<sup>91</sup> R: *chi no dokkari oriru*. C: 崩漏 vaginal bleeding.

<sup>92</sup> R: *yokozan*. C: 橫産 sideways birth.

<sup>93</sup> R: *mukashi yori naki tokoro*. C: 古今未曾有 never existed before or now.

death<sup>94</sup> of mothers and newborn babies. Thus these texts<sup>95</sup> mention everything without any omission.

This is an outline of the rubrics of all eight fascicles. *Byōka suchi*<sup>96</sup> was composed hastily in the first place, so that many things have been left out. There is more to be said, and there are discrepancies here and there. I may write a sequel volume to address these points at a later date. As to “What a midwife should study”, I wrote it previously with the idea of publishing it separately. However people like midwives would not know that such a text existed, and few of them would wish to read it. Moreover, selfishness and obsession are the usual nature<sup>97</sup> of women, so there is no way to teach and guide them even if they happen to witness a household with a sick person in it. Even if there happen<sup>98</sup> to be some midwives who receive education, my power as an individual can hardly extend far into this huge world. If a household with a pregnant woman informs an invited midwife about a text like this, or guides those who are illiterate by reading aloud from it, they may be enlightened through listening to what is taught<sup>99</sup>.

If so, it would not only bring happiness to the household, but also it could possibly preserve quite a few pregnant women and newborn children in the world from disaster. Out of my perhaps officious kindness<sup>100</sup> in thinking like this, finally I wish that everyone in the world will support my desire to publish the fascicles of this text together at a later date.

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<sup>94</sup> R: *muri jini*. C: 横天 unnatural death.

<sup>95</sup> It indicates 坐婆必研 (What a midwife must study).

<sup>96</sup> R: *Byōka kokoroegusa*. C: 病家須知. This is the only exceptional reading of the title of the text, which is otherwise known as *Byōka suchi*.

<sup>97</sup> R: *mochimae*. C: 常態 usual state.

<sup>98</sup> R: *tamasaka*. C: 邂逅 to come across.

<sup>99</sup> R: *hatsumei*. C: 開悟 enlightening.

<sup>100</sup> R: *sewayaki gokoro*. C: 老婆心 unnecessary kindness.

On 22nd September, in autumn, the second year of the Tempo<sup>xx</sup> era, written by the owner of Takuzenkyo<sup>101</sup>.

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<sup>i</sup> R: *shōkan*. C: 傷寒 cold damage. In *Byōka suchi*, cold damage basically refers to all kinds of “headache, fever, and chill” due to “being damaged by cold *ki*”. However, the differentiation of cold damage from *kanbō* 感冒 (cold) or *jiēki* 時疫 (epidemic fever in this context) remains problematic. In *Byōka suchi* it is argued that each must be attributed to a different evil poison 邪毒 at the outset; therefore the symptoms and treatment must also be different. The author Hirano tries to explain that cold damage is infectious only among the family or within the neighbourhood (BS 5:16-34).

<sup>ii</sup> R: *ekirei*. C: 疫癘 epidemics. The character compound 疫癘 refers to a type of epidemic which is highly contagious. According to the *Byōmei ikai* (161) it is a disease due to seasonal *ki* or heat, caused by the disharmony of seasonal *qi*, unusual weather, tempest or undisputed fog.

<sup>iii</sup> R: *ribyō*. C: 痢 diarrhoea. The character compound 痢病 usually refers to diarrhoea in general, but it is classified with infectious diseases in *Byōka suchi*, which implies the possibility of dysentery. In fact dysentery occurred endemically during the Edo period, but it was often considered as severe diarrhoea. It was only after the dissemination of Western medicine that dysentery came to be recognised as a contagious disease. The recognition of diarrhoea (or dysentery) as contagious is mentioned in *Byōka suchi*, i.e. that one may become infected with diarrhoea by inhaling or touching the poisonous *ki* from a patient’s bowel movements (BS 6: 39-40).

<sup>iv</sup> R: *hizen-gasa*. C: 肥前瘡 venereal scabies. The name 肥前瘡 traces to the popular opinion that the disease was initially transmitted from Hizen (present-day Saga prefecture). In *Byōka suchi*, Hirano assumes that the disease is foreign in origin and that the first appearance of *Hizen gasa* (venereal scabies) is related to the geographical location of Hizen. Adjacent to Nagasaki, the only port opened to China and Netherlands, and a residential area for foreign traders, Hizen was very likely the first place that people contracted foreign diseases (BS.5: 12).

<sup>v</sup> See chapter 2, section on *konare*”.

<sup>vi</sup> I translate 霍乱 as “vomiting and diarrhoea” according to its symptoms, because the interpretation of the term *kakuran* 霍乱 is a complex issue. From around the middle of the nineteenth century onward, it is often used as the equivalent of “cholera”. However according to the account in *Yuanhou lun*, 霍乱 (*huoluan* in Chinese) is due to the unbalance and conflict between warmth and coolness, and the two *qi* of *yin* and *yang* and of purity and muddiness (648). Despite the fact that this definition is also presented in such texts as *Byōmei ikai*, and presumably was widely accepted in Edo-period medicine, many other understandings of *kakuran* existed in the Edo context. For instance Kagawa Shuan maintains that *kakuran* and *shokushō* (食傷 food damage) are the same, “非傷食之外、別有霍乱病...恨其不直謂霍乱即傷食也” (*Ippondō kōyo igen*, ‘shokushō 傷食’, 497). Moreover, Suzuki points out that even sunstroke and heat stroke are sometimes called *kakuran* in Edo popular literature (Suzuki Akira 2000, *Edo no iryōfuzoku jiten*, Tokyodō, Tokyo, 7-8). On the other hand, *Byōka suchi* differentiates 霍乱 from 食傷 by causation. According to this account, the former (*kakuran*) never occurs unless the body is attacked by evil from without. 霍乱, regardless what one eats, always causes stomach ache, vomiting, and diarrhoea (BS 6: 1). Food damage 食傷, on the other hand, often occurs due to the influence of external evil, but not always. Despite the variation of definition, it seems that 霍乱 always involves acute vomiting and diarrhoea.

<sup>vii</sup> *Byōmei ikai* (59) defines 感冒 within a scheme of three grades of disorder due to external evil 外邪: When one coughs, and the invasion of external evil is shallow, it is *kanbō* 感冒.

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<sup>101</sup> R: *Takuzenkyo*. C: 擇善居. One of Hirano Jūsei’s pen names, a name for the place where Hirano lived.

When the invasion is deep, it becomes wind damage (*shōfū* 傷風), and when the invasion is even deeper and more prevailing, it becomes seasonal epidemic (*un'eki* 瘟疫). It seems that wind damage 傷風 is sometimes replaced by cold damage 傷寒, as *Byōka suchi* also mentions that people tend to regard 感冒 as the mild version of cold damage. Strictly speaking, 感冒 “feeling and being affected” should be differentiated from cold damage in terms of causality and treatments (BS5: 18). *Byōka suchi* also uses the compound 冒寒 (being affected by cold), read as *hiki kaze*, in the sense of catching a cold (BS1: 27).

<sup>viii</sup> In *Byōka suchi*, we find 症, 證, and 証, all read *shō*. In traditional medicine nowadays, 症 refers to a single symptom, such as headache or constipation. In contrast, the concept of 証 is akin to syndrome, which should be understood in correlation with the cause of disease. 證 is now usually regarded as an old, formal graphic variant of the character 証. However during the Edo period, 症, 證, and 証 are often used synonymously, and such is the case in *Byōka suchi*. According to Mayanagi, it was only after the Meiji period that the terms 症 and 証 became differentiated. It is suggested that this phenomenon probably occurred when 症 was matched with the concept of “symptom” in European languages in the process of translation. Mayanagi Makoto ‘shō to shō wa yayakosiide shō’, <http://www.ibaraki.ac.jp/mayanagi/paper04/secom10.htm>.

<sup>ix</sup> R: *sashikomi*. 衝逆. *Byōka suchi* also imposes the reading *sashikomi* on 癇瘕 (epileptic convulsion). It is possible to assume that *sashikomi* in this text refers to hysteria or convulsions with sharp pain.

<sup>1</sup> R: *taidoku* 胎毒. C: 遺毒 inherent toxin. Inherent toxins are considered to originate in the fire of the five viscera. They develop from such causes as the excessive consumption of foods with unbalanced flavours, irregular lifestyle, and feelings of worry, anger, sorrow and anxiety during pregnancy. Mediated by the mother’s womb, the toxin affects the foetus and constitutes the cause of various diseases. For instance in *Byōka suchi*, smallpox and syphilis are sometimes attributed to inherent toxins from the parents.

<sup>x</sup> R: *mushi*. 蟲 worm. People in the Edo period (including quite a few physicians) often thought that children’s diseases were due to the “worm” (*mushi*). The concept of “worm” originates in Chinese medicine. For instance *Yuanhou lun*, section “Zhuchong” 諸虫 lists nine kinds of worm, involving both accurate observation and some imagination. This worm is differentiated from parasitic worms in the contemporary sense. From the pathological viewpoint, the “worm” is connected with heat and humidity, which are considered to breed worms. On the other hand, the idea of “worm” in the Edo context combined both medical theory and popular belief. That is, the human body is a hotbed of worms that naturally breed within it. This folk belief endures in Japanese idiomatic expressions, such as “the worm is in the wrong place” (someone is in a bad humour) or “feeling an omen from the worm” (having a feeling in one’s bones). Here the metaphorical “worm” often incorporates both inner thoughts or feelings and a person’s character. See Shirasugi Etsuo 1994, “Senki to Edo jidai no hitobito noshintai keiken” in Yamada and Kuriyama, 63-92. As a result, “worm” within the body came to be regarded as the cause of various symptoms that are typical of children, such as infant colic, diarrhoea, epilepsy, and fever. However, the author of *Byōka suchi* objects to this phenomenon of associating so many diseases with the “worm”, claiming that the *mushi* at issue is not the term for “worm” – 蟲 (*mushi*) – but the one meaning “steam” 蒸 (*mushi*). This indicates that the temperature of a newborn baby is slightly high; thus it is misleading to confuse these two *mushi* of “worm” and “steam”. Nonetheless convulsions and twitching in children do sometimes occur due to parasitic worms, which should be purged immediately (BS 3:23-24). These statements suggest that in *Byōka suchi*, Hirano tries to differentiate parasitic worms, which have physical existence, from the vulgar view of the “worm” to which people blindly attribute any children’s illnesses.

<sup>xi</sup> *Byōka suchi* objects to the usage of drugs to induce labour, seeing them as against nature. Kagawa Gen’etsu also maintains that any drugs of this kind are merely nonsensical, but he still finds it reasonable for a woman in labour to take medicine in order to promote the circulation of *ki* and blood (*Sannon*, 15). For instance he gives a recipe for a ‘decoction for inducing childbirth 催生湯’, which is also cited in *Wanbing huichun* 万病回春 (by Gong Tingxian 龔廷賢, 1587). It is to be used when an expectant mother feels pain in her abdomen and back, and the waters



have broken. It is made from fried Rosaceae (桃仁 *Prunus persica*), red Chinese peony (赤芍藥 *Paeonia lactiflora*), skin of tree peony (牡丹皮 *Paeonia suffruticosa*), Poria (茯苓 *Poriacocos Wolf*), and Ceylon cinnamon (肉桂 *Cinnamomum verum*). The recipe says: Prepare one *qian* 錢 (approximately 5g) of each, and take the decoction. *Wanbing huichun*, reprint 1984 (Renmin weisheng chubanshe, Beijing), 397.

<sup>xii</sup> 崩漏 mainly refers to three symptoms: vaginal discharge, sudden irregular uterine bleeding, or oozing. The reading “*dokkari*”, which is an onomatopoeic term conveying ideas of “massive and sudden”, indicates sudden, heavy bleeding from the uterus.

<sup>xiii</sup> In pre-modern Japan, the placenta was considered a sacred part of the baby’s life, particularly of the soul. A widely prevalent custom was to bury the placenta in such places as a cemetery, near a stable or lavatory, under the central pillar of the house or under the eaves. This suggests that the afterbirth contained both sacred and impure aspects. On the cultural study of afterbirth in Japan, see Tsukuba Daigaku Minzokugaku Kenkyūshitsu (ed) 2001 *Shin’i to shinkō no minzoku* (Yoshikawa Kobunkan, Tokyo), Teiri Nakamura 1999, *Ena no inochi* (Kaimeisha, Tokyo), and Kiyoshi Yokoi 1998, *Mato to ena — chūseijin no sei to shi* (Heibonsha, Tokyo).

<sup>xiv</sup> *Qianjing yaofang* discusses beriberi in *juan* seven: *Jiaoruo* 脚弱 (weak legs) is considered to be beriberi. The disease is attributed to being affected by the wind poison of a locality, where cold, heat, wind and humidity all create vapour. A person’s feet always come into contact with that vapour, and this results in being infected by wind poison (*Qianjing yaofang* ‘*lunfeng duzhang diyi 論風毒狀第一*’, 162-181). On the other hand, *Byōka suchi* considers that the ancient malady of “weak legs” differs from the contemporary variety in terms of causality despite the resemblance in symptoms. The ancient “weak legs” affects the legs first, and is spread by infectious poison transmitted from person to person, while contemporary beriberi begins from various parts of the body, depending on the individual. In addition it is not infectious. The cause is traced to the inner problem associated with each type, particularly congealed poison 鬱毒 within the body due to idleness. This analysis of beriberi evidently involves the pathology of stagnation and ideas of the virtue of hard work. See also Part 2, section on *shaku*.

<sup>xv</sup> R: *sotchūbū*. C: 急痹 stroke. R: *ruichūbū*. C: 緩痹 mild paralysis. The reading *sotchūbū* is more conventionally applied to 卒中風, which usually refers to stroke. The literal meaning of 卒 here is “acute”, while 中風 indicates a disease where wind is the pathogen. Similarly the reading *ruichūbū* for 緩痹 (mild paralysis) can be applied to 類中風. *Byōmei ikai* (45) defines *ruichūbū* as symptoms resembling paralysis, where the body is affected by such factors as fire, wrong *ki*, damp, cold, heat, or where the symptoms are due to excessive eating or sexual intercourse, languor, and foul circulation of *ki* within the body. From the combination of the literal meanings of 類 – “similar” or “a kind”, and 緩 – “mild” or “slow”, it is possible to infer that *ruichūbū* refers to non-acute symptoms that are similar to paralysis in a broad sense.

<sup>xvi</sup> R: *tenkan*. C: 癩癇 epilepsy or seizure. 癩 usually refers to seizure, while 癇 refers to spasms. However I do not translate *kan*, because definitions of *kan* 癇 in the Edo context vary widely. *Byōka suchi* takes the view that *kan* occurs due to the separation of the mind from the body, and *kan* disease may develop into almost all kinds of mental disorders (BS 6: 20-21). For the detailed pathology of *kan*, see chapter 2, “massage”.

<sup>xvii</sup> R: *haya uchi kata*. C: 肩項卒痺 sudden stiffness in and around the shoulders. The exact meaning of *haya-uchi-kata* is unknown. *Byōmei ikai* (98) states that *kenbeki* 痲痺 is also called *uchi-kata*, which refers to the symptoms of stiffness at the top of the shoulders. Some people say that the name *uchi-kata* derives from the idea that one feels comfortable when tapped (*uchi* 打ち) on the shoulders (*kata* 肩), while others suggest that the symptoms are formed within (*uchi* 内) the shoulders (*kata* 肩). (*Haya uchi-kata* or *kenbeki* appears in Edo texts as an everyday ailment, what is now understood as *kata-kori*, “stiff shoulders”. Despite the fact that the Japanese have by now been complaining about uncomfortable stiffness and pain in the shoulders for several hundreds of years, Kuriyama points out that this phenomenon is scarcely shared at all by other cultures. Chinese medical texts like *Huangdi neijing*, *Shanghanlun*, or *Nanjing* contain 痲 and 痺, but the term 痲痺 (*xuanpi* in Chinese) is principally recognised as a symptom which appears around the abdomen or ribs. Moreover the term is basically limited to the medical context, and there is no the tendency to acknowledge it as an everyday complaint. See Kuriyama

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Shigehisa 1997, 'Katakori kō', in Yamada and Kuriyama, 37-62. See also Chapter 2, "*shaku*".

<sup>xviii</sup> From the late fifteenth to the early seventeenth century, Japan experienced a succession of local wars and battles. Several schools of surgery appeared, which later divided into two specialities: those that treated external problems in general, including skin diseases, and those that treated incised wounds like cuts and stabs. The Yoshimasu 吉益 school and Takatori 鷹取 schools are well known as belonging to the latter, called 金創 (*kinsō*) physicians. Later, with the encounter with Western medicine, other schools of surgery developed during the Edo period. One, called Nanban (南蛮, literally "south barbarian") school, was drawn mainly from the tradition of Portugal or Spain. The other was mainly transmitted through Holland, and was called the Kōmō (紅毛, literally "red hair") school. See Michel Wolfgang 1997, 'Kōmōryū geka no tanjō nitsuite', in Yamada and Kuriyama, 231-64.

<sup>xix</sup> According to a commonly accepted theory about the position of twins in the womb, one was in a foot presentation, and the other was in a head presentation. BS observes that the presentation varies from case to case, and suggests possible methods to cope with various difficult cases (BS 8: 25-28).

<sup>xx</sup> 天保辛卯. The 天保 (Tempō) era runs from 1830 to 1844. 辛卯 designates the year 1831 in accordance with the traditional Chinese sexagenary cycle 干支.

### 3-2. Instructions in the principles of cultivating life<sup>i</sup> (*Byōka suchi* fascicle 1: page 7-20)

According to an old saying, laziness and arrogance lead to poverty, and diligence and thrift<sup>ii</sup> bring wealth. This point is the crux of cultivating oneself and preserving the family, and the Way of cultivating life<sup>i</sup> lies nowhere else. The reason is that, if you do not neglect your duty<sup>2</sup> by day and by night, the body's<sup>3</sup> digestion<sup>4iii</sup> will be good<sup>5</sup>, and you will not be bothered<sup>6</sup> by wearing heavy clothing<sup>7</sup>, eating too much or drinking too much<sup>8</sup>. As the proverb says, flowing water does not become fetid and the hinges of a door do not rot. This is because they are in motion.

If you wish to live free from disease and yearn for happiness, two things are paramount: duty<sup>9</sup> and thrift. In order to remain steadfast in these two, fearfulness is paramount. Fearfulness means fearing the order of Heaven. If one maintains a fearful, modest heart in every undertaking, dangers will pose no peril, and there will be no room for blunders. Fear that drinking to excess will harm your body<sup>10</sup>. Fear that gorging yourself with delicacies will disturb<sup>11</sup> the digestion<sup>12</sup> in your abdomen<sup>13</sup>. Fear that unbridled sexual desire will diminish<sup>14</sup> your vital essence<sup>15</sup>. Fear that your

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<sup>1</sup> R: *yōjō no kokoroe o toku*. C: 攝生の意得を説 Instruction in the principle of cultivation of life.

<sup>2</sup> R: *tsutome*. C: 作業 work.

<sup>3</sup> R: *karada*. C: 身体 body.

<sup>4</sup> R: *konare*. C: 運化 to transport and convert.

<sup>5</sup> R: *yoku*. C: 快爽 speedy and lively.

<sup>6</sup> R: *sawari*. C: 妨害 obstacle.

<sup>7</sup> R: *kisugi*. C: 厚養 to look after with care.

<sup>8</sup> R: *kuisugi*. C: 牟食 to eat greedily.

<sup>9</sup> R: *tsutome*. C: 力 to exert.

<sup>10</sup> R: *karada*. C: 体 body.

<sup>11</sup> R: *ashikaran*. C: 遲洩 slow and faltering.

<sup>12</sup> R: *konare*. C: 化熟 to convert and mature.

<sup>13</sup> R: *hara*. C: 腸胃 the intestines and stomach.

<sup>14</sup> R: *hera (-n)*. C: 衰耗 being enfeebled and worn down.

<sup>15</sup> R: *seiki*. C: 精氣 vital essence. 精氣 is synonymous with *zhengqi* (正氣 right *qi*), as they are described: 邪氣盛則實、精氣奪則虛 (*Suwen*, 'tongpingxhushilun' 通評虛實論, 173-4). In

family will be ruined if you indulge in these things and neglect your family business<sup>16</sup>. Fear that your fortune will collapse, if you spend too much money. Fear that if you persist in indulging yourself thus, there will be no limit to your greed, you will envy others' wealth, and be unable to repay your debts. Fear the public disgrace you will suffer and the anger you will incur. Fear that your descendants will follow the example of your bad behaviour<sup>17</sup>, and the family will eventually invite downfall<sup>18</sup>. If you behave wrongly in this way, you will not only become sickly<sup>19</sup>, but you will also bring upon yourself the wrath of heaven, the blame of your masters and parents, and the censure of society. You yourself will gradually decline and finally end up ruined in body with your family in shambles. How can one not be utterly fearful? If you acknowledge this reasoning, you should be deeply fearful and circumspect, and you should be tenacious in thrift and diligence<sup>20</sup>. Each body has received a fixed endowment from Heaven. Striving to husband<sup>21</sup> this is the priority in the cultivation of life.<sup>22</sup>

Regarding staple foods in daily life, you need not adhere to strict prohibitions on (anything that suggests) poison<sup>23</sup> when you are not even ill, saying that this food is harmful or that one is beneficial. Those whose minds are at ease with thrift are

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the context of reproduction it also refers to semen: 腎氣盛、天癸至、精氣溢写、陰陽和、故能有子 (*Suwen*, 'shanggutianzhenlun' 上古天真論, 5).

<sup>16</sup> R: *kagyō*. C: 恒産 stable work.

<sup>17</sup> R: *ashiki okonai*. C: 羶行 depraved behaviour.

<sup>18</sup> R: *otoroe*. C: 衰凶 bad decline.

<sup>19</sup> R: *yamai mochi*. C: 病軀 sick body. However the reading *yamai* (illness)-*mochi* (to have/possess) is conventionally written as 病持ち, which has the connotation of a person who is suffering from habitual diseases. It implies the assumption that leading a depraved life results in various kinds of lifestyle diseases.

<sup>20</sup> R: *tsutome*. C: 力 to exert.

<sup>21</sup> R: *kuinobasu*. C: 儉蓄 thrift and stinginess. Note that the virtue of thrift entails parallels between property and Heaven-given-lifespan.

<sup>22</sup> R: *yōjō*. C: 摂生 regulating life.

<sup>23</sup> R: *kibishiku doku dachi*. C: 嚴禁 to prohibit strictly.

satisfied with plain foods as their daily diet. Tasty food<sup>24</sup>, if eaten occasionally, will seem particularly delicious and also be more nourishing to the body<sup>25</sup> than if you are always replete with tasty food<sup>iv</sup>.

When those who work tirelessly<sup>26</sup> at their family business occasionally have a day of leisure and treat themselves with something they enjoy, it is vastly more relaxing for the mind and beneficial for the body than indulging in extremes of pleasure day and night<sup>v</sup>. The evil poisons<sup>vi</sup> attacking you from without<sup>27</sup> can be compared to an enemy besieging your castle. Diseases that result from disobeying the way of cultivating life can be compared to allies who betray you. When those traitors are inside the castle, they communicate with the enemy, and bring destruction on the castle. What a frightening thing. One may be surrounded on the outside by an enemy of the most noxious sort; but if the inner guards are stalwart, the heart of the castle is united. Provisions<sup>28</sup> and weapons are not lacking, and the reinforcements of medicine are appropriate, so there should be no trouble in expelling the enemy and hemming them in from within and without. A good warrior of ancient times said that timeliness brings victory<sup>vii</sup>. To prevent harm when there is no sign of it yet, and to prepare<sup>29</sup> before disaster comes, those are the supreme tactics. The first step consists in striving hard to suppress desire. Although suppressing desire seems difficult, once it becomes habitual and usual, it is quite easy. With a heart that fears the harm to come, you measure the quantity, however little it is, and do not eat as much as you desire. Even more so with women<sup>30</sup> and alcohol. When you are fearful and

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<sup>24</sup> R: *aji yoki monō*. C: 芳羞 offer fragrant delicacies.

<sup>25</sup> R: *karada*. C: 身体 body.

<sup>26</sup> R: *tsutome hagemu*. C: 努力 to endeavour.

<sup>27</sup> R: *hokayori kitaru*. C: 外襲 attack from without.

<sup>28</sup> R: *hyōrō*. C: 米粟 rice and millet.

<sup>29</sup> R: *yōi*. C: 供 to supply.

<sup>30</sup> R: *on'na*. C: 女色 women's charms.

circumspect in the first place, there is no way to commit a blunder. This indicates that enormous disasters come from momentary impatience. Even among those who say that they overlook nothing<sup>31</sup> in cultivating life<sup>32</sup>, only a few are truly versed in it. Monkhood<sup>33</sup> resembles potatoes<sup>34</sup> in appearance, but knowing it is poisonous, they dare not eat it even if forced. Precisely because they know the five cereals are essential to nourish the body<sup>35</sup>, they seek them out to eat. It is because they truly know about monkhood and the five cereals. If distinguishing goodness from evil is just like knowing about monkhood and the five cereals, there should be no blunders. However people who truly know this are so rare. Most people, being unable to suppress even the slightest desire, will eventually invite harm and suffer such disasters that no regret can repair. What a stupid but also pitiful and lamentable thing. Now in order to save people from such vanity<sup>36</sup>, the true outline of nurturing life<sup>37</sup> will be taught as follows.

Even if one aspires to wealth, success in enlightening studies or the accomplishment of heroic deeds, these are ambitions impossible to achieve if the body<sup>38</sup> is sickly<sup>39</sup>. What should be fun is not fun. Therefore what can wealth, glory, talent and virtue be worth if your body<sup>40</sup> is sickly<sup>41</sup>? Just being healthy is a human being's greatest fortune in this worldly existence. Therefore people who possess ambitions should know this above all.

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<sup>31</sup> R: *nukeme*. C: 疎脱 ignorant and foolish.

<sup>32</sup> R: *yōjō*. C: 養生 cultivating life.

<sup>33</sup> R: *uzu*. C: 烏喙 monkshood (*aconitum napellus*).

<sup>34</sup> R: *imo*. C: 青芋 unripe potatoes.

<sup>35</sup> R: *karada*. C: 体 body.

<sup>36</sup> R: *tsuie*. C: 弊 evils.

<sup>37</sup> R: *yōjō*. C: 摂生 regulating life.

<sup>38</sup> R: *mi*. C: 身 body.

<sup>39</sup> R: *yamai*. C: 病苦 suffering due to illness.

<sup>40</sup> R: *mi*. C: 身 body.

<sup>41</sup> R: *yamai*. C: 病苦 suffering due to illness.

Generally speaking the body<sup>42</sup> lives and acts depending on the energy derived from food. Therefore in cultivating life<sup>43</sup>, food is vital. If you eat too much and feel sated, the abdomen<sup>44</sup> becomes bloated, digestion<sup>45</sup> is poor, the body<sup>46</sup> gradually weakens<sup>47</sup>, and the circulation<sup>48</sup> of the blood<sup>49</sup> becomes bad<sup>50</sup>. The congealed clumps that occur in the abdomen<sup>51</sup> become knotted into *shaku*, the spirit<sup>52</sup> becomes depressed<sup>53</sup> and you do not feel at ease in your daily routine. This will be the cause of serious diseases. Apart from this, foods that are hard, sticky, heavy, or foul-smelling, and foods that are too sour, salty or spicy are all regarded as unbalanced flavours, so you should not eat a lot of them. If you have a liking for eating them, your body<sup>54</sup> will be ruined by their poison without your knowing it<sup>55</sup>. In addition, when your body<sup>56</sup> is overheated, eating many cold things will disturb the condition<sup>57</sup> of your body<sup>58</sup> and may stir up diseases<sup>59</sup>. It is the same with eating things that are too hot when the body<sup>60</sup> is cold. Also people who have a habitual predilection for hot things<sup>61</sup> not only find their teeth decay early, but also cause

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<sup>42</sup> R: *karada*. C: 身体 body.

<sup>43</sup> R: *yōjō*. C: 摂養 to regulate and nurture.

<sup>44</sup> R: *hara*. C: 腸胃 the intestines and stomach.

<sup>45</sup> R: *konare*. C: 消化 digestion.

<sup>46</sup> R: *karada*. C: 身体 body.

<sup>47</sup> R: *yowari*. C: 弛弱 slacken and weaken.

<sup>48</sup> R: *meguri*. C: 運行 to transport.

<sup>49</sup> R: *chi*. C: 気血 *ki* and blood.

<sup>50</sup> R: *ashiku*. C: 遅慢 to slow down.

<sup>51</sup> R: *hara no uchi*. C: 腹中 inner abdomen.

<sup>52</sup> R: *ki*. C: 精神 spirit.

<sup>53</sup> R: *fusagi*. C: 鬱冒 melancholic depression.

<sup>54</sup> R: *mi*. C: 身 body.

<sup>55</sup> R: *ware shirazu*. C: 暗 ignorantly.

<sup>56</sup> R: *karada*. C: 体 body.

<sup>57</sup> R: *guai*. C: 機関 function.

<sup>58</sup> R: *karada*. C: 運輸 transport.

<sup>59</sup> R: *yamai*. C: 宿病 lodged disease. 宿病 refers to chronic diseases, which having appeared once and then subsided, continue to reside in the body.

<sup>60</sup> R: *karada*. C: 体 body.

<sup>61</sup> R: *atsuki mono*. C: 温飲熱食 warm drink and hot food.

grave harm to their bodies<sup>62</sup>. Nonetheless, cold foods alone cannot constitute the nourishment for the body<sup>63</sup>, so you must be concerned that your daily foods are not too cold or too hot, but just in between.

Furthermore it is extremely harmful to acquire a taste for eating unfamiliar food as a delicacy, even without recognising its nature. Nothing can be more undutiful to your parents or disloyal to your masters than harming your body<sup>64</sup>, ruining your whole life due to your appetite, and becoming a laughingstock for the world. Eating gluttonously without reflecting<sup>65</sup> on the cause and effects<sup>66</sup> is the behaviour of birds and beasts. You should know<sup>67</sup> that even birds and beasts naturally avoid the things that are harmful to them, as seen in the horse that differentiates<sup>68</sup> wild plants, and dogs and cats that can tell foods by smell. Being born a human being, how can you not be ashamed of behaviour that is inferior even to that of the birds and beasts?

Alcohol is a particularly extreme with regard to unbalanced flavour, and its nature is so fierce that it does not freeze even in extremely cold weather. Drinking alcohol to excess brings little benefit but much harm. It not only does harm to the body<sup>69</sup>, but also ruins the family and weakens the nation. In eight or nine cases out of ten, the harm is wrought by alcohol. How can you not be circumspect and abstain? Temperance in eating and drinking is the way towards right conduct<sup>70</sup> and the

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<sup>62</sup> R: *mi*. C: 身 body.

<sup>63</sup> R: *mi*. C: 身 body.

<sup>64</sup> R: *karada*. C: 身体 body.

<sup>65</sup> R: *kaerimi*. C: 弁 to recognise.

<sup>66</sup> R: *ato saki*. C: 利害 benefit and harm.

<sup>67</sup> R: *shiru*. C: 察 to judge.

<sup>68</sup> R: *wakachi*. C: 弁別 to distinguish.

<sup>69</sup> R: *karada*. C: 体 body.

<sup>70</sup> R: *okonai*. C: 格物 investigation of things. 格物致知, to investigate things and extend knowledge to the utmost, is known as a teaching of neo-Confucianism. It implies the traditional view that the practice of *yōjō* not only aims at physical health, but also contains the idea of moral attainment.



priority in cultivating yourself<sup>71</sup> and preserving life. So you should never act just as you please, but be patient and suppress desire.

Next you should be temperate in sleeping. Indulgence in sleeping<sup>72</sup> occurs in the lazy mind, and it is the cause of various diseases. The spirit<sup>73</sup> of people who sleep a lot gradually darkens, and their consciences become dull<sup>74</sup>. Be fearful and deeply cautious. Nonetheless it is wrong to sleep too little and to keep oneself from sleeping. You should make a rule appropriately, and there should be no excess or lack. The moderate amount is from four and one-half hours to five and three-quarter hours in winter, and six and three-quarter hours in summer<sup>viii</sup>. It is good to go to bed early in the evening and get up before sunrise in the morning. A nap, worst of all things, is not good. Eating too much induces sleep; but going to bed immediately after eating is most harmful to the body<sup>75</sup>. Sleeping when drunk with alcohol as a rule<sup>76</sup> will shorten your life, so you should be most prudent [about this].

Next you should correct your bodily<sup>77</sup> posture<sup>78</sup>, and then harmonise the breath.<sup>ix</sup> In adjusting the body<sup>79</sup>, it is good<sup>80</sup> to sit up straight. It is bad if the spine curves forward. Leaning backwards is also not good. The head is to be held upright, making a straight line from the navel to the nose, being neither crooked nor bent nor craned upward, nor facing down. It is good to stretch<sup>81</sup> the neck. Regarding the shoulders, it is good to be keep them low and bad to be hunched. Keep the eyes still,

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<sup>71</sup> R: *mi*. C: 身 body.

<sup>72</sup> R: *amari ni nemuru*. C: 喜眠 to delight in sleeping.

<sup>73</sup> R: *seishin*. C: 精神 spirit.

<sup>74</sup> R: *utoku*. C: 沈没 sinking.

<sup>75</sup> R: *mi*. C: 身 body.

<sup>76</sup> R: *ri*. C: 理 principle.

<sup>77</sup> R: *karada*. C: 体 body.

<sup>78</sup> R: *katachi*. C: 容 appearance.

<sup>79</sup> R: *karada*. C: 体 body.

<sup>80</sup> R: *yoshi*. C: 要 essential.

<sup>81</sup> R: *nobi*. C: 昂 to raise.

and turn the whole head when looking at things. Pull both hands close to the body, and place them on your lap. It is good to make a space about the size of a chicken's egg under the armpits. All your concern should lie in pushing the lower abdomen<sup>82</sup> forward at the waist. As you do so, strength accumulates under the navel, the lower abdomen<sup>83</sup> becomes replete with *ki*, the breath reaches under the navel, and nothing obstructs<sup>84</sup> the chest, the ribs, and the pit of the stomach<sup>85</sup>. You feel that the power of the whole body is in the area under the navel and the waist<sup>86</sup>. Once this gradually becomes habitual, you will be able to do it naturally without any effort, and will not be aware of the breath coming and going through the throat. The breath goes out through the nostrils, enters<sup>87</sup> under the navel, and is expelled through the nostrils again when issued from under the navel. Afterwards it also wafts out from the ears and exits from the pores of the skin<sup>88</sup>.

Downy hairs on the ears of people who have lived long are a sign that the breath is harmonised and the mind<sup>89</sup> is at peace. It is good to shut the mouth completely. In all actions, the upper and lower lips are always to be kept together. This method gradually cures such symptoms as *kan* and various other symptoms, including stiff shoulders, rush of blood, dizziness, choking<sup>90</sup> in the chest and the

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<sup>82</sup> R: *shita hara*. C: 小腹 the lower abdomen.

<sup>83</sup> R: *shita hara*. C: 下腹 the lower abdomen.

<sup>84</sup> R: *sasawaru*. C: 支 to prop up.

<sup>85</sup> R: *mizo'ochi*. C: 心下 below the heart.

<sup>86</sup> For the significance of the abdomen in the Edo context as the centre of gravity of the body and as the centre of mind, see Chapter 2, section on abdomen.

<sup>87</sup> R: *iri*. C: 納 to store.

<sup>88</sup> R: *keana*. C: 腠理 the pores of the skin. Sivin translates 腠理 (read *couli* in Chinese) "interstices of the flesh", indicating the "spaces in the boundaries within the flesh, between flesh and skin, and sometimes between flesh and internal organs". Nathan Sivin 1987, *Traditional Medicine in Contemporary China* (Center for Chinese Studies, the University of Michigan, Ann Arbor), 103.

<sup>89</sup> R: *kokoro*. C: 精神 spirit.

<sup>90</sup> R: *tsukae*. C: 支懣 propped up.

stomach, depressed mind<sup>91</sup>, *shaku*, colic, stomach convulsions<sup>92</sup>, women's blood-related diseases<sup>x</sup> and so on. Do not suppose that you must be seated in order to practise this. You can apply this point<sup>93</sup> in every daily action<sup>94</sup>.

When you walk, the hands should be drawn close to the body<sup>95</sup> and held downward, with the four fingers flexed, clenching the thumbs into the fist. When you do so, *ki* will naturally fill the area under the navel, and you will feel strength around the waist. Your step will be light with no stumbling. When you study this ceaselessly, you will realise that the action of walking lies in between the waist and crotch, not in the legs. When you sleep, lie on your right side, and extend the right leg, with the left one uppermost and bent. Keep the hands down close to the thighs, push the lower abdomen<sup>96</sup> forward, focus the mind on the soles of the feet, and move<sup>97</sup> the big toes seven or eight times. Meanwhile do not allow any other thoughts<sup>98</sup> to stir. If other thoughts arise, it is also good to fall asleep reciting Buddhist names or sutras<sup>99</sup> in your mind<sup>100</sup>. Or when you go to sleep, first lie on your back, stretch both legs and calmly stroke downward from the chest and ribs to the lower abdomen<sup>101</sup> with both hands several dozen times. Then stroke from the hinge joint of the waist to the thighs, stretching both hands as far as they will go, several dozen times. Afterwards slowly move the big toes. All the time that you are stroking the chest and ribs, do it lightly, then moderately from the pit of the stomach to around the navel, and firmly towards

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<sup>91</sup> R: *ki no fusagi*. C: 心氣鬱結 congestion of *qi* in the heart.

<sup>92</sup> R: *hara hikitsuri*. C: 拘攣 convulsion.

<sup>93</sup> R: *kokoro mochi*. C: 意 concern.

<sup>94</sup> R: *tachi'i okifushi*. C: 行往坐臥 walking, standing, sitting and lying.

<sup>95</sup> R: *mi*. C: 体 body.

<sup>96</sup> R: *shita hara*. C: 小腹 the lower abdomen.

<sup>97</sup> R: *ugokasu*. C: 運轉 to convey.

<sup>98</sup> R: *kokoro*. C: 念慮 thought.

<sup>99</sup> R: *daimoku*. C: 題目 Buddhist sutras.

<sup>100</sup> R: *kokoro no uchi*. C: 心中 in the heart.

<sup>101</sup> R: *shita hara*. C: 小腹 the lower abdomen.

the lower abdomen<sup>102</sup>. Regarding the quality of attention in this stroking action, it is good to take care to do so very quietly and not carelessly, like an artist painting<sup>103</sup> with colours, or like someone holding a bowl of boiling water. Afterwards sleep on your right side, and with the abdomen<sup>104</sup> replete. Such methods as these are also excellent.

When you wake up in the morning, do not get up from the bed abruptly. First sit upright and shake the body<sup>105</sup> and every joint several times, then place both hands in your lap. Now open your mouth, and exhale breath<sup>106</sup> slowly three or four times, and then shut the mouth and let breath<sup>107</sup> enter through the nostrils<sup>xi</sup> so that it reaches under the navel. Stop after doing this more than a dozen times, and get up in a leisurely fashion. This is especially good for *kan*<sup>108</sup> symptoms, habitual *shaku*<sup>109</sup> and diseases related to women's blood<sup>110</sup>. All these chronic diseases can be cured without recourse to drugs by persisting with this method and carrying it out constantly morning and night. As for those illnesses that people regard as hard to cure, such as paralysis<sup>111</sup>, numbness of the limbs and waist, and all complex diseases<sup>112</sup>, following this method sometimes shows efficacy. Extending this approach to some kinds of twitching<sup>113</sup> and fright wind in children [infantile

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<sup>102</sup> R: *shita hara*. C: 小腹 the lower abdomen.

<sup>103</sup> R: *irodoru*. C: 設 to set up.

<sup>104</sup> R: *hara*. C: 腹 the abdomen.

<sup>105</sup> R: *karada*. C: 身体 body.

<sup>106</sup> R: *iki*. C: 濁氣 muddy *ki*.

<sup>107</sup> R: *iki*. C: 清氣 pure *ki*.

<sup>108</sup> R: *kan*. C: 痛 spasm.

<sup>109</sup> R: *shaku mochi*. C: 癥瘕 clump and bump. *Mochi* (conventionally 持ち) means 'to have/possess'. The appended reading implies the recognition of *shaku* among the Edo people as a habitual experience rather than an acute symptom.

<sup>110</sup> R: *chi no kata no wazurai*. C: 子藏病 uterine disease.

<sup>111</sup> R: *chūbū*. C: 痲 paralysis.

<sup>112</sup> R: *kojire yamai*. C: 廢殘病 diseases with after-effects.

<sup>113</sup> R: *bikutsuki*. C: 搐搦 twitch.

convulsions<sup>114]</sup><sup>xii</sup>, they are sometimes healed by abandoning medicines and merely teaching the method of abdominal massage. As for all those people who have habitual diseases<sup>115</sup>, when they go to sleep, they should in particular calm the mind<sup>116</sup>, banish all thoughts, and concentrate on the place under the navel being replete with *ki*. The efficacy of going to sleep like this is often far greater than that of ordinary medicines.

What is described here is an outline. Even in the midst of arts and work, and between meals and socialisation<sup>117</sup>, if you adhere to these concerns and practise ceaselessly, not only will dignity naturally become established and the body<sup>118</sup> become healthy, but also wisdom and discretion<sup>119</sup> will gradually increase and courage will gather. This is the method of harmonising the mind starting out from forms<sup>120</sup>.

Next after this, you should learn how to harmonise the mind. This aims to store dispersed *ki* so as to fill the inner abdomen<sup>121</sup>, and to make the mind<sup>122</sup> relaxed<sup>123</sup> and composed, thereby allowing it not to be blindly deceived or upset by things. In general, the human body<sup>124</sup> is invariably healthy and free of diseases if the upper part is light<sup>125</sup>, and the lower part is relaxed<sup>xiii</sup>. Even if there are sufferings<sup>126</sup> occasioned by evils from without<sup>127</sup>, many of them should be cured before they

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<sup>114</sup> R: *kan*. C: 痙 spasm.

<sup>115</sup> R: *jibyō*. C: 持病 habitual disease.

<sup>116</sup> R: *kokoro*. C: 精神 spirit.

<sup>117</sup> R: *hito majiwari*. C: 応接 reception.

<sup>118</sup> R: *karada*. C: 身体 body.

<sup>119</sup> R: *chie funbetsu*. C: 知慮 wisdom.

<sup>120</sup> R: *katachi*. C: 形 form.

<sup>121</sup> R: *hara no uchi*. C: 身内 inner body.

<sup>122</sup> R: *kokoro mochi*. C: 心意 mind.

<sup>123</sup> R: *yuttari*. C: 和静 peaceful and calm.

<sup>124</sup> R: *karada*. C: 体 body.

<sup>125</sup> R: *karoyaka*. C: 輕清 light and pure.

<sup>126</sup> R: *wazurai*. C: 侵劫 invasion.

<sup>127</sup> R: *gaishū jadoku*. C: 外襲邪毒 evil poison that attacks from without.

progress to serious illness. However if the mind is constantly out of control and upset, the chest and stomach are gradually pulled upwards. The organs become wrongly positioned, *shaku* is formed, and convulsions occur. The vessels are apt to flow backward towards the upper part, so that it could even end in a situation where the power of medicine and acupuncture<sup>128</sup> are unable to reach them. Pondering the cause of upset in the mind, it is thus: Greedy thoughts continue ceaselessly, so that one suffers in yearning, fears in obtaining, and gets angry in losing. In all things, there is nothing that does not trouble the mind, and as days pass and years go by, it becomes gloomy and inharmonious. Gradually the digestion<sup>129</sup> of foods becomes impeded, and the circulation<sup>130</sup> of blood<sup>131</sup> becomes bad<sup>132</sup>, so that the vital energy<sup>133</sup> that governs the whole body<sup>134</sup> loses its role. The inner defence is not strict and the force that defends it outwardly is enfeebled, therefore evil from without<sup>135</sup> will find it easy to seek an opening.

Moreover, when worry<sup>136</sup>, anger<sup>137</sup>, ostentation<sup>138</sup> and irresponsibility<sup>139</sup> succeed one other continuously, you will tolerate<sup>140</sup> them in yourself, regarding them as your own innate characteristics. Thus congealed diseases<sup>141</sup> firmly take root, and eventually no treatment will show efficacy. Now as to the causes of what people call

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<sup>128</sup> R: *hari*. C: 石 stone.

<sup>129</sup> R: *konare*. C: 消化 digestion.

<sup>130</sup> R: *meguri*. C: 運輸 transport.

<sup>131</sup> R: *chi*. C: 氣血 *qi* and blood.

<sup>132</sup> R: *ashiku*. C: 遲慢 slow and sluggish.

<sup>133</sup> R: *genki*. C: 元氣 vital energy.

<sup>134</sup> R: *shin*. C: 身 body.

<sup>135</sup> R: *gaija*. C: 外襲邪毒 evil poison that attacks from without.

<sup>136</sup> R: *kuttaku*. C: 懊熱 distressing heat.

<sup>137</sup> R: *haradachi*. C: 沮 dispirited.

<sup>138</sup> R: *kataiji*. C: 執拗 obsession.

<sup>139</sup> R: *yari banashi*. C: 疎放 laziness.

<sup>140</sup> R: *yurushi*. C: 裁量 to judge.

<sup>141</sup> R: *kori katamaritaru yamai*. C: 痼癖失治疾病 difficult diseases that are congealed and habituated, and fail to be cured.

*kan*,<sup>142</sup> the propensity to *shaku*<sup>143</sup>, and all difficult diseases<sup>144</sup>, they are not yet clarified. I know for certain that some of these result from disharmony in the mind, so that medicine has no efficacy. Hence for these I have taught people to regulate the body<sup>145</sup> and breath, to cure those diseases through forms<sup>146</sup>. This has often achieved efficacy. Furthermore I have instructed ordinary people and women in the method of massaging the body<sup>147</sup> while chanting songs. Making them carry this out has cured longstanding diseases and shown better efficacy than medicine. Yet this is a short-cut method<sup>148</sup>, and in fact, both the body<sup>149</sup> and breath are, from the beginning, the surface of the mind. Just as a shadow follows substance, and an echo responds to sound, they are inseparable. If you can just harmonise the mind, in the natural course of things, you will follow the principle [of the true cause of the disease], and you will not have to harmonise the body and breath separately.

There is an old saying that a broad mind makes for an ample body<sup>xiv</sup>. This is tantamount to saying that, if the mind is unaffected by events<sup>150</sup> and composed, the characteristics<sup>151</sup> that fill the inside are also revealed on the surface. The function of the body<sup>152</sup> becomes natural and relaxed, the form<sup>153</sup> righteous, and the behaviour modest. Furthermore, according to fortune tellers, those whose minds are gloomy and worried bow their heads and exhibit a cloudiness between the eyebrows and the

<sup>142</sup> R: *kanshō*. C: 癎證 spasmodic syndrome.

<sup>143</sup> R: *shaku ki*. C: 癧瘕 clump and bump. The appended *furigana ki* here has the connotation of “inclination” or “habitual”, thereby the compound stresses that some people are considered to have an innate susceptibility to *shaku*, or to suffer from *shaku* habitually.

<sup>144</sup> R: *kojire yamai*. C: 廢殘病 diseases with after-effects.

<sup>145</sup> R: *tai*. C: 體 body.

<sup>146</sup> R: *katachi*. C: 形 form.

<sup>147</sup> R: *karada*. C: 身体 body.

<sup>148</sup> R: *hayamawari no shikata*. C: 捷要便宜法 a quick and convenient method.

<sup>149</sup> R: *karada*. C: 體 body.

<sup>150</sup> R: *mono*. C: 外物 external things.

<sup>151</sup> R: *kishō*. C: 氣宇 mentality.

<sup>152</sup> R: *karada*. C: 身体 body.

<sup>153</sup> R: *katachi*. C: 容貌 physical appearance.

nose; and those who are disappointed and unhappy stoop and sit in a way that is inappropriate, while their breath issues from the chest and the area under the navel may be empty. People who display such features have characters that are not lively and are not at all decisive. In case of illness, they often fall into a critical condition. On the other hand, those who suit the current of the time hold their heads high; their napes are long, their shoulders are extended, their eyes and the mouth are lustrous, and their behaviour is graceful. As for people of deep wisdom, their gaze appears clear, and their chest and abdomen<sup>154</sup> are relaxed. They say that people with such features are able to put up with any crisis without being wearied, and eventually they can turn trouble into good fortune, and accomplish all things. It is all about knowing the nature of the inner mind by observing what appears on the surface. It is similar to the [diagnostic method of] “seeing” among the so-called four diagnoses<sup>155</sup> of physicians, which aims to determine diseases from what appears in the complexion.<sup>xv</sup>

So revealing is appearance that even if you can hide the wickedness in your mind and try to look like an honest person on the surface to deceive ordinary people, you should not only fear that it will be obvious to everyone, but also that a superior person can discern the goodness or evil within your mind just by looking into your eyes. Also you cannot possibly deceive your own mind. In solitude, with no eyes to see you or [ears to] listen to you, you should reflect on what you think and what you crave for within your mind.

Moreover, think of your responses when socialising with others. The words that issue from your mouth, do they really coincide with the thoughts in your mind or not? If I look at the reflection in the mirror of the mind, I will know clearly what is

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<sup>154</sup> R: *hara*. C: 腹 the abdomen.

<sup>155</sup> R: *shishin*. C: 四診 four diagnoses.



good or evil, black or white. It is the soul<sup>156</sup> that is the mysterious thing in my mind that knows this. The soul is neither born nor can it die. It can see despite being formless and hear despite being soundless, and I cannot even guess how subtle it is. Although I have taken it as mine, it dwells only temporarily in this 'body'<sup>157</sup>, governing the vital essence<sup>158</sup>, making me inhale and exhale the air, and preserving warmth, life, and function<sup>159</sup>. Its virtue flows through Heaven and Earth, and its form<sup>160</sup> is the same as the fierce gods<sup>161</sup>. If even an ounce of evil thought arises from my mind, it is impossible to disguise it by any resources of my own. What I know is also known to Heaven and Earth, and to the fierce gods. Heaven and earth and the fierce gods already know this, therefore they never fail to exact retribution, waiting for the time when the number given by Heaven comes to fruition. This originates in the correspondences of the one *ki*<sup>xvi</sup>, and is nothing to be wondered at. So mysterious and enigmatic is the soul<sup>162</sup> that it knows things that are far away, makes no mistake in remembering<sup>163</sup> what has happened in the past, and makes no error in foreseeing what is yet to occur in the future. No sooner has it heard of goodness, than the soul knows what that goodness is; and no sooner has it seen evil, than it considers what that evil is. This does not depend entirely on the difference between the wise and the foolish. Even though it is impossible to deceive oneself and one's own mind, we cannot possibly say that even a man of great virtue has no desires, for he has such impediments as the eyes, ears, nose, tongue, and the flesh, that is, the body<sup>164</sup>, which

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<sup>156</sup> R: *tamashi'i*. C: 識神 the soul.

<sup>157</sup> R: *karada*. C: 軀殼 bodily carapace. The compound emphasises the physical aspect of body, as a container of the soul which, in contrast, is invisible and subtle.

<sup>158</sup> R: *genki*. C: 元氣 vital essence.

<sup>159</sup> R: *hataraki*. C: 識 recognition.

<sup>160</sup> R: *katachi*. C: 體 body.

<sup>161</sup> R: *kishin*. C: 鬼神 ghosts and demons.

<sup>162</sup> R: *tamashi'i*. C: 識神 soul.

<sup>163</sup> R: *oboe*. C: 識 to recognise.

<sup>164</sup> R: *karada*. C: 軀殼 bodily carapace.

would starve without food and would freeze without clothing. Although the eyes, ears, nose, tongue, and flesh are in origin the servants of the mind, at its beck and call, they are endowed with certain desires: beautiful colours for the eyes, pleasant odours for the nose, a hearty appetite for the tongue, and warmth and softness for the flesh. They know no satisfaction, and eventually they end up enjoying vain prosperity, boasting in the world, and despising others on the strength of their authority.

It is just like being among the misty clouds, not distinguishing the four directions, and walking along a steep path at dead of night without a lantern; and in the end they do not know whether other people are good or evil. What an dreadfully dangerous thing this is. Making the mind the servant of form<sup>165</sup> instead of the other way round, is like turning the hierarchy of lord and followers upside down. You should know that through such an overthrow of the mind, the balance<sup>166</sup> of the inner abdomen<sup>167</sup> goes awry, leaving the body<sup>168</sup> suffering from difficult and complicated diseases, so that few people can fulfil their Heaven-given lifespan.

Now I will give an overview of the diseases that arise from a disharmonised mind. All those whose minds continually harbour anger as well as those whose minds<sup>169</sup> are easily moved to joy or rage are apt to become ill with madness<sup>170</sup>, *kan*,<sup>171</sup> dementia<sup>172</sup>, rigidity<sup>173</sup>, palpitation<sup>174</sup>, depression<sup>175</sup>, headache, dizziness,

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<sup>165</sup> R: *katachi*. C: 形 form.

<sup>166</sup> R: *tsuriai*. C: 位置 position.

<sup>167</sup> R: *hara no uchi*. C: 胸腹諸藏 the chest, stomach, and various organs.

<sup>168</sup> R: *mi*. C: 身 body.

<sup>169</sup> R: *kokoro*. C: 情 emotion.

<sup>170</sup> R: *kichigai*. C: 狂 madness.

<sup>171</sup> R: *kanshō*. C: 癎 spasm.

<sup>172</sup> R: *manuke*. C: 癡騃 stupidity.

<sup>173</sup> R: *sori*. C: 瘳 rigidity.

<sup>174</sup> R: *hikitsume*. C: 瘳 palpitation. It indicates symptoms of rapid pulse or muscular spasm (*Byōmei Ikai*, 100).

<sup>175</sup> R: *ki o fusagi*. C: 昏冒 unconsciousness.

stomach ache, convulsions<sup>176</sup>, idle sleeping, and various diseases, or stiffness in the shoulders and back<sup>177</sup>, difficult abscess on the back<sup>178xvii</sup>, or stroke<sup>179</sup>, mild paralysis<sup>180</sup>, pain and numbness in the waist and legs and so on.

If they do not have those [symptoms] listed above, they sometimes spit or discharge blood. As for people who are depressed and unable to rid themselves of worries, let alone *shaku* blockage<sup>181</sup>, they end up with *kan*<sup>182</sup>, paralysis<sup>183</sup>, beriberi<sup>184</sup>, numbed limbs, asthma, consumption, abdominal swelling<sup>185</sup>, vomiting, stifling in the diaphragm, blockage in the chest<sup>186</sup>, and back pain. Women will have blood-related diseases<sup>187</sup>, madness<sup>188xviii</sup>, bloody discharge, miscarriage, infertility, irregular menstruation, and [conditions] such that the children they bear cannot grow up. What people call stagnated drink<sup>189xix</sup> is also produced by the same causes, and some have bad digestion<sup>190</sup> or from time to time acute vomiting and diarrhoea. Furthermore you should grasp the outline by referencing both the section on instructions for nursing at the end of this chapter and the section on food prohibitions in the second chapter, and collating them. Apart from these it is impossible to count beforehand all the diseases that arise from the disharmonised mind. As for those

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<sup>176</sup> R: *hikitsuri*. C: 拘攣 convulsions.

<sup>177</sup> R: *kata-se kowari*. C: 肩背強急 stiffness in the shoulders and back.

<sup>178</sup> R: *senaka ni muzukashiki dekimono deki*. C: 癰疽發背 forming abscesses on the back.

<sup>179</sup> R: *sotchū*. C: 急痺 acute paralysis.

<sup>180</sup> R: *ruichū*. C: 緩痺 mild paralysis.

<sup>181</sup> R: *shaku-tsukae*. C: 癥瘕 clump and bump.

<sup>182</sup> R: *kanshō*. C: 痙症 spasmodic symptom.

<sup>183</sup> R: *chūbū*. C: 痺病 mild paralysis.

<sup>184</sup> R: *kakuke*. C: 足痺 numb legs.

<sup>185</sup> R: *kochō*. C: 鼓脹 abdominal swelling.

<sup>186</sup> R: *mune tsukae*. C: 胸癰 stifling in the chest.

<sup>187</sup> R: *chi no kata no yamai*. C: 子藏諸病 uterine diseases.

<sup>188</sup> R: *kichigai*. C: 藏躁 madness.

<sup>189</sup> R: *ryūin*. C: 留飲 stagnated drink.

<sup>190</sup> R: *konare ashiku*. C: 不化 not to digest.

whose mind is harmonised and whose body<sup>191</sup> is relaxed, they neither suffer from uncontrollable flushing, nor the agitation of restless and turbulent *ki* and blood<sup>192xx</sup>.

Nor do they suffer from impediments in the digestion<sup>193</sup> of the abdomen<sup>194</sup> or the function<sup>195</sup> of the pores of the skin<sup>196</sup>, which are caused by depression, worry, sorrow, shock, fear, weariness, and exhausted *ki*. Vital essence<sup>197</sup> accomplishes its role of protection<sup>198</sup>, so that none of the various diseases mentioned above will ever arise. Moreover for those who know what contentment is, and leave their destiny to the order of Heaven, and whose feelings are not moved by their own glory or by worldly praise and censure, their mind is stable and calm. Therefore both their body<sup>199</sup> and mind are naturally in harmony, and neither blinded nor upset even in moments<sup>200</sup> of joy, rage, sorrow, or enjoyment. Most probably, they will not ruin their body<sup>201</sup>, or waste their Heaven-given lifespan.

Now it is said that if you wish to suppress the causes of disease and to stay healthy, there is no better way than renouncing desire and harmonising the mind<sup>202</sup>. However there are people who destroy the self<sup>203</sup> due to selfishness<sup>204</sup>, get illnesses from unknown causes, and suffer hardship through an unworthy way of living in this world. Even if they happen to be in a high place or highly paid, they can hardly be

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<sup>191</sup> R: *karada*. C: 身体 body.

<sup>192</sup> R: *iso-iso gui-gui*. C: 過喜暴怒 excessive joy and turbulent anger.

<sup>193</sup> R: *konare*. C: 運輸 transport.

<sup>194</sup> R: *hara*. C: 腸胃 the intestines and stomach.

<sup>195</sup> R: *hataraki*. C: 機關 function.

<sup>196</sup> R: *hadae*. C: 昇陽 ascending *yang*. 昇陽 refers to the physiology of the upward movement of *yangqi*. For details, see endnote C to Chapter 3-5.

<sup>197</sup> R: *genki*. C: 元氣 vital essence.

<sup>198</sup> R: *mamori*. C: 主宰 to administer.

<sup>199</sup> R: *karada*. C: 體 body.

<sup>200</sup> R: *jisetsu*. C: 境 circumstance.

<sup>201</sup> R: *mi*. C: 身 body.

<sup>202</sup> R: *kokoro*. C: 心意 mind and intention.

<sup>203</sup> R: *mi*. C: 身 body.

<sup>204</sup> R: *wagamama*. C: 肆欲 to indulge one's desires.

regarded as decent. The reason is that their intentions are akin to those of the birds and beasts.

What has been discussed in this section is the teachings of the ancient sages on how to nurture the body<sup>205</sup> and how to regulate the mind. In addition, the argument about harmony among these five – foods, sleep, the body<sup>206</sup>, the breath, and the mind<sup>207</sup> – is not something that I have newly constructed. I think that physicians' treatment of illness is not alien to this approach either. Thus I have set out to teach in this outline the simplest and clearest things for the sake of lay people. Yet if anyone still finds these hard to understand and to practise, they should first learn and try to set the limits of foods and sleep, or try to control form<sup>208</sup> and breathing. You may follow your own preference according to what is easiest to practise. For those who find even this difficult, the method of chanting songs and stroking the body<sup>209</sup>, if carried out assiduously over a period of time, can yield benefits, thereby naturally attaining harmony among the five. The reason for this is that these five matters all belong to nothing other than the inner body<sup>210</sup> of the self, and they are not discrete or separable. It is easy for the wise, because they understand the true theory and accomplish it from the inside out, whereas it is hard for ordinary people, because they adhere to techniques<sup>211</sup> and try to accomplish it from the outside in. Yet let us leave it to each person's convenience. There may be different paths from the foot of the mountain. Despite the differences between the short cut and the long way round, whether you are speedy or slow, if you carry on walking ceaselessly, you will

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<sup>205</sup> R: *mi*. C: 身 body.

<sup>206</sup> R: *karada*. C: 體 body.

<sup>207</sup> R: *kokoro*. C: 心 mind.

<sup>208</sup> R: *katachi*. C: 體容 bodily posture.

<sup>209</sup> R: *karada*. C: 體 body.

<sup>210</sup> R: *karada*. C: 體 body.

<sup>211</sup> R: *shikata*. C: 權道 authoritative way.

get to the top in the end anyway, and achieve the true way of cultivating life<sup>212</sup>, fulfil your Heaven-given lifespan, and die a fortunate death without illnesses. I hope there may be many such people.

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<sup>212</sup> R: *yōjō*. C: 養生 regulating life.

### Massage method (page 16-17 with illustrations 19-22)

This does not mean that the old traditional exercises like Hua Tuo's<sup>213</sup>, play of the five animals<sup>214</sup> or the Indian<sup>215</sup> way are of no use. However they are sometimes difficult for women and children to practise. What is described here is the way of massaging the body<sup>216</sup> while chanting songs, which entails no extraordinary performance. It is easier to carry out even for women, children, and the old whose bodies<sup>217</sup> are becoming weak, and its efficacy is also remarkable. The method is as follows: After finishing all the day's work<sup>218</sup>, go to the toilet, change into your nightwear, calm your mind, and enter your bed chamber. Lie down on your back, relaxing the area around the shoulders and the neck, lowering both hands alongside the body<sup>219</sup>, stretching out both legs, and making the whole body<sup>220</sup> free of any [ki] stagnation. Your body<sup>221</sup> should appear as if it were dead. First open the mouth and breathe out from under the navel seven times. Then shut your mouth and close your eyes, calm your mind, and stroke downwards from the chest and ribs to the lower abdomen<sup>222</sup> thoroughly with both hands while you chant songs thrice seven times. This is the first method. Afterwards from the top of the thighs to the joints of the waist, both the inner and outer sides towards the knees, stroke firmly downwards in

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<sup>213</sup> R: *Kada*. C: 華陀 Hua Tuo in Chinese. For the details of Hua Tuo and his 五禽戲 (wuqinxi), see Chapter 1-1-2, section on breath-regulation and gymnastics.

<sup>214</sup> R: *gokin no tawamure*. C: 五禽戲 the play of five animals.

<sup>215</sup> R: *baramon*. C: 婆羅門 Brahman. It is a transliteration of Brahman into Chinese script. For instance Indian exercise methods are described in *Qianjin yaofang*, 580-582.

<sup>216</sup> R: *karada*. C: 身體 body.

<sup>217</sup> R: *karada*. C: 體 body.

<sup>218</sup> R: *shigoto*. C: 所作 actions.

<sup>219</sup> R: *mi*. C: 身 body.

<sup>220</sup> R: *mi*. C: 身 body.

<sup>221</sup> R: *karada*. C: 形軀 bodily form.

<sup>222</sup> R: *shita hara*. C: 下腹 the lower abdomen.

turn as far as the palms can reach while chanting songs seven times. This is the second step. Then stretch both legs and move the big toes while chanting songs seven times. This is the third step.

As mentioned above, when you have finished all this, having calmly chanted songs thirty-five times, remain as you were, with the whole body relaxed and nowhere strained. Then inhale through the nostrils and quietly make the breath reach below the navel thrice seven times. All the time just concentrate on the breath reaching below the navel, and let go of all other thoughts. Counting each time, let the breath go in and out through the nostrils and never open the mouth at all.

Some of those who are prone to suffer from *shaku*<sup>223</sup> say that the breath is from time to time blocked where there is a clump, and it is difficult to make it reach below the navel. Yet if they try hard and practise day after day, they will not fail to make their breath reach below the navel. Regarding songs, a good choice is one of the poems in the *Man'yōshū* (Collection of ten thousand words<sup>224</sup>) by Taguchi Masuhito<sup>225</sup>, “the seashore of Miho of the Kiyomi cape of Ijobara — that spacious view makes me forget the difficulty of travel, and there is no worry in my mind.”<sup>226xxi</sup> Pondering the words “no worry in my mind” in this verse, they imply that even diseases attributed to one’s state of the mind and other symptoms<sup>227</sup> have three causes. First of all, having worries of any kind naturally exhausts and beclouds the mind<sup>228</sup>, and brings various diseases. Therefore I have taught people this poem as a good charm to have, and it has obtained considerable efficacy. The Daoist “evening

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<sup>223</sup> R: *shaku ke*. C: 癩癖 congealed clump. 癖, read *ke* (conventionally 氣) here, means ‘habitual inclination’ or ‘addiction’, the same as *shaku ki*.

<sup>224</sup> R: *Manyōshū*. C: 万葉集 Compilation of Ten Thousand Words. It is the oldest extant collection of Japanese poetry. The compiler is believed to be Otomo no Yakamochi 大伴家持, around 7-8<sup>th</sup> century CE.

<sup>225</sup> R: Taguchi Masuhito. C: 田口益人 (around the eighth century CE).

<sup>226</sup> R: *Ijobara no kiyomigasaki no mio no ura no yutakeki mitsutsu monomoi mo nashi*.

<sup>227</sup> R: *shō*. C: 諸般 diverse.

<sup>228</sup> R: *kokoro*. C: 識神 soul.



sleep charm<sup>229xxii</sup>, cited in the medical text by Gong Tingxian<sup>230xxiii</sup> of the Ming dynasty, shares the same intention as this. All charms are akin to that poem, and something called Dharani<sup>xxiv</sup> from India is also identical to verse in terms of rhyme and sound. Therefore in practising this method with a thorough understanding of its intention, it can be left to personal preference and taste which verse or song one chooses.

This method was first established for those who sleep uneasily at night due to *kan*.<sup>231</sup> Later it also came to be employed for such [conditions] as: agony in the heart and throbbing in the chest, abdomen<sup>232</sup>, and below the naval; continuous dizziness and headache due to women's *kan*<sup>233</sup>; and the diseases related to women's blood<sup>234</sup> or *shaku*<sup>235</sup> that linger on for long years without recovery. Also [when] the suffering produced by illnesses has lasted a long time, or [when] the body<sup>236</sup> is exhausted, and the spirit is depressed. Also [when there is] suffering from stagnated drink<sup>237</sup> against which various medicines have no success, or [when there are] signs of paralysis<sup>238</sup> and symptoms like pain in the abdomen or back that are difficult to cure. When it has been applied to the symptoms above, this method has shown even better efficacy than medicines. It is also sometimes effective for quickening during pregnancy, and for those who have trouble with walking due to the foetus's lying on one side. Even for pregnant women who are free of illnesses, it is of a great benefit for both mother and baby to practise this method every night once the pregnancy is known. Once one

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<sup>229</sup> R: *bogaju*. C: 暮臥呪 evening sleep charm.

<sup>230</sup> R: *Kyō Teiken*. C: 龔廷賢 Gong Tingxian.

<sup>231</sup> R: *kanshō*. C: 痲症 spasmodic symptom.

<sup>232</sup> R: *hara*. C: 腹 the abdomen.

<sup>233</sup> R: *kanshō*. C: 藏躁 madness.

<sup>234</sup> R: *chi no kata no yamai*. C: 子藏攣急 sudden convulsion in the uterus.

<sup>235</sup> R: *shaku*. C: 癥瘕 clump and bump.

<sup>236</sup> R: *karada*. C: 體 body.

<sup>237</sup> R: *ryūin*. C: 留飲 stagnant drink.

<sup>238</sup> R: *chūbū*. C: 菲 mild paralysis.

acquires the knack of massage, it can be done in any convenient way, whatever it may be, depending on each person's approach. In particular I myself have employed this concept for a long time. Depending on the mental ability<sup>239</sup> of each person, I have had efficacy in treating *kan*<sup>240</sup>, and have even been able to change their characteristics. Such cases have occurred countless times, and it has turned out also to be of great assistance as an adjunct to the use of medicines.

There are those who sleep uneasily; or who dream of being attacked in their sleep; or who find it hard to fall asleep every night; or who are alarmed by dreams in which they are about to be killed by someone; or who feel sad because of dreaming of death and funerals; or who dream of being grabbed around the legs; or who are woken by dreams of falling from a great height; or who dream of running away from someone; or who find their bodies covered in sweat when they wake up. These [symptoms] all belong to *kan*<sup>241</sup>, and if my method of abdominal massage is used assiduously, they will invariably be cured. Once the state of mind<sup>242</sup> has become peaceful, such symptoms will spontaneously cease to occur. Therefore teach and disseminate this method widely among the people, and get rid of the suffering of long years. Although it might sound foolish<sup>243</sup>, it has a very profound significance. Once [the efficacy of] self-massage becomes evident, it often turns out to be far better than using the medicines of ordinary doctors.

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<sup>239</sup> R: *kikon*. C: 機根. A Buddhist term referring to powers of understanding.

<sup>240</sup> R: *kanshō*. C: 痲性 spasmodic nature.

<sup>241</sup> R: *kanshō*. C: 痲證 spasmodic syndrome.

<sup>242</sup> R: *kokoro mochi*. C: 身心 body and mind.

<sup>243</sup> R: *asahaka*. C: 浅近 shallow and close.

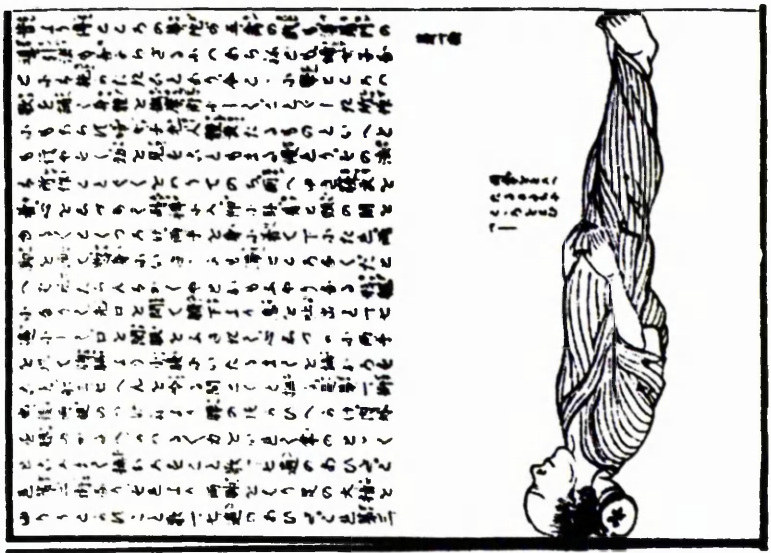


Illustration 19. Abdominal massage 1 (BS 1: 16)

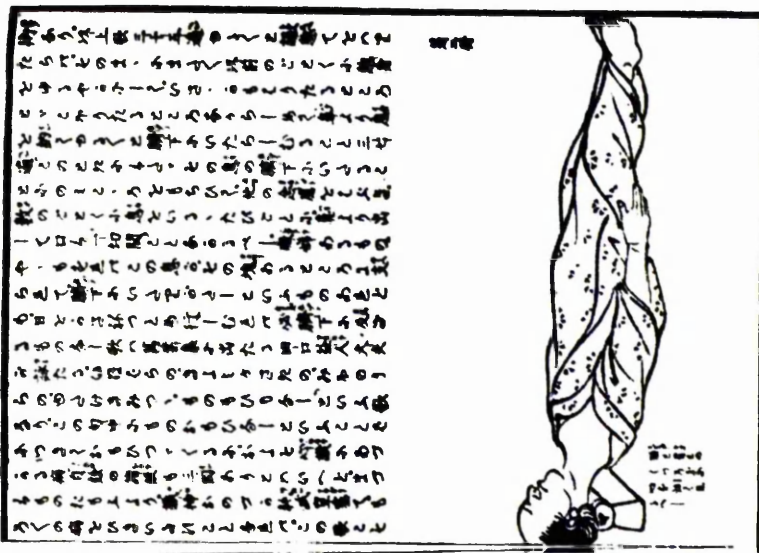


Illustration 20. Abdominal massage 2 (BS 1: 16)

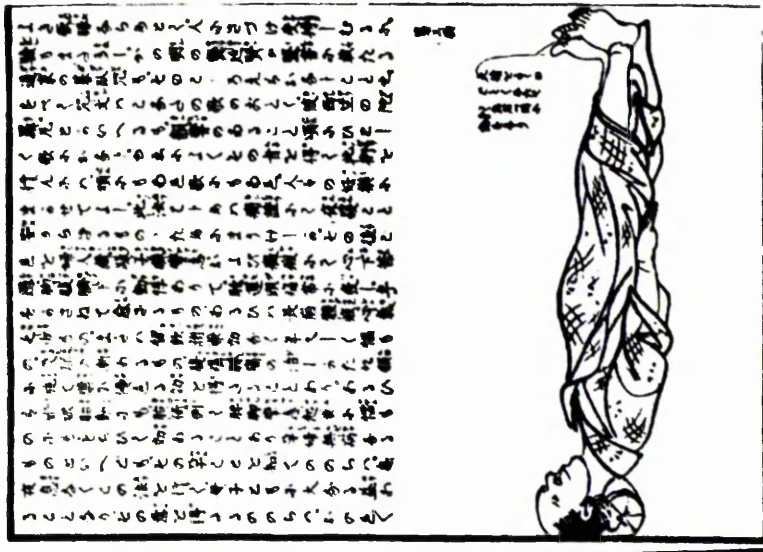


Illustration 21. Abdominal massage 3 (BS 1: 17)

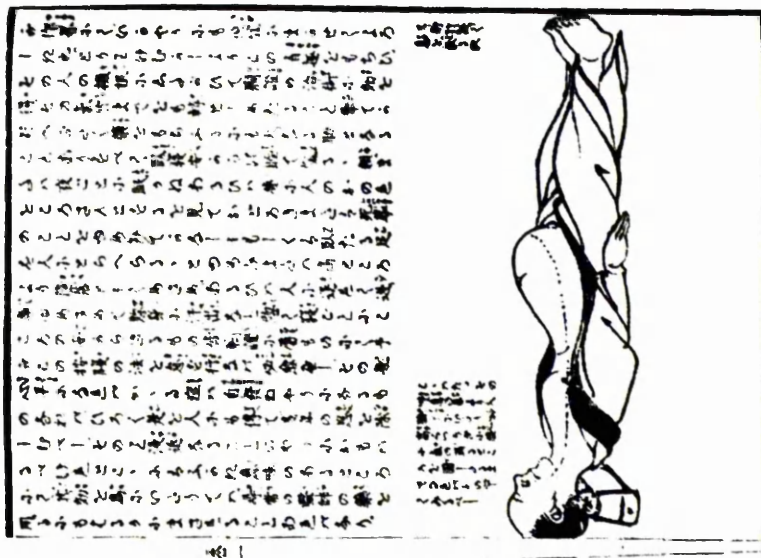


Illustration 22. Abdominal massage 4 (BS 1: 17)

<sup>i</sup> *Sessei* 撰生 is used in *Laozi*, and is supposedly akin in meaning to 養生: 善撰生者、陸行不遇兇處. *Laozi dedaojing*, chapter 50, 1055-168.

<sup>ii</sup> The virtue of thrift is a source of much controversy in the Edo *yōjō* texts. Opinions vary depending on the writer's standpoint, such as Confucian asceticism, utilitarianism, or mercantilism. The arguments mainly centre on the critique of luxury and conspicuous consumption in urban life at the time, which is also considered the cause of many lifestyle diseases, such as numb legs (beriberi), food damage, colic, *kan* mental disorders, *shaku*, and so on. Furthermore parallels are often drawn between 'being thrifty with money' and 'being thrifty with bodily *ki*', which aided the adoption of *yōjō* teachings into the social morality instituted by the government. Tsukamoto 1995, 289-314.

<sup>iii</sup> This analogy is traced to the famous statement from *Lushi chunqiu*, *juan* 4 'jinshu 尽数', SBCK edition, 151 帙 *zhi*: 流水不腐、戶樞不蠹、動也.

<sup>iv</sup> The emphasis on being industrious is not only based on the idea of exercising bodily *ki* tirelessly; it also seems to fit into the social order established by the Tokugawa regime, in which people were supposed to fulfil their family vocation according to status distinctions. Matsumura 1997, 96-117. As for the connection of *yōjō* with work and vocation, Kuriyama points out that there exists an analogy between the circulation of capital in the economy and the circulation of *ki* in the human body, whereby both the Edo economy and the body, which are seen as organic entities, function efficiently. Kuriyama 1997, 44-52.

<sup>v</sup> Prevention is the central theme in Chinese medicine. *Huangdi neijing* claims that "the sage does not cure the one who is already ill, but cures the one who is not ill yet" 聖人不治已病治未病, *Suwen* 'siqidiaoshendalun 四氣調神大論', 14. Later we find: "a superior physician cures before one falls ill, a middling physician just before, and a lower physician after 上医医未病之病、中医医欲病之病、下医医已病之病" (*Qianjin yaofang*, 5).

<sup>vi</sup> 邪毒 evil poison. It is understood as evil *qi* 邪氣 (*xieqi*), a technical term indicating the causes of diseases, in contradistinction to right *qi* 正氣 (*zhengqi*): 邪之所湊、其氣必虛 (*Suwen* 'pingrebinglun 評熱病論', 197). As pathogens that invade the human body from without, they are represented in the causative mechanisms of disease such as epidemic *ki* 疫癘氣, and the six disturbances 六淫 (*liuyin* refers to abnormal climate due to the abnormal state of six *qi* – wind 風, cold 寒, heat 暑, moisture 濕, dryness 燥 and fire 火).

<sup>vii</sup> The statement comes from *Sunzi* 孫子 'junxing 軍形': 古之善戰者, 勝于易勝者 (*Sunzi*. By Sun Wu 孫武. Commentary by Emperor Wu of the Wei dynasty. Reprint 1985, Zhonghuashuju, Beijing), 5. As far as *yōjō* in the Edo period is concerned, the statement in this form is found in *Yōjōkun*, where it is analysed as signifying that if a man defeats desire when it is easy to suppress, illness will never occur (*Yōjōkun*, 40).

<sup>viii</sup> During the Edo period the day was divided into parts: from dawn to sunset (daytime), and from sunset to dawn (night time), and day time and night time were further divided into six-hour periods. Therefore the length of each hour differs according to the season. In summer one hour of night time was shorter than one of daytime, whereas in winter one hour was longer in night time. For example, on the day of the summer solstice, Edo night time ran from 7:00 pm to 5:00 am (10 hours) in today's terms, so one night-time hour was approximately 1 hour and 40 minutes. On the other hand, on the day of winter solstice, Edo night time ran from 5:00 pm to 7:00 am (14 hours), so that one night-time hour was approximately 2 hours and 40 minutes. The time mentioned in the text, "two or two and a half hours in winter" can be calculated as "between 5 hours and 20 minutes or 6 hours and 40 minutes", and "four hours in summer" might be "6 hours and 40 minutes" nowadays.

<sup>ix</sup> A commitment to physical activity rather than to mind cultivation is evident here. This contrasts with the Chinese *yangsheng* tradition.

<sup>x</sup> R: *onna no chi no kata no wazurai*. C: 婦人子藏諸病 women's uterine and other diseases. 子藏 means the uterus. Diseases of "*chi no kata* (blood-related: conventionally, 血の方)" often represent all kinds of women's diseases including such mental disorders as hysteria or mania. More specifically they refer to the uterine diseases.

<sup>xi</sup> This seems to reflect the statement in *Qianjin yaofang*: 口吐濁氣、鼻引清氣 (or 鼻納清氣). An annotation interprets this as “exhaling is removing old *qi*, which is also called dead *qi* 死氣, while inhaling is taking in new *qi*, which is also called live *qi* 生氣(凡吐者、去故氣、亦名死氣。納者、取新氣、亦名生氣).” (‘yangxing 養性 *juan* 27’, ‘diaoqifa 調氣法, 5), 582.

<sup>xii</sup> R: *kyōfū*. C: 癩疾 spasm. *Kyōfū* in Japanese is usually written 驚風 (fright wind), an infantile disease which is further subdivided into acute 急驚風 and chronic 慢驚風. In both cases, similar symptoms appear such as convulsive spasms convulsion and stupor. While *kan* 癩疾 is often equated with spasm, fright wind refers to mental seizures in a broader sense in *Byōka suchi* (see also Chapter 2, section on *kan*). It seems that *Byōka suchi* here associates fright wind with 癩疾 through the common element of loss of mental control.

<sup>xiii</sup> This statement “upper emptiness and lower fulfilment” 上虛下實 also occurs in *Yasen Kanna* (Eisei 2:228-229) from which Hirano Jūsei seems to have received influence in developing his own method of abdominal massage and breath regulation. See also the section on *hara*.

<sup>xiv</sup> The original statement is in 心広体胖, *Daxue* 大学, SSSJ, 1673.

<sup>xv</sup> For instance, *Suwen* states: 夫精明五色者、氣之華也 (*Suwen*, ‘*maiyaolingweilun*’ 脈要精微論, 99). In Chinese medicine, hue or complexion is supposed to reveal (to those who know how to read it) not only the somatic condition of a person but also that person’s mental or moral fibre. For belief in the portents of hue in ancient Chinese culture, including medicine, see Kuriyama Shigehisa 1995, “Visual knowledge in classical Chinese medicine”, in Bates (ed.), *Knowledge and the Scholarly Medical Traditions*, 205-234, and Kuriyama 1999, 153-192.

<sup>xvi</sup> This part discusses the functional correlations that obtain between universe and human morality in function of the one vital essence that governs both. It seems to contrast with Chinese medical tradition, where the theory of the five phases of circulation and six climatic *qi* 五運六氣 (*wuyun liuqi*) serves to explain how climatic conditions and the occurrence of diseases are connected in cosmic correspondences between macrocosm and microcosm. It is noteworthy that *Byōka suchi* emphasises the correspondence of Heaven with moral virtue, rather than clinical theory.

<sup>xvii</sup> *Byōmei ikai* considers that 癰疽(abscess) is caused by stagnation of *ki* and blood (*Byōmei ikai*, 65). Diverse definitions of 癰疽 are found in Chinese medical texts, in which 癰 is always distinguished from 疽. For instance, *Yuanhouulun* defines 癰 as a tumour from two to five *cun* 寸 in size, and defines a tumour bigger than that as 疽. It seems that such differentiation had become rather vague in Edo-period medicine.

<sup>xviii</sup> R: *kichigai*. C: 藏躁 madness. 藏躁 literally means “maniac uterus”. *Jinkuiyaolüe* states that women with maniac uterus become joyful, sorrowful, or hurt as if possessed by a demon (697). “Maniac uterine” expresses the view that the disease is attributed to the stirring of the uterus (*Kanyō byōmei taishōroku*, 145). More specifically, it is based on the physiology whereby the functions of the mind are governed by the five viscera: the heart stores *shen* 神, the lungs stores *hun* 魄, the liver stores *po* 魂, the spleen stores *yi* 意, the kidney stores *zhi* 志 (*Suwen* ‘*xuanmingwuqi*’ 宣明五色, 153). Each of these five viscera also stores five *qi* substances; *ying* 營, *xue* 血, *qi* 氣, *mai* 脈, *jing* 精. The mind actually exists in these five *qi* substances which circulate along the vessels. Therefore the term 藏躁 implies that there is a disorder of the viscera and *qi* within, which determines the state of mind and causes mania.

<sup>xix</sup> R: *ryūin*. C: 留飲 stagnant drink. In the Edo-period context this was understood as a term for an everyday ailment, referring to indigestion from excessive drinking. *Byōka suchi* connects several compounds by means of appended phonetic readings: *ryūin mochi* 支飲家 (habitual blocked drink) – *ryūin* 留飲 (stagnated drink) = *ryūin* 停飲 (halted drink) = 宿飲 *ryūin* (lodged drink) = *tan* 宿飲 (phlegm) = *tanke* 粘痰 (phlegm). This linkage shows that excessive drink which cannot be digested properly remains within the body, and stagnates as phlegm.

<sup>xx</sup> *Iso-iso* is a mimetic word which conveys the sense of “restlessly and eagerly”, while *gui-gui* is a mimetic term expressing “vigorously and strongly”. This statement is concerned with how feelings proceed from within. Five Phases theory categorises joy as belonging to Earth, which, in terms of the inner organs, also corresponds to the heart, small intestine, and vessels. Likewise anger is classified with Wood, which corresponds to the liver, gallbladder, and sinews. *Suwen*

remarks that if one gets angry, the (*yang*) *qi* of the liver ascends. The liver stores blood and by nature approves of lively flowing and disapproves of depression. So, if one is stirred by an extreme fit of anger, liver *qi* becomes uncontrollably agitated, and rises up vigorously (i.e. *gui-gui*) against the natural flow within the body. On the other hand, when one experiences the emotion of joy, the mind becomes relaxed, because the spirit is harmonised when both *yingqi* and *weiqi* flow in a lively way. It suggests that if joy becomes too intense, the mind grows slack and the spirit restless (i.e., *iso-iso*): 怒則氣上喜則氣緩···怒則氣逆、甚則嘔血及飧泄、故氣上矣。喜則氣和志達、營衛通利、故氣緩矣 (*Suwen*, 'jutenglun' 舉痛論, 221)

<sup>xxi</sup> The poem was composed when Taguchi Masuhito was appointed county officer for Kamitsuke 上野國司 in 708 CE. During the journey to take up his new post, he was impressed by the scenery of Suruga (now Shizuoka prefecture) 駿河淨見埼. Kiyomi-no-saki cape is nowadays called Isozaki, Shizuoka prefecture. *Manyōshū*, (compiled in 7-8<sup>th</sup> century CE, by Otomo no yakamochi?). Reprint 1999, annotated by Satake Akihiro (et al.) (Iwanami shoten, Tokyo), *Shin Nihon koten bungaku taikei* vol.1, 216.

<sup>xxii</sup> 暮臥呪 is cited in *Jishi quanshu* 濟世全書 by Gong Tingxian (Ming). According to this, one strokes around the heart with both hands, while chanting "The Spirit of Heaven is glorified, thereby attaining longevity, the Lord of Five Dragons allows peace to come" 暮臥呪以手撫心上、呪曰：天靈至榮愿得長生、五龍君侯愿得安寧. By doing so seven times for men, and fourteen times for women, one will achieve longevity and prevent disease. *Jishi quanshu*. reprint 1991, edited by Kitazato kenkyūjo fuzoku tōyōigaku sōgō kenkyūjo ishibunken kenkyūshitsu (Enterprise, Tokyo). 'Liji' 離集, chapter 6.

<sup>xxiii</sup> 龔廷賢 is a Chinese physician who was active in the late Ming dynasty. He is known as the author of such medical texts as *Wangbing huichun* 萬病回春 and *Shoushi baoyuan* 壽世保元, which were widely circulated and referenced among physicians of the Edo period.

<sup>xxiv</sup> *Dharani* 陀羅尼 is a transliteration from Sanskrit. It refers to spells used in Buddhism having "the power to protect good laws and extirpate evil".

### 3-3. On not blindly taking medicines <sup>1</sup> (*Byōka suchi* fascicle 1: page 20-25)

When you become ill and send for physicians, what they claim varies from one to another, and they never agree. If moreover the patient and family cannot distinguish who is good or bad, and find it difficult to decide because they are in doubt, it is often far better to put [the treatment] off<sup>2</sup> for while and observe the development<sup>3</sup> of the illness, rather than take inefficacious medicine. Therefore it is a grave mistake to try to make an expedient decision by such means as divination or consulting an oracle. This is because, if the physicians you have in mind are all unskilled<sup>4</sup> and cannot discern the disease<sup>5</sup>, and their medicines<sup>6</sup> are not appropriate, you will surely end up with one of them by writing their names [on paper] and deciding by divination or oracle. But [whomever you choose] will [still] be one of those unskilled<sup>7</sup> physicians. Then if the [physician's] use of medicines shows no efficacy, your doubts will be aroused again, and you will try to change your physician once more. By then the first divination or oracle will have turned out to be useless. So what does this sin of disregarding the gods and Buddha<sup>8i</sup> result in?

If you still cannot help but think of deciding by divination or oracle, [instead of that] just make a list of many physicians with a good reputation – those who have insight – and concentrate on treatment. Even if the [physician] you select does not

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<sup>1</sup> R: *midari ni kusuri o mochiubekarazaru kokoro e o toku*. C: 妄に薬を服べからざる心得を説  
On not blindly taking medicines.

<sup>2</sup> R: *miawase*. C: 消息 tidings.

<sup>3</sup> R: *toriyuki*. C: 転化 to change.

<sup>4</sup> R: *heta*. C: 麤工 slovenly artisan.

<sup>5</sup> R: *yamai*. C: 病因 the cause of disease.

<sup>6</sup> R: *kusuri*. C: 所措 treatment.

<sup>7</sup> R: *heta*. C: 賤工 poor artisan.

<sup>8</sup> R: *kami hotoke*. C: 神明 spiritual illumination, or something like divine wisdom. I translate *kami* 神 as gods, plural, because it usually refers to a number of Shinto gods, who are often referred to as the “eight million” (i.e. countless gods).



satisfy your own mind<sup>9</sup>, you must not harbour the slightest doubt. Set your mind on that person, entrust [him] with the life and death of the patient, and trust Heaven's decree. If you do so, there will be a response from the gods and Buddha<sup>10</sup>. But people who are decisive in this way do not need to use divination or oracles. You should know that divination or oracles are of no use anyway. It is all the more so with regard to the progress of disease.

If you do not know any physicians who have mastered their art, nothing could be better than to wait for progress<sup>11</sup> without using any medicines for a while, rather than making mistakes in treatment because one has been misled by the conflicting opinions of unskilled physicians<sup>12ii</sup>. This is what the ancients called "getting a middle/middling physician<sup>13iii</sup> when they do not use medicine for diseases". "Middling physician" means a mediocre physician. It is said that superior physicians<sup>14</sup> can cure diseases that have not yet developed [into symptoms] and then can prevent those diseases from appearing, while "middling physicians"<sup>15</sup> are those who make no mistake in using medicine in time of disease and invariably achieve efficacy. Therefore we should know that even middling physicians are by no means just the same as ordinary ones.

This is a word of warning against the blind use of medicine, which is harmful. It teaches that all the diseases of humankind are to be attributed to the order of Heaven, so you should let an illness run its course in accordance with nature rather than apply a treatment that is against reason. Although it is difficult for laypersons to be convinced, listen to the summary of reasons given here.

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<sup>9</sup> R: *kokoro*. C: 意 intention.

<sup>10</sup> R: *shinbutsu*. C: 神仏 gods and Buddha.

<sup>11</sup> R: *nariyuki*. C: 動静 movement.

<sup>12</sup> R: *heta isha*. C: 庸工 unskilled artisan.

<sup>13</sup> R: *chūi*. C: 中医 middling physician.

<sup>14</sup> No reading. C: 上医 superior physician.

<sup>15</sup> No reading. C: 中医 middling physician

Diseases with fever or which form pus from swellings<sup>16</sup> are all brought about through a function of nature<sup>17iv</sup> whereby the vital energy<sup>18</sup> of one's body tries to get rid of a disease<sup>19</sup> and expel it from the body. Physicians use medicines<sup>20</sup>, acupuncture, and moxibustion simply in order to make up for lack of force, and to prevent vital energy<sup>21</sup> from being defeated by diseases<sup>22</sup>. When vital energy<sup>23</sup> is more than sufficient<sup>24v</sup> to expel the disease<sup>25</sup>, the disease should heal naturally without needing to rely upon the power of moxibustion and medicines.

However, the circulation<sup>26</sup> of *ki* and blood<sup>27</sup> will gradually reach its limits; therefore acute diseases<sup>28</sup> can be cured speedily, but efficacy does not appear for chronic diseases<sup>29</sup> unless they are treated patiently<sup>30</sup>. All diseases have certain periodic sequences measured in days. This is not only the case with smallpox<sup>31</sup> or measles<sup>32</sup>, where the signs are easily noticeable; it also applies to cold damage, intermittent fever<sup>33</sup> and diarrhoea<sup>34</sup>. All these diseases have their periodic sequences. Thus,

<sup>16</sup> R: *dekimono*. C: 腫瘍 tumour.

<sup>17</sup> R: *shizen no hataraki*. C: 自然作用力 the functional power of nature.

<sup>18</sup> R: *genki*. C: 元氣 vital energy.

<sup>19</sup> R: *yamai*. C: 病毒 the poison of disease.

<sup>20</sup> R: *kusuri*. C: 藥石 medicines and minerals.

<sup>21</sup> R: *genki*. C: 元氣 vital energy.

<sup>22</sup> R: *yamai*. C: 病毒 the poison of disease.

<sup>23</sup> R: *genki*. C: 作用力 function.

<sup>24</sup> R: *amari aru toki*. C: 有餘 superfluity.

<sup>25</sup> R: *yamai*. C: 病毒 the poison of disease.

<sup>26</sup> R: *meguri*. C: 運輸 transport.

<sup>27</sup> R: *kiketsu*. C: 氣血 *qi* and blood.

<sup>28</sup> R: *kyūbyō*. C: 頓病 acute disease.

<sup>29</sup> R: *chōbyō*. C: 漸病 gradual disease.

<sup>30</sup> R: *kinaga*. C: 漸 gradually.

<sup>31</sup> R: *tōsō*. C: 痘瘡 smallpox.

<sup>32</sup> R: *hashika*. C: 麻疹 measles.

<sup>33</sup> R: *okori*. C: 瘧 intermittent fever.

<sup>34</sup> R: *ribyō*. C: 痢 diarrhoea.

however quickly<sup>35</sup> you try to cure the disease, it will never heal until a certain number of days<sup>36</sup> have passed.

Look at a thorn stuck in the flesh. Several days must pass for the function of nature<sup>37</sup> to form pus and get rid of the thorn. Also suppose that you suddenly catch a slight cold from falling into a doze with your head resting on your elbow. Even if the time it took was shorter than the time it takes to have one or two smokes, once the pores of the skin<sup>38</sup> become affected by cold air, [the cold] will not go away unless you perspire satisfactorily<sup>39</sup> all over your body. Think that it takes time. This is even more so with respect to diseases that are not trivial, such as when you shiver<sup>40</sup> as though splashed with water, seem to burn up with fever<sup>41</sup>, find that foods taste strange, or do not feel at ease in [your] daily behaviour. How on earth can there be any reason for such illnesses to be cured soon?

Similarly there are cases such as syphilis<sup>42</sup> that has gradually developed from ulcers on the genitalia<sup>43</sup>, or venereal scabies<sup>44</sup> that has spread from the palm to the whole body, or *shaku*<sup>45</sup> which has remained congealed<sup>46</sup> within the abdomen<sup>47</sup> for years, and all other diseases which have accumulated for months and years. I have never heard of a way to cure them immediately. Such things as paralysis<sup>48</sup> and stroke<sup>49</sup>

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<sup>35</sup> R: *aseri(-te)*. C: 強て forcefully.

<sup>36</sup> R: *hikazu*. 期 designated time.

<sup>37</sup> R: *shizen no hataraki*. C: 自然作用力 the functional power of nature.

<sup>38</sup> R: *hadae*. C: 腠理 pores of the skin.

<sup>39</sup> R: *kokoroyoku*. C: 徹 thoroughly.

<sup>40</sup> R: *samuke*. C: 惡寒 shivering.

<sup>41</sup> R: *netsu*. C: 大熱 terrible fever.

<sup>42</sup> R: *kasa*. C: 徽毒 syphilis.

<sup>43</sup> R: *gekansō*. C: 下疳瘡 ulcers on the genitalia.

<sup>44</sup> R: *hizen*. C: 肥前 venereal scabies.

<sup>45</sup> R: *shaku*. C: 癥癖 congealed clump.

<sup>46</sup> R: *kori katamari*. C: 鬱結 depressed congestion.

<sup>47</sup> R: *hara no uchi*. C: 腹中 inner abdomen.

<sup>48</sup> R: *chūki*. C: 痲 paralysis.

<sup>49</sup> R: *sotchū*. C: 厥+足 numb legs. It is assumed that many people suffer from stiff legs as an after-effect of stroke.

appear to occur all of a sudden. But there are always damaged parts within the abdomen<sup>50</sup>, and paralysis and stroke arise<sup>51</sup> from interaction with these damaged parts. Therefore even if they appear acute, they cannot be cured immediately.

People in the world, not knowing this principle, believe the words of drug sellers or physicians<sup>52</sup>, and are pleased to hear them say they will cure diseases within the short space of one or two weeks. [Also] there are people who use the medicines of physicians who string together flowery words<sup>53</sup> and only care about making an outward show<sup>54</sup>, and end up wasting the time [needed] for healing. There are also people who believe the words of a shrine maiden or a shaman, or who think that the “silent pulse”<sup>55vi</sup> is real, and become pleased with nonsensical things like miracle drugs and famous moxibustion treatments. Then there are people who choose physicians according to [the lore of] the directions; and people who carry out partial treatments relying on diagnosis from an amateur’s shallow knowledge<sup>56</sup>. Acting like this, they will damage the legacy<sup>57</sup> of their parents, which cannot be regained ever again. How could one not know that this is a huge mistake?

Even though medicines are intended to cure diseases, they should not be used blindly without distinguishing if they are appropriate or inappropriate. Laypersons are blind to this principle, and expect medicines to lengthen even a life that is doomed to extinction. Yet apart from cereals, meat, fruits and vegetables, which are eaten constantly, everything is unbalanced or poisonous, as long as it is considered a medicine to cure diseases. Therefore just as medicines show efficacy when they are

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<sup>50</sup> R: *hara no uchi*. 内臓 internal organs.

<sup>51</sup> R: *moyo'oshi aute okoru*. 漸発動 gradually invoke.

<sup>52</sup> R: *isha*. 偽医 quack.

<sup>53</sup> R: *iimawashi yoku*. 遊辭 to play with words.

<sup>54</sup> R: *kidori moppara*. 装證 to present a false appearance.

<sup>55</sup> R: *mugon myaku*. C: 無言脈 silent pulse.

<sup>56</sup> R: *nama hanka*. C: 一知半解 to understand only halfway.

<sup>57</sup> R: *katami*. C: 遺體 one's body handed down by one's parents.

appropriate to diseases, they will bring harm if they are not appropriate. It is the warning of an ancient sage that you should not try medicines blindly.<sup>vii</sup>

Look at the actions of physicians<sup>58</sup> in the world. When you say you have a headache, they prescribe and give medicines from the chapters on headache in textbooks<sup>59</sup>. However this same headache may stem from cold damage<sup>60</sup> or cold<sup>61</sup>, heatstroke<sup>62</sup>, syphilis<sup>63</sup>, *shaku*<sup>64</sup>, roundworm<sup>65</sup>, irregular periods<sup>66</sup>, diseases related to women's blood<sup>67</sup>, stagnated drink<sup>68</sup>, drunkenness, food damage<sup>69</sup>, palanquin-sickness or seasickness<sup>70</sup> [motion sickness], bruising, or the initial fever of smallpox<sup>71</sup> and measles<sup>72</sup>. Each cause of disease is different. Therefore medicines are intended to cure those causes of diseases. For headache is merely a derivative symptom<sup>73</sup>; it does not mean that there are particular medicines for headache. Due to being unable to recognise the cause of a disease correctly, physicians first prescribe medicines from the chapter on headache. It is as if they were to express condolences to someone who weeps when moved by watching a play. If you mention dizziness, [the physicians] add the ingredient for dizziness; and if you complain of back pain, they add a few more ingredients, saying that they are adjusting for back pain. They prescribe only by reference to symptoms, so that when there are various symptoms, one prescription

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<sup>58</sup> R: *isha*. C: 麤工 slovenly artisan.

<sup>59</sup> R: *hōsho*. C: 方書 text of skills.

<sup>60</sup> R: *shōkan*. C: 傷寒 cold damage.

<sup>61</sup> R: *kanbō*. C: 感冒 cold.

<sup>62</sup> R: *chūsho*. C: 中暑 heatstroke.

<sup>63</sup> R: *kasa*. C: 徽毒 syphilis.

<sup>64</sup> R: *shaku*. C: 癥瘕 congealed clump.

<sup>65</sup> R: *muchi*. C: 蛔蟲 roundworm.

<sup>66</sup> R: *tsukiyaku*. C: 經行 period.

<sup>67</sup> R: *chi no michi*. C: 子藏病 uterine disease.

<sup>68</sup> R: *ryūin*. C: 留飲 stagnant drink.

<sup>69</sup> R: *shōshoku*. C: 停食 stagnant food.

<sup>70</sup> R: *fune kago no yoi*. C: 注車舩 to sway in a vehicle or ship.

<sup>71</sup> R: *hōsō*. C: 痘瘡 smallpox.

<sup>72</sup> R: *hashika*. C: 麻疹 measles.

sometimes consists of more than twenty ingredients. What a laughable thing. Trying to hide such poor skills, from their youth they learn oratory just to deflect people's attention. Then without realising it, even clever people, being blinded by their smooth tongues<sup>74</sup> and [such] worldly-wise speech, will eventually fall into their trap and end up courting trouble.

Even without knowing for certain the cause of diseases, [these physicians] mention baseless terms like phlegm accumulation<sup>75</sup>, blood accumulation<sup>76</sup>, wind consumption<sup>77</sup>, or blood consumption<sup>78</sup>. They regard all women's diseases as blood-related<sup>79</sup> or due to impure blood<sup>80</sup>; they call all children's diseases worms<sup>81</sup> or infant colic<sup>82</sup>. They account for unknown diseases by stagnated drink<sup>83</sup> or attribute them to the rise of liver fire<sup>84</sup>, the moist heat of the liver vessel<sup>85</sup>, or the appearance of fatigue in the past, damage to the mind, or the action of phlegm. As these explanations<sup>86</sup> are all stock phrases used by physicians in the world, they are words to please laypersons<sup>87</sup>. Physicians think that people would not understand even if they were told the truth. It may not do much harm, but [in thinking this way], many

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<sup>73</sup> R: *edashō*. C: 支症 derivative symptom.

<sup>74</sup> R: *kuchiguruma*. C: 饒舌 eloquence.

<sup>75</sup> R: *tan shaku*. C: 痰積 phlegm accumulation.

<sup>76</sup> R: *ketsu shaku*. C: 血積 blood accumulation.

<sup>77</sup> R: *fūrō*. C: 風勞 wind consumption.

<sup>78</sup> R: *chirō*. C: 血勞 blood consumption.

<sup>79</sup> R: *chi no michi*. C: 血の道 way of blood.

<sup>80</sup> R: *furuchi*. C: 瘀血 impure blood.

<sup>81</sup> R: *mushi*. C: 蟲 worm.

<sup>82</sup> R: *kan*. C: 疳 infant colic.

<sup>83</sup> R: *ryūin*. C: 留飲 stagnant drink.

<sup>84</sup> R: *kanka*. C: 肝火 liver fire.

<sup>85</sup> R: *kankei*. C: 肝經 liver vessel.

<sup>86</sup> R: *tokinasu*. C: 遊説 flattering words.

<sup>87</sup> R: *shirōto*. C: 病家 a household with sick persons.

physicians become concerned only with [easy] diagnoses as expedient measures<sup>88</sup> [to please patients], even without realising it [what they are doing] themselves.

If you are also aware of this, you should know that there is no reason for the prescribed medicines to have any efficacy, and that healing is the operation<sup>89</sup> of innate nature<sup>90</sup>. Unless you comprehend this point, you may be cheated by physicians in the world<sup>91</sup>, and commit an unforeseen sin against loyalty or filial piety in case of your lord's or your parents' illness. This is what dutiful children and loyal vassals must know first and foremost. Herein lies the teaching of the ancients that those who serve their parents should not be ignorant of medicine<sup>viii</sup>.

If you understand this point, you will know that the constant use of medicines, such as [taking] what people call cultivating-life tonics<sup>ix</sup> even when one is free of illness, is just like being armed with a halberd and shield in a peaceful world or carrying an umbrella and wearing rain shoes on a sunny day. You should know that there will be much loss but no benefit at all. Likewise do not use acupuncture and moxibustion unless you have a disease. Moreover for those children who can hardly bear the heat of fire, and have no disease to be treated, methods like moxibustion for cultivating life<sup>x</sup> are the worst practice of all. Whatever skills [physicians] have, how could there be any reason for moxibustion or medicines to extend one's fixed lifespan<sup>92</sup>? Therefore you should know that medicines that [purport to] lengthen lifespan or increase vital essence are all the tricks of idle folk<sup>93</sup> who encourage others' lewdness and greed, and are not to be used by the man with aspirations. The people who truly know the order of Heaven are those who, having clearly understood this

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<sup>88</sup> R: *tōza maniai*. C: 遁辭 excuse.

<sup>89</sup> R: *hataraki*. C: 運為 operation.

<sup>90</sup> R: *ten'nen shizen*. C: 自然作用力 functional power of nature.

<sup>91</sup> R: *yo no isha*. C: 庸醫 ordinary physician.

<sup>92</sup> R: *inochi*. C: 人命 human life.

<sup>93</sup> R: *ōchaku mono*. C: 奸佞者 cunning flatterer.

principle, leave life in the hands of Heaven, and trust the treatment of physicians without entertaining the slightest doubt. If you are confused by the eloquence of low physicians<sup>94</sup> or by the conflicting criticisms<sup>95</sup> of amateurs, it is just like taking orders from those who know nothing about navigating a ship. As soon as the ship gets into trouble from the wind and waves, it cannot avoid capsizing. Thus aboard a ship, you should not take need of anything but the words of those who are accustomed to the weather and sea routes. If you do not realise that this is also the case in medicine, what a foolish thing that is.

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<sup>i</sup> Although many scholars construe the term 神明 (*shenming* in Chinese) as a reference to a certain kind of mental state, its interpretation still remains debatable. 神明 is originally associated with religion, indicating a kind of magical efficacy wrought by external spirits. Later the term also became endowed with a physiological connotation, referring to divine powers in nature and to human intelligence. On early references to *shenming* in Chinese tradition, see Harper (1998), 120-121, John Knoblock 1988, *Xunzi: a translation and study of the complete works*, vol. 1 (Stanford University Press, Stanford), 252-255. As far as *Byōka suchi* is concerned, *furigana kami-hotoke* is conventionally written 神仏 (gods and Buddha). In this context, 神明 in *Byōka suchi* seems to suggest a numinous cure by the agency of the gods or Buddha.

<sup>ii</sup> According to Shirasugi (2001), the term 庸医 first appeared in Song China. It was first used to indicate “ordinary physicians” as the literal meaning of the individual characters suggests, often in contrast with the medical sage (聖人 or 医聖). However by the Qing dynasty, 庸医 had become synonymous with “unskilled physician”. Shirasugi Etsuo 2001 ‘Yōi-Edo no minkan ishi’ in Yoshida and Fukase, 97. *Byōka suchi* appends *furigana* “heta isha (unskilled physician)” to 庸工, so that it seems to reflect views in contemporary China.

<sup>iii</sup> Chinese tradition classifies physicians into three ranks; superior, middling, and lower. The ideal model of the superior physician was first referred to as a sage 聖人 or good physician 良医, as in *Suwen*: The sage does not cure the disease that has already occurred, but cures the disease that has not occurred yet 聖人不治已病治未病. ‘siqidiaoshendalun 四氣調神大論篇’, 14. On the other hand, *Lingshu* classifies physicians into three ranks, but relates these to an appraisal of acupuncture technique: [In the practice of acupuncture] the superior artisan calms *qi*, the middling artisan disturbs vessels, and the lower artisan cuts *qi* off, and endangers life 上工平氣、中工亂經、下工絕氣危生 (*genjie* 根結, 137). *Lingshu* claims that there are three approaches to diagnosis: *se* (hue 色), *mai* (palpation 脉), and *chi* (ulnar skin 尺), and that the superior physicians who use all three can cure 90 % of cases, while the middle physicians who use two can cure 70 %, and the low physicians who use only one can cure 60 % (*Lingshu* ‘xueqizangfubingxing 邪氣臟腑病形’, 93). Later, *Qianjin yaofang* states that “a superior physician diagnoses from a patient’s voice, a middling physician from a patient’s hue, and a lower physician from a patient’s pulse 上医听声、中医察色、下医診脉” (*Qianjin yaofang*, 5). Mayanagi observes that expressions for the ideal physician gradually change from antiquity to the time of *Jinkui yaolüe*, from “sage” to “good physician”, and finally to “superior physician”. Accordingly the image of the physician was first

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<sup>94</sup> R: *heta isha*. C: 庸醫 ordinary physician.

<sup>95</sup> R: *machi machi naru hinan*. C: 異議 objection.



associated with the image of the virtuous sage. In particular, the skill of diagnosing from a patient's complexion often overlaps with the numinous power of the sage. Yet as the methods of diagnosis were established, particularly when palpation and acupuncture became central to medicine, good physicians required not (only) to possess moral fibre but to have mastered these techniques.

Mayanagi Makoto, 'Isha no rank (chūgoku hen)', available at:

<http://mayanagi.hum.ibaraki.ac.jp/paper04/Secom01.htm>. Regarding the popular view of physicians during the Edo period, Shirasugi (2001) examines the standards of physicians and their level of technique and learning. Quacks were often called *yabu isha* (庸医, 俗医, or 草医), in contrast to "good physicians 良医". In fact there were only a few good physicians, and the vast majority of people had no alternative but to consult unskilled ones. Shirasugi 2001, 95-113.

<sup>iv</sup> The belief in "the functional power of nature 自然作用力" of the body is representative of the vision of disease and healing in *Byōka suchi*. As synonyms, *Byōka suchi* from time to time employs such terms as "*umaretsukitaru karada no kanenai* 生まれつきたる体のかねあい (innate function of the body), *ten'nen no hataraki* 天然の働き (innate function), *karada no ten'nen no hataraki* 体の天然の働き (function of the nature of body), *shizen no hataraki* 自然の働き (function of nature), *ten'nen shizen* 天然自然 (innate nature), and *genki shizen no hataraki* 元気鼓舞力 (power of vital essence and nature). The idea of "purging" pathogenic evil differentiates itself from the methods of traditional medicine in Japan, which is in principle based on the concept of "restoring balance" within the body. As for the role of "the functional power of nature", *Byōka suchi* explains, for instance, that fever is one of its manifestations, in that it serves to remove excessive heat from the body thereby restoring the balance with the outer air. Such phenomena as diarrhoea and pus are also attributed to the work of "the functional power of nature" as it tries to purge pathogenic evil poisons from the body. In this view, treatment should primarily aim at drawing on the natural healing power that comes from within the patient, and medicines, acupuncture and moxibustion are all fundamentally supplementary. Terminology such as 自然作用力 is rather unfamiliar in traditional medicine, and it seems almost certain that *Byōka suchi* received a certain influence from trends in contemporary Western medicine concerning ideas of healing by nature. The idea of the healing power of nature can be traced in Western medical tradition since Hippocrates. In particular, in the eighteenth century it was espoused by the Leiden school, based in Holland, several texts of which were translated by Edo physicians. Moreover the term "healing power of nature" can be found in some Edo medical texts in connection with Western medicine. It seems that Hirano's idea of a natural healing power originates in contemporary Western medicine, particularly that of the Leiden school, in view of the association of fever and pus. It is known to us that several medical texts of the Leiden schools were translated by Edo physicians. For instance, the two texts *Manbyō chijun* 万病治準 by Tsuboi Shindō 坪井信道 and *Taisei netsubyōron* 泰西熱病論 by Yoshida Chōshuku 吉田長淑 are known to have introduced the medicine of the Leiden school to Edo society. Swieten, a pupil of Boerhaave, wrote a commentary and notes on the "Aphorisms" (1709) of Boerhaave, and *Manbyō chijun* is a translation of Swieten's work. *Taisei netsubyōron* is the translation of a work by Huxham, also a pupil of Boerhaave (1771). It is a good example of the thinking of the Leiden school on the healing power of nature (introduced to Japan as *shizen ryōnō* 自然良能). In addition, the idea of this natural healing power is also found in several medical texts of the 1820s. For instance, there are *Seiyō iji benwaku* 西洋医事弁惑 (1822) by Hidaka Ryōdai 日高涼台 (1797-1868), *Byōin seigi* 病因精義 (1827) by Komori Tō'ō 小森桃塙 (178-1843), and *Seisetsu naika senyō* 西説内科撰要, and *Zōho chōtei naika senyō* 増補重訂内科撰要 (1822) by Udagawa Genzui 宇田川玄隋 (1769-1834). It can be assumed that Hirano was introduced to the idea of healing power of nature by these medical texts. The influences of Boerhaave's medicine were examined at the International Historical Conference: 150th Anniversary of the Beginning of Modern Western-style Medical Education in Japan, "Hirano Jūsei, the Author of "Byōka suchi" (1832) and His Idea of Natural Healing Power" by Hirao, Machiko and Keiko Daidoji, November, 2007. Nonetheless, there seems to have been a certain difference in treatment between *Byōka suchi* and the Western natural therapists. In the West, the idea of the healing power of nature can be traced back to Hippocrates's expectant therapy, which came into favour once again in the eighteenth century. On the other hand the emphasis on the healing power of nature in *Byōka suchi* is intertwined with objections to the blind use of medicines and to amateur diagnosis, which can easily go wrong. The influence of

*shizen ryōnō* 自然良能 on the Dutch School under the Edo is studied by Yoshida Tadashi 1999 (unpublished, outline available at: <http://ja-tec.com/I/I04/content13348.html>).

<sup>v</sup> The term 有餘 (surfeit *youyu* in Chinese) appears to reflect the most fundamental principle of treatment in the Chinese medical tradition; that is, surfeit and depletion. In the famous statement of *Laozi*, “to reduce what is excessive, and to supplement insufficiency 損有餘補不足 (*sun youyu bu buzu*)” is the Way of Heaven (*Laozi dedaojing*, chapter 77, 1055-182). In the medical context, surfeit and deficiency (不足 *buzu* in Chinese) are often replaced by the discourse of fullness 実 (*shi*) and depletion 虛 (*xu*) with reference to imbalance within the body. Medicine associates *yin* with depletion, and *yang* with fullness. In the human body, fullness generally signifies the state in which *qi* satisfactorily fills the five viscera, while depletion indicates a weakened and depleted state, which is vulnerable to invasion by outer evil 外邪 from outside the body. Fullness also enters into the model of the pathology of evil *qi*, which affects the depleted body externally in the form of wind 風 or cold 寒, for example. Although “fullness” always conjures up “depletion” as its correlative concept, in Chinese tradition depletion is regarded as the more fundamental state of the human body. Moreover it is noteworthy that Chinese *yangsheng* is permeated by a great fear of *qi* emptiness or loss. References to fullness typically occur in tandem with the problem of depletion, but depletion usually represents the more fundamental concern. Depletion as a pathology indicates a morbid diminution, as is expressed in such disease names as kidney depletion 腎虛, depleted exhaustion 虛勞, spleen depletion 脾虛. All these are attributed to the depletion of particular parts of the body. Yamada (1999) points out what he calls “depletion-phobia” in Chinese medical tradition, and attributes the particular enthusiasm for replenishing tonics and dietetics, aimed at replenishing bodily *qi* by food and drink, to this fear of depletion. In Edo medical discourse, in contrast, it seems that this preoccupation with depletion is replaced by the fear of stagnation. On the fear of stagnation in Edo-period medicine, see Chapter 2, section on *Konare*. Kuriyama 1999, 218-228. Yamada 1999 a, 283-323, Yamada 1999 b, 35-36, 283—323. Ishida Hidemi 1991 ‘Kaze no byōinron to Chūgoku dentō igaku shisō no keisei’, *Shisō* 1: 105-24.

<sup>vi</sup> What 無言脈 refers to is unknown. Some suggest that it may be synonymous with 不問診 (No-question diagnosis), which determines the symptom by means of the other three diagnoses (listening, seeing and touching), dispensing with the need for questioning diagnosis 問診. Here it may indicate making a diagnosis by palpation only. I am grateful to the members of the Japanese Association of Nursing History for this interpretation.

<sup>vii</sup> 無妄之藥 seems to reflect the statement in *Yijing* 易經: Even when one happens to have a violent illness, if one does not take medicine, there will be the pleasure (of healing naturally). (Since you have already been reckless), do not try reckless medicines (無妄之疾, 勿藥有喜. 象曰: 無妄之藥, 不可試也). *Zhouyi* 周易 95, *juan* 3 ‘wuwang 無妄’ (SSJZS edition), 40.

<sup>viii</sup> This statement probably originates with a Chinese Confucian, Zhu Xi of Song China: Those who serve their parents must know medicine (事親者亦不可不知醫) by Zhu Xi 朱熹 in *Shao xue* 小学 (1188). Reprint by Mizuno Keijiro 1880 as *Shōgaku honchū* 小学本注, Tokyo) ‘waipian 外篇 jiayuan 嘉言’, 19.

<sup>ix</sup> *Yōjō kusuri* 攝生藥 (cultivating-life medicine) can be defined as a tonic that strengthens the body and prevents illnesses when taken regularly. Such medicines became very popular during the Edo period, promoted by massive growth in the patent medicine market.

<sup>x</sup> *Yōjō kyū* 養生灸 (moxibustion for cultivating life). Moxibustion treatment was originally paired with acupuncture; usually moxibustion is done on the back while acupuncture is done on the abdomen. However Edo-period people often used moxibustion alone on the loci of the back, arms and legs as preventive medicine or a way to preserve good health.

### 3-4. What to remember in choosing a physician<sup>1</sup> (*Byōka suchi fascicle 1: page 25-31*)

The ancients said that in order to serve your parents, you must know about medicine<sup>1</sup>. This does not mean, however, that you should learn medicine yourself. It means that you need to know beforehand who is good or bad among well-known physicians in the world, and when you send for a physician at the time of a parent's illness, no mistake should be made.

The art of medicine is such an important responsibility because it concerns people's lives. Hence even for a very clever man, no matter how hard he studies to master the way [of medicine] and how many patients he attends, and how much he concentrates his mind<sup>2</sup> on treatment, there are still things that can be achieved and things that cannot be achieved. It is most difficult to reach the state of excellence. Notice that Confucius did not take the medicine that Ji Kangzi<sup>3</sup> sent to him, saying: "My skill [in medicine] has not yet reached high enough"<sup>ii</sup>. This is more likely to happen to ordinary people, if they learn medicine just to serve their parents. Some people are pleased<sup>4</sup> with the medical theories that they have seen and heard; they rely on their own judgement<sup>5</sup> and just try to do what is written<sup>6</sup>. They even prescribe medicines of no efficacy<sup>7</sup>, which they measure out by themselves and offer to their ill parents. If there has been no harm yet, it is merely thanks to a stroke of luck<sup>8</sup>, and when you reflect on this well, it is in all seriousness a fearful thing<sup>9</sup>. We can hardly call this

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<sup>1</sup> R: *I o erabu beki kokoroe o toku*. C: 醫を撰べき意得をとく. Discuss what to remember in choosing a physician.

<sup>2</sup> R: *kokoro*. C: 意 intention.

<sup>3</sup> R: *Ki Kōshi*. C: 季康子 Ji Kanzi (the minister of Lu 魯, fifth century BCE, China).

<sup>4</sup> R: *yorokobi*. C: 心酔 to be fascinated.

<sup>5</sup> R: *temae ryōken*. C: 臆断偏見 guesswork and prejudice.

<sup>6</sup> R: *kakitaru mama*. C: 紙上 on paper.

<sup>7</sup> R: *shirushi*. C: 経験 experience.

<sup>8</sup> R: *kobore zaiwai*. C: 僥倖 a stroke of luck.

<sup>9</sup> R: *koto*. C: 所為 deed.

the action of a filial child or of a man of benevolence. It is harmful that Confucian scholars who are ignorant of the [underlying] reasons<sup>10</sup> misunderstand these words<sup>11</sup>.

Now it seems hard for laypersons to tell good physicians from bad. But just do not allow self-centred judgement<sup>12</sup> to enter your mind<sup>13</sup>, and get rid of any thought of favourable prejudice. Consider deeply the illness from its outset to even before its occurrence, and cross-examine<sup>14</sup> what the physicians are saying. Discern whether the physician's words glitter with a silvery veneer of flattery<sup>15</sup> but are without sincerity, or whether they are full of truthfulness, showing that the physician is earnest about treatment. What a serious physician says may differ a great deal from the understanding<sup>16</sup> of an a layperson, and is often not pleasing to hear. People who are pleased by affectation<sup>17</sup> and expect flattery<sup>18</sup> just give credence to plausible but misleading<sup>19</sup> medical ideas<sup>20</sup> that agree with their own statements. This is where errors start. Furthermore, even those physicians who are praised as skilled, and have dealt with<sup>21</sup> thousands of serious illnesses from their youth to old age, make diagnoses that do not turn out to be right every time. Therefore amateurs, those who do not even know how diseases occur, have no means of understanding the true principle<sup>22</sup> of whatever [illness] it may be, even with respect to mild symptoms like cold or food damage. When they happen to hear correct statements, they would rather doubt them

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<sup>10</sup> R: *sujimichi*. C: 條理 principle.

<sup>11</sup> It indicates "if you serve your parents, you must know about medicine" in the opening of this section.

<sup>12</sup> R: *temae ryōken*. C: 我 myself.

<sup>13</sup> R: *kokoro*. C: 内心 inner mind.

<sup>14</sup> R: *hikiawase*. C: 検査 to check.

<sup>15</sup> R: *tsuya*. C: 飾 decoration.

<sup>16</sup> R: *ryōken*. C: 思惟 thought.

<sup>17</sup> R: *kidori*. C: 阿諛 flattering words

<sup>18</sup> R: *kobi*. C: 容 expression.

<sup>19</sup> R: *iimawasu*. C: 浮説 baseless rumour.

<sup>20</sup> R: *ian*. C: 病按 diagnosis.

<sup>21</sup> R: *toriatsukai*. C: 裁量 to judge.

<sup>22</sup> R: *suji*. C: 條理 reason.

when they differ from their own opinions<sup>23</sup>. How stupid that is. As for those physicians who are clever and able to make correct decisions<sup>24</sup> and commit no errors in dealing with things, it is reasonable to trust that they are even capable of governing the nation.

Unless those who are deeply knowledgeable about the principles of things [also] possess a benevolent stance and make good decisions<sup>25</sup>, it is hard to reach that state [of excellence].<sup>26</sup> Therefore it is no wonder that there is not such a person in the world. Considering the difficulty of discerning the inside<sup>27</sup> by means of the outside<sup>28</sup>, and of determining the location of the disease in order to prescribe medicine, you should neither avoid nor reject the words of trustworthy physicians who consistently show efficacy just because they sometimes make minor mistakes.

Suppose there are those [physicians] who are caught up in worldly affairs<sup>29</sup> and do not devote themselves<sup>30</sup> to the treatment [of their patients]. Compare them with those physicians who are solely concerned with medical practice<sup>31</sup> and too conscientious<sup>32</sup> to be pretentious<sup>33</sup>; their mistakes are visible even to the eyes of amateurs. In order to distinguish which physicians are good and which are bad<sup>34</sup>, forget about any intuition<sup>35</sup> in your abdomen<sup>36</sup>, and do not be led astray by the embellishments<sup>37</sup> and flowery verbiage<sup>38</sup> of popular practitioners<sup>39iii</sup>. If you do so,

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<sup>23</sup> R: *ryōken*. C: 思慮 consideration.

<sup>24</sup> R: *mikiri yoku*. C: 懸断 to decide.

<sup>25</sup> R: *yoki mikiri*. C: 勇毅果敢 brave and daring.

<sup>26</sup> R: *tokoro*. C: 妙境 excellent area.

<sup>27</sup> R: *uchi*. C: 腔内 inner body.

<sup>28</sup> R: *hoka*. C: 外表 outer surface.

<sup>29</sup> R: *seji*. C: 俯仰 lifting up one's head.

<sup>30</sup> R: *mi*. C: 精 essence.

<sup>31</sup> R: *isha no koto*. C: 医道 the way of medicine.

<sup>32</sup> R: *richigi ippen*. C: 誠一 thoroughly sincere.

<sup>33</sup> R: *kidori beta*. C: 樸素 unaffected.

<sup>34</sup> R: *yoshi ashi*. C: 巧拙 skilled or unskilled.

<sup>35</sup> R: *ryōken*. C: 私見 private opinion.

<sup>36</sup> R: *hara no uchi*. C: 腔内 inner body.

<sup>37</sup> R: *kazari*. C: 矜飾 to brag and pretend.

<sup>38</sup> R: *kotoba takumi naru iimawashi*. C: 甜語遊辭 sweet words and flowery speech.

even if you meet a physician for the first time, how can it be difficult to find out whether he is good or bad? Remember that a good leader in olden times could know the minds of tens of thousands of heroes from a single word, and entrust them with important responsibilities, and use them as if they were his own limbs. Compared to that, how can it be difficult to judge and know the inner mind of a man of little calibre<sup>40</sup> who is satisfied with life [just] because of having medicine as his occupation? However, nowadays when feudal lords become ill, they err in their choice of physician and make more mistakes than lowly people, and seldom get medicines<sup>41</sup> that turn out to be effective. This is because they are blinded by the florid manner<sup>42</sup> and pleasant speech<sup>43</sup> of the popular physician<sup>44</sup> who holds sway. Also they just follow what is said by their entourage [who in turn repeat] the same opinions<sup>45</sup> as the cliques of physicians<sup>46</sup>. [Thus these lords] accept a [diagnosis] without inquiring if it is appropriate or not<sup>47</sup>. Even if there happens to be a physician who knows its falseness, he will be excluded by the clique<sup>48</sup>. He has no way to make known what he thinks<sup>49</sup>, so he remains silent and eventually it becomes impossible to perform even normal<sup>50</sup> treatment. [This is why] people assume that if noble persons develop a serious illness<sup>51</sup>, they will invariably die. Is it not the most lamentable custom?

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<sup>39</sup> R: *hayari isha*. C: 時医 the latest physician

<sup>40</sup> R: *kiryōmono*. C: 量者 person of high calibre. In the text it appears as 少量者 (no reading for 小), meaning “a person of low calibre”.

<sup>41</sup> R: *kusuri*. C: 処方 prescription.

<sup>42</sup> R: *kazari*. C: 粧點 grand gestures.

<sup>43</sup> R: *yoki iimawashi*. C: 華說 flowery, flattering speech.

<sup>44</sup> R: *hayari isha*. C: 時医 physician of the moment.

<sup>45</sup> R: *izure mo dōan*. C: 雷同合按 the same opinions blindly followed. 雷同 can be traced to *Liji*. The original text states: 正爾容、聽必恭。毋勦說、毋雷同 (Correct your form, listen with respect, do not speak and do not agree blindly), *Liji*, ‘quli shang 曲礼上’ (SSJZ edition), 1240.

<sup>46</sup> R: *totō isha*. C: 阿黨医者 clique physician.

<sup>47</sup> R: *yoshi ashi*. C: 實否 true or false.

<sup>48</sup> R: *kumiai*. C: 徒 union.

<sup>49</sup> R: *omou koto*. C: 事情 situation.

<sup>50</sup> R: *atarimae*. C: 的實 accurate.

<sup>51</sup> R: *taibyō*. C: 篤疾 serious illness.

Even though feudal lords are noble, while the art of medicine is humble, when a young lord entrusts to a physician a matter of significance concerning a parent's life, he should receive the physician and inquire<sup>52</sup> in person about [the physician's] medical ideas. If he is deeply worried about a parent's illness, there is nothing of which to be ashamed in personally meeting and dismissing the physician, as a man called Yan Zhitui<sup>53</sup> has taught<sup>iv</sup>. For the physician who is entrusted with the precious life of a lord or his parents, the responsibility is heavier than that of a general who is in command<sup>54</sup> in times of emergency<sup>55</sup>. The office of the physician is a serious matter that concerns the nation and the family, so it is not the behaviour of the man of benevolence to look down on it. However a young lord<sup>56</sup> just leaves the responsibility<sup>57</sup> to his retainers and does not concern himself about it all, and those retainers leave it to the physicians, and those physicians leave it to other physicians with a popular name.<sup>58</sup> They are all trying to escape from being blamed later by each other. What could be less filial, loyal and just?

If one's lord or father is surrounded by enemies or is in trouble in single combat, one who possesses the spirit of filial piety and loyalty cannot help but sacrifice himself and dash to the rescue. Now if you were to find your lord or father in great trouble<sup>59</sup>, having been cornered by the formidable enemy of illness, and you just looked on as if it were none of your business without feeling ashamed, it would be the behaviour of a beast. If you had seen such fellows of no filial piety or loyalty in the age of the warring

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<sup>52</sup> R: *kiki tadashi*. C: 照管 to take care of.

<sup>53</sup> R: *Gan Shisui*. C: 顏之推 Yan Zhitui in Chinese.

<sup>54</sup> R: *sōgunbai*. C: 都督 army commander.

<sup>55</sup> R: *koto*. C: 大役 major role.

<sup>56</sup> R: *wakatono*. C: 儲君 feudal lord.

<sup>57</sup> The responsibility, here, indicates receiving the physician and listening to the diagnosis of his parent.

<sup>58</sup> R: *hayaru na*. C: 虛名 vain name.

<sup>59</sup> R: *dainan*. C: 難厄 disaster.

states<sup>60</sup>, you would never have forgiven them even if they were on your side. First of all condemn that sin, and then punish other [sins]. And yet how can these men just neglect their obligations through the generations out of fear of losing remuneration<sup>61</sup>?

Also with regard to people like those physicians who are concerned only with currying favour with the family of the patient, and with exalting their fame by garnering compliments, there should be no reason for them to be useful in case of emergency. Such persons never prescribe strong medicines<sup>62</sup>, even when it is necessary in case of serious symptoms. They just deceive people by their eloquent verbiage. If the patient complains that the medicine is bitter, they change the prescription; and if they hear that the medicine is too unpalatable, they simply adjust it. This is their ostensible kindness expressed in glib speech.<sup>v</sup> Even if they look like good people<sup>63</sup> on the surface, their inner heart is just as dirty as silk cloths [used] for wrapping dung. Even with those physicians who are said to be skilled in the art of medicine, when their minds are moved to aspire to success<sup>64</sup> and to ingratiate themselves with the authorities, their skill will deteriorate. It is also obvious that those physicians who give themselves up to indulgence in the tea ceremony, *waka* poetry, collaborative poetry<sup>vi</sup>, football<sup>vii</sup> and other [arts or pastimes]<sup>65</sup> lose their grasp of<sup>66</sup> medical skills. Needless to say, those who indulge in alcohol and sex, or pursue profit by selling drugs along with the practice of medicine, or have exaggerated respect for rich merchants, are plainly of poor ability. Medicine is a lowly skill<sup>67</sup>, but it is an

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<sup>60</sup> R: *ransei*. C: 戦国 warring states. In Japan it indicates the turbulent age from 1467 to the end of the sixteenth century.

<sup>61</sup> R: *chigyō*. C: 俸禄 remuneration. 知行 is the annual stipend of a samurai.

<sup>62</sup> R: *hageshiki kusuri*. C: 駄薬 quick drug.

<sup>63</sup> R: *yoki hito*. C: 君子 man of virtue.

<sup>64</sup> R: *shusse*. C: 青雲 ambition for success.

<sup>65</sup> R: *yūgei*. C: 百伎 various arts.

<sup>66</sup> R: *utoku nariyuku*. C: 疎放 unfamiliar.

<sup>67</sup> R: *iyashiki waza*. C: 小伎 tiny skill.



immense responsibility to take care of that most precious thing, life<sup>68</sup> and to trouble one's mind with the shared suffering<sup>69</sup> of others.

Even with regard to people like millionaires or feudal lords, if a physician does not care about their rudeness and like a slave becomes glad of having access to their houses, is it not thoughtless to entrust such a practitioner with a patient in danger<sup>70</sup>? This echoes the proverb that “scholarly physicians are not good at medical skills”<sup>viii</sup>. Medical skill cannot reach proficiency<sup>71</sup> through devotion to study<sup>72</sup> alone without experiencing the good results of treatment<sup>73</sup>. It is just the same as a rice merchant who judges<sup>74</sup> the rice of a growing area or district at a glance, or a banker who distinguishes good gold and silver from bad<sup>75</sup> by picking it up, or the fabric dealer who can tell without a mistake the provenance of woven silk by touch. They all rely not on book-learning or the secret transmission of oral learning<sup>76</sup>, but on the achievements<sup>77</sup> of long years. This too is the case with medicine. Those who talk of theories from book-learning and have little experiential knowledge<sup>78</sup> often make misjudgements because of the harm wrought by the books they have read.

This is even more the case with people who are dedicated to Confucian or Buddhist texts, or who regard theories such as *yunqi*<sup>ix</sup> and the Five Phases as the main idea of medicine. How can they manage to provide treatment? Moreover the medicine of Holland has become very popular recently. Yet there are physicians who adulate

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<sup>68</sup> R: *inochi*. C: 人命 human life.

<sup>69</sup> R: *kurō*. C: 憂苦 worry and suffering.

<sup>70</sup> R: *taisetsu*. C: 陸危 dangerous.

<sup>71</sup> R: *jōzu*. C: 上工 skilled artisan.

<sup>72</sup> R: *honeori*. C: 講究 to study thoroughly.

<sup>73</sup> R: *ryōji*. C: 煉磨 training.

<sup>74</sup> R: *sashi*. C: 辨 to distinguish.

<sup>75</sup> R: *yoshi ashi*. C: 真贋 genuine or fake.

<sup>76</sup> R: *kuden*. C: 口訣 oral secrets.

<sup>77</sup> R: *kō*. C: 習慣 habit.

<sup>78</sup> R: *shin no kokoromi*. C: 実験 experiment.

[Dutch medicine] without recognising the difference of that land<sup>79</sup> from our own. Pleased with the eccentric novelty of their theories, and blinded by their ingeniousness, some physicians merely read the translated texts of the Dutch physicians' perfunctorily<sup>80</sup>. Just like a dog barking at its shadow<sup>x</sup>, they are not going to investigate those theories thoroughly. Without entertaining any doubts as to whether it is good or bad<sup>81</sup>, they are under the misapprehension that there can be no mistake<sup>82</sup> in all that the Dutch say, and they often recite it. Then many laypersons also listen to those theories because of their novelty value and leave patients to such physicians to be used as guinea pigs<sup>83</sup> for Dutch medicine. In the end many people are harmed. If someone encounters it with their eyes wide open<sup>84</sup>, Western learning can sometimes be utilised. But nowadays it only causes unnecessary harm and little benefit, because people fall into bias and do not investigate the other [side of Western learning]. As the ancients said, there are few men in the world who realise the harmfulness of something despite loving it.<sup>xi</sup>

What is more, people do not know that the investigation<sup>85</sup> of the forty-one chemical elements<sup>xii</sup>, which forms the basis of Western learning, may have many problematic aspects. Also as to theories such as "nothingness cannot be being, and being cannot be nothingness"<sup>xiii</sup>, they are such an evil<sup>86</sup> thing and greatly harmful. Although I would now like to lecture on the falseness of these [ideas], this would not only be useless to lay people, but also, for the most part, hard to understand, so I will not talk tediously of unrelated things. Just as it is natural for human nature to favour

<sup>79</sup> R: *tochi*. C: 風土 natural features.

<sup>80</sup> R: *sokosoko*. C: 疎 careless.

<sup>81</sup> R: *yoshi ashi*. C: 当否 true or false.

<sup>82</sup> R: *itsuwari*. C: 妄言 thoughtless remark.

<sup>83</sup> R: *tenarai zōshi*. C: 倣倣 copy note.

<sup>84</sup> R: *me no akitaru mono*. C: 才高識明者 clever and knowledgeable people.

<sup>85</sup> R: *sensaku*. C: 穿鑿 prying.

<sup>86</sup> R: *yokoshima*. C: 左道 an evil course.

anything novel, it is most lamentable that people in the world all<sup>87</sup> end up advocating [novelty] without deep consideration. As I mentioned before, it is problematic to entrust [physicians] with serious illnesses, unless their words and deeds match, and their intention lies in truth<sup>88</sup> and benevolence.

As far as the household of a sick person is concerned, the family should invite a physician respectfully. They should not allow private opinion<sup>89</sup> to intrude in the slightest, should not insist on anything at all<sup>90</sup>, should not bother with such foolishness as oracles or fortunes related to direction or date, and should meet the physician with sincerity. Otherwise it will be difficult to consult a good physician. The art of medicine is the hardest to carry out. Even though I am anxious and desirous that there should be fewer mistakes, it is still difficult to achieve that situation. Moreover few physicians in the world know how hard it is, and that is one of the shortcomings<sup>91</sup> of peaceful times like [ours]. I lament this so much that despite criticism<sup>92</sup> from others, I have written down an outline [of my ideas], so as to offer it as something for people in the world to remember, as well as an admonition to myself.

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<sup>i</sup> Xiaoxue 小学 compiled by Zhuzi 朱子 (1187) (Republished by Mizuno Keijirō 1881, Tokyo), 'waipian 外篇 jiayan 嘉言', 19.

<sup>ii</sup> 康子饋藥、拜而受之曰、丘未達、不敢嘗 Ji Kangzi sent [Confucius] medicine. Receiving it with a bow, [Confucius] said, "I, Qiu, do not know about this medicine yet". He did not dare to try it. *Lunyu*, 'xiangdang dishi 鄉党第十', 711-712.

<sup>iii</sup> For instance, *Yōjōkun* describes 時医 (the currently fashionable physician) or 福医 (the celebrated physician) as those who show off the fact that they are not mere scholars, but are interested in worldly affairs, and who ingratiate themselves with authority in order to become famous and popular (*Yōjōkun*, 125).

<sup>iv</sup> Yan Zhitui 顏之推 was a native of Linyi 臨沂, of the Northern Ji dynasty 北齊 (550-557 CE) in China. He emphasised family-centred morality and study, as well as ways to get on in the world. The respectful attitude towards the physician recommended in *Byōka suchi* seems to reflect the

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<sup>87</sup> R: *ichidō ni*. C: 雷同 to blindly follow.

<sup>88</sup> R: *shinjitsu*. C: 忠實 loyalty.

<sup>89</sup> R: *ryōken*. C: 意必 opinion.

<sup>90</sup> R: *mono ni nazumu*. C: 著見 view.

<sup>91</sup> R: *fusoku*. C: 大厄 a great misfortune.

<sup>92</sup> R: *hihan*. C: 毀譽 criticising and praising.

statement from *Yanzhi Jiaxun* 顏氏家訓, (The Yan family's creed): 父母疾篤、医雖賤雖少、則涕泣面拜之、以求哀也 (When the illness of parents is serious, regardless of the youth or lowly status of the attending physician, the son should greet the physician with tears and should ask for sympathetic treatment). *Yanzhi jiaxun jijie* 顏氏家訓集解, by Yan Zhitui. Reprint 1993 (annotated by Wang Liqi 王利器, Zhonghua shuju, Beijing) 'fengzao 風操', 122-123.

<sup>v</sup> *Byōka suchi* refers repeatedly to the harm caused by the blind use of medicines not only by lay people but also by unskilled physicians. For instance, *Yōjōnō* 養生囊 (by Ogawa Kendō 小川顯道, 1773) also blames unskilled physicians 庸医 for blindly using medicines just in order to please patients, quoting the old saying "it is possible to cure the person who is damaged by illness, while it is most difficult to cure the person who is damaged by medicines (病傷猶可療、藥傷最難医)" (Eisei 1: 32). Although the original reference of this quotation is unknown, it seems to suggest that Hirano Jūsei's doubts about physicians' competence to prescribe medicines, as expressed in *Byōka suchi*, were widely shared in the Edo context.

<sup>vi</sup> R: *renga*. C: 連歌 collaborative poetry. A *renga* consists of at least two *ku* 句 or stanzas. In composing a chain of many *renga*, each stanza is linked by allusion to the previous one. Each participant at a *renga* gathering adds stanzas in turn to the chain.

<sup>vii</sup> R: *kemari*. C: 蹴鞠 football. The game of *kemari* involves several players who cooperate with each other to keep a deerskin ball in the air by passing it to one another.

<sup>viii</sup> "*Gakui wa saji ga mawaranu* 学医は七がまはらぬ (scholarly physicians cannot deal with a drug spoon)" was a well-known proverb in the Edo period, although its origin is unknown. It mocks overly academic physicians, and emphasises the primary importance of clinical experience. To judge from the substantial number of references to classic texts both in Chinese and Japanese in his work, Hirano Jūsei had by no means neglected the benefits of book learning. However, it is clinical experience and sincerity that *Byōka suchi* prizes most in the making of a good physician. This perhaps draws a contrast with, for instance, *Yōjōkun*, which still asserts the primary necessity of book learning: "People who wish to become physicians should firstly read Confucian texts and master scholarly learning (*Yōjōkun*, 125)" and "Japanese physicians can be no match for Chinese physicians, because their application to study is no match for that of the Chinese (*Yōjōkun*, 130)".

<sup>ix</sup> R: *unki gogyō*. C: 運氣五行 seasonal influences and five circulatory phases. *Unki* (運氣 *yunqi*) theory speculates on the pattern of changes in the climate and nature, the appearance of diseases and their influence on individual organisms. It focuses on correspondences between cosmological calendrical cycles and the patterns of human health and illnesses. Having its theoretical basis in the five circulatory phases, namely earth 土, metal 金, water 水, wood 木 and fire 火, the six influences (六氣 wind, fire, summer heat, dampness, dryness, and coldness), and the three *yin* and three *yang*, it further combines these with the ten celestial stems 十干 and twelve terrestrial branches 十二支. It developed in conjunction with knowledge from many fields such as astronomy, meteorology, biology and so on. Under the Song dynasty this theory underwent innovation as the system of the five circulatory phases and the six influences (*wuyun liuqi* 五運六氣), and permeated every aspect of medicine. See Unschuld 1985, 170-172; Catherine Despeux 2001 'The system of the five circulatory phases and the six seasonal influences'; Hsu, 121-165. For the formation of *yunqi* theory and its acceptance in Japan, see Yamada Keiji 2002, *Ki no shizenzō* (Iwanami shoten, Tokyo), 34-51.

<sup>x</sup> R: *kyo o hoyuru inu*. C: 虚を吠狗 a dog barking at its shadow. It refers to a proverb, formulated in Japanese as "If a dog barks at a shape, a hundred dogs all echo it (虚を吠ゆれば万犬実伝う)". It means that if one person begins to tell a false story, it is spread by a majority of the people as the truth. It originates in the Chinese text *Qianfulun* 潜夫論, 'xiannan 賢難' (by Wang Fu, Later Han dynasty): 一犬吠形百犬吠声 (If one dog barks, a hundred dogs also echo it). (Reprint 1985, Zhonghua shuju, Beijing), 28.

<sup>xi</sup> R: *yomisuredomo sono ashiki o shiru*. C: 好れども其悪を知. It is a citation from *Liji*, describing the fair attitude of the wise: 愛而知其惡 *Liji* 礼記 (The Book of Rites), anonymous, thought to be composed before 58 BCE. SSJZ edition, 'qulishang 曲礼上', 1230.

<sup>xii</sup> R: *gengyō*. C: 元行 chemical element. The first chemistry text in Japan, *Seimi Kaisō* 舍密開宗 (Chemistry Enlightenment, 1837-1847) was based on *Elements of Experimental Chemistry* by

William Henry. The Japanese version was translated by Udagawa Yoan 宇田川榕庵 (1798-1846), who used the Dutch translation which is in turn based on a German translation of the original. The use of the term *genso* 元素 to indicate “chemical element” first appears in this text: *Genso* is *gengyō*. *Seimi kaisō* 舎密開宗 (Chemistry enlightenment, 1837-1847) by Udagawa Yoan, facsimile made in 1975, annotated by Tanaka Minoru (Kōdansha, Tokyo), 10. Tanaka Minoru 1975 ‘*Seimi kaisō ni okeru Yoan no kagaku ninshiki*’, in Tanaka, Minoru 1975, 100-101.

<sup>xiii</sup> R: *Mu wa u to narazu, u wa mu to naru koto nashi*. C: 無は有とならず、有は無となることなし. The original reference of this statement is unknown. However, it seems to recall the syllogism of Miura Baien 三浦梅園 (1723-89), a philosopher: 1. Being is being, nothing is nothing (有則有・無則無); thesis (同一律), 2. Being cannot be nothing, nothing and being cannot be being (有者則不能無、無有則不能有); antithesis (矛盾律), 3. Synthesis (反合成全=排中律); Being cannot be nothing, nothing cannot be being (有者則不能無、無者則不能有). This is discussed in *Gengo* 玄語 (Dark Words, compiled in the mid-eighteenth century, facsimile edition is available at digital library, <http://www.coara.or.jp/~baika/gengozu/file01/file01001.html>). Miura’s philosophy is systematically developed based on the theory of *ki* and *yin yang*. He is said to have been much influenced by the ancient Chinese classic *Zhouyi* 周易 (The Book of Changes, anonymous, date unknown, 7th century BCE?) and Western astronomy. The argument in *Gengo* is based on logic but is extremely complex, because it was developed using original technical terms invented by Miura himself (Saigusa Hiroto 1941, *Miura Baien no tetsugaku* (Daiichi shobō, Tokyo). As well as a philosopher, Miura Baien was a physician who pursued the medicine of the Classic School, particularly advocating *Shanghanlun* (Hattori Toshirō 1978, *Edo jidai igakushi no kenkyū* (Yoshikawa Kōbunkan, Tokyo, 97-108). Miura is said seldom to have moved from his hometown, and his ideas were not accepted by most contemporary thinkers due to their extraordinary uniqueness. After Miura’s death, his pupils tried to publish his works, but without success. It is just possible that Hirano might have come across the ideas of Miura via oral communications, and is displaying this knowledge to his critics in *Byōka suchi*.

### 3-5. Discussion of what to bear in mind when you see a physician<sup>1</sup> (*Byōka suchi* fascicle 1: page 31-34)

When you tell the symptoms of [your] illness to a physician, you should describe them from starting from the onset, without any omission. First you should tell him in detail if you eat a lot or a little, if you sleep well or badly, whether or not you have regular bowel movements, what medication you have taken so far, and if you have any habitual diseases<sup>2</sup>, and then ask for treatment.

If the disease turns out to be chronic<sup>3</sup>, you are likely to forget what occurred earlier on, so think hard so as to remember. If you have suffered from such [conditions] as venereal scabies<sup>4</sup>, syphilis<sup>5</sup>, ulcers on the genitalia<sup>6</sup>, gonorrhoea<sup>7</sup>, haemorrhoids<sup>8</sup>, ringworm<sup>9</sup>, ulcers on the shinbone<sup>10</sup>, gout<sup>11</sup>, beriberi<sup>12</sup>, or bruises or cut, you should consider this in detail<sup>13</sup>, and talk about all these matters. Even if there are things that should be kept secret, it will be very harmful to hide anything concerning [your] illness. This thing or that could provide a clue<sup>14</sup> for the physician in seeking the cause of the disease.

As mentioned before, it does no good to construct a diagnosis according to [your] personal bias<sup>15</sup> and begin by telling that to the physician. Physicians who desire

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<sup>1</sup> R: *I ni aitai suru kokoro o toku*. C: 医に相對する心得を説.

<sup>2</sup> R: *jibyō* (conventionally written as 持病). C: 宿疾 chronic disease.

<sup>3</sup> R: *chōbyō*. C: 久病 long illness.

<sup>4</sup> R: *hizen*. C: 肥前瘡 scabies.

<sup>5</sup> R: *kasa*. C: 梅毒 syphilis.

<sup>6</sup> R: *gekansō*. C: 下疳 ulcers on the genitalia.

<sup>7</sup> R: *rinbyō*. C: 癰 gonorrhoea.

<sup>8</sup> R: *ji*. C: 痔 haemorrhoid.

<sup>9</sup> R: *inkin*. C: 陰癬 ringworm.

<sup>10</sup> R: *gangasa*. C: 瘡 ulcers on the shinbone.

<sup>11</sup> R: *tsūfū*. C: 痛痺 gout.

<sup>12</sup> R: *kakuke*. C: 足痺 numb legs.

<sup>13</sup> R: *isai*. C: 巨細 large and small.

<sup>14</sup> R: *tayori*. C: 媒 medium.

<sup>15</sup> R: *higa kokoro*. C: 私心 selfishness.

flattery<sup>16</sup> are unable to search for the true cause of illness if they are drawn in by your words, and will first try to probe into the patient's mind.<sup>17</sup> If that is the case, you will listen to such a physician's opinion and not notice at all that it is a sham<sup>18</sup> intended to flatter you. You will feel gratified by the delusion that [his] opinion matches your way of thinking, and you will eventually fall into the snare of that physician. You must remember this.

Trying to test a physician's skill, some patients who have a jaundiced<sup>19</sup> and distorted mentality do not give the details of [their] symptoms to enable the physician to diagnose them, and want [instead] to listen to what the physician will say<sup>20</sup>. This is a huge misunderstanding. Physicians recognise an inner<sup>21</sup> disease from the outside<sup>22</sup> by palpating the pulse, discerning the colour (complexion)<sup>i</sup> and pressing the abdomen<sup>ii</sup>. It is a difficult art to perform if they are careless. As to serious disease, even when a physician is committed to his art<sup>23</sup>, you cannot possibly say that there will never be any omission, unless various symptoms<sup>24</sup> are closely examined. This is even more the case with unskilled physicians<sup>25</sup>. You should be afraid that mistakes may occur unless you give a full account, with abundant detail. If you hold back and do not speak out, it is as though you were to treat your own precious body as a toy.

As far as a similar bowel movement is concerned, there is a considerable<sup>26</sup> difference according to the colour and odour. Also regarding constipation, some

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<sup>16</sup> R: *kobi o motomuru*. C: 求售 want for sale.

<sup>17</sup> R: *kokoro*. C: 意 intention.

<sup>18</sup> R: *kuwase goto*. C: 甘言 flattery.

<sup>19</sup> R: *katamashiku*. C: 拗戾.

<sup>20</sup> R: *iu tokoro*. C: 論弁 discussion.

<sup>21</sup> R: *uchi*. R: 腔内 inside the body.

<sup>22</sup> R: *hoka*. C: 外表 outer surface.

<sup>23</sup> R: *suji*. C: 道 way.

<sup>24</sup> R: *yōdai*. C: 證候 syndrome.

<sup>25</sup> R: *heta isha*. C: 土郎中 rustic healer.

<sup>26</sup> R: *haruka*. C: 天地 Heaven and Earth.

constipation is due to dryness from heat<sup>27</sup>, while other cases are due to lack of moisture<sup>28iii</sup>, due to a clump from colic and *shaku*<sup>29</sup>, or due to a paralysed spot within the abdomen<sup>30</sup>.

Therefore you should not just use<sup>31</sup> purgative medicine<sup>32</sup> by itself. This is also true of urine retention. Nonetheless, when it comes to ordinary physicians<sup>33</sup>, some of these fellows regard [the variations] as all the same. In particular, there are people who suffer from asthma, coughing, or spastic pain in the chest and ribs because of an obstruction in the pathway of the skin pores<sup>34iv</sup>; [there are also] people who suffer from urine retention, and women who suffer from clumps<sup>35</sup> in the lower abdomen<sup>36</sup>. They appear to be suffering from oedema<sup>37</sup> localised in the abdomen<sup>38</sup> and the uterus, and we sometimes find that treatments for oedema happen to be effective. However the urination of these patients invariably differs from what is usual. Unless patients attentively<sup>39</sup> consider it themselves, it is impossible [to ensure] that there is no oversight<sup>40</sup> in the physician's diagnosis. Apart from [these patients], there are people who have trouble in the abdomen<sup>41</sup> due to urine retention, and not oedema<sup>42</sup>. Needless to say patients make mistakes, but even physicians sometimes do not realise this and make mistakes in treatment. Thus laypersons should also bear this in mind very

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<sup>27</sup> R: *netsu*. C: 蘊熱 stored heat.

<sup>28</sup> R: *uruoi*. C: 津液 *jing* fluid.

<sup>29</sup> R: *sen-shaku*. C: 癥疝 congealed clump and colic.

<sup>30</sup> R: *hara no uchi*. C: 腔内 inner body.

<sup>31</sup> R: *mochiu*. C: 投 prescribe.

<sup>32</sup> R: *kudashi gusuri*. C: 快藥 quick medicine.

<sup>33</sup> R: *nami-nami no isha*. C: 俚医 vulgar physician.

<sup>34</sup> R: *hadae no kaidō*. C: 腠理昇陽 rising of *yang* (*qi*) from the pores of the skin.

<sup>35</sup> R: *katamari*. C: 癥塊 congealed lump.

<sup>36</sup> R: *shita bara*. C: 小腹 lower abdomen.

<sup>37</sup> R: *mukumi*. C: 水腫 oedema.

<sup>38</sup> R: *hara no uchi*. C: 内部 inside.

<sup>39</sup> R: *ki*. C: 心 mind.

<sup>40</sup> R: *miochi*. C: 遺失 loss.

<sup>41</sup> R: *hara no uchi*. C: 內臟 internal organs.



carefully .

In addition, many women are ashamed of speaking about genital diseases<sup>43</sup>. If so, the woman's mother, husband, or maid should report to the physician privately. Nonetheless you should know that this cannot be preferable to her explaining it herself. It is also not good at all to make a wet-nurse look after ill children, as this is a source of error. From breast milk and food to urination and defecation, a mother should inspect these and tell the physician herself. Especially with those children who cry at the sight of a physician, it is difficult to examine their abdomen<sup>44</sup> properly, so that there will be a great loss unless [their mother] describes the symptoms in detail and asks for treatment. However good the physician may be, he is in sole charge of many patients and busy bustling about here and there. It is impossible that there should never be any mistakes in the physician's listening and observation during a brief meeting. Therefore it is crucial to understand<sup>45</sup> [this] well and talk.

Those who wish to worship gods and offer mercy to the lowly [or the young]<sup>46</sup> should be especially careful about this [how to talk to the physician]<sup>47</sup>. Also, it may sometimes impede treatment<sup>48</sup> if one complains hastily when one finds that medicines taste foul. Is it not said that good medicines taste bitter but benefit [cure] illness?<sup>v</sup> Nonetheless if the patient feels stagnation<sup>49</sup> in the chest<sup>50</sup> or feels like vomiting every time they are made to take medicines, or if they feel out of sorts in any way after taking medicines<sup>51</sup> and find that [those medicines] cause stagnation<sup>52</sup>, it sometimes means

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<sup>42</sup> R: *mukumi*. C: 浮腫 oedema.

<sup>43</sup> R: *shimo no yamai*. C: 暗疾 secret disease.

<sup>44</sup> R: *hara o miru*. C: 腹診 to examine the abdomen.

<sup>45</sup> R: *kokoroe*. C: 記得 to remember.

<sup>46</sup> R: *kami o uyamai shimo o awaremu*. C: 孝悌仁愛 filial piety and benevolence.

<sup>47</sup> R: *ki*. C: 意 intention.

<sup>48</sup> R: *ryōji*. C: 処劑 prescription.

<sup>49</sup> R: *nazumi*. C: 拒 to reject.

<sup>50</sup> R: *mune*. C: 胸膈 the chest and diaphragm.

<sup>51</sup> R: *kusuri*. C: 藥汁 decoction.

that [their body's] natural function<sup>53</sup> does not accept [those medicines]. In that case, it is not good [for the nursing attendant] to force the patient to take them. As harm might be caused, you should immediately notify the physician, who may alter the medication. However, appropriate medicines sometimes show rapid efficacy after making one feel dizzy<sup>vi</sup>, so one should appreciate that this cannot be discussed easily. Also all medicines should be taken on an empty stomach; it is not good to take them immediately after meals. It is very foolish to say that one should take medicines before meals for diseases of the lower body<sup>54</sup>, and after meals for diseases of the upper body<sup>55vii</sup>. These are the sayings of people who do not even know how medicines work<sup>viii</sup>, so you should not let them concern<sup>56</sup> you.

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<sup>i</sup> It refers to diagnosis by looking, which is one of the four diagnoses (looking 望, listening and smelling 聞, questioning 問, and touching 切). Looking entails scrutinizing the colour of the complexion, urine, faeces, and so on.

<sup>ii</sup> It refers to abdominal diagnosis, palpating the abdominal area. For the popularity of abdominal diagnosis, see Chapter 2, sections on massage and *hara*.

<sup>iii</sup> In *Byōka suchi*, Hirano repeatedly mentions the importance of the secretion of bodily fluids via the pores the skin, in reference to *jin* 津, 腠理/肌膚, 昇陽, and 腠理排泄. These are connected with the physiology of protective *weiqi* 衛氣. According to *Huangti neijing*, *weiqi*, which belongs to *yang*, is manifested in all kinds of bodily fluids except for blood. It is further divided into *jing* 精 (essence), *jin* 津 (secretions such as saliva and sweat), *qi* 氣 (corresponds, to a limited extent, to lymph), and *ye* 液 (corresponds, to a limited extent, to brain fluids). It runs through the outer vessels, moistening and warming the flesh and skin, and protecting the body from external evils. On the other hand, structural *yingqi/ki*, which is paired with *weiqi*, belongs to *yin* and composes the blood that runs inside the vessels. *Weiqi* goes in and out through the pores of the skin 腠理/肌膚 owing to pulmonary respiration. Rising *yangqi* 昇陽, therefore, indicates cutaneous respiration, i.e., the secretion of bodily fluids from the pores 腠理昇陽/腠理排泄. These bodily fluids are called *jin* 津, and take the form of sweat and other secretions. Hirano understands the secretion of *jin* fluids 津液 as “moistening (*uruoi*)” the skin’s surface. Summary of *Lingshu*, ‘wuwei 五味’, ‘xieke 邪客’, and ‘yingwei shenghui 營衛生會’. This also corresponds to the statement about the way in which disease poisons are expelled from the body, either by perspiration or by urine.

<sup>iv</sup> The meaning of *kaidō* is unknown, but it can be rendered with the characters 街道, highway, which implies that the pores of the skin are the passageways through which bodily fluids enter and

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<sup>52</sup> R: *tsukayuru*. C: 泥滯 to stagnate.

<sup>53</sup> R: *ten'nen no hataraki*. C: 作用力 functional power.

<sup>54</sup> R: *gebu*. C: 下焦 lower *jiao*, one of the *sanjiao* 三焦.

<sup>55</sup> R: *kami*. C: 上焦 upper *jiao*, one of the *sanjiao* 三焦.

<sup>56</sup> R: *kakawaru*. C: 拘執 to persist.

egress. For the physiology of 昇陽, see endnote C to Chapter 3-5.

<sup>v</sup> This statement comes from Confucius: 良藥苦於口、而利於病、忠言逆於耳、而利於行 (*Shiji*, 'huainanwang zhuan 淮南衡山列傳' (Written by Sima Quan 司馬遷, Annotated 集解 by Fei Yin 裴駰, Index by Sima Cheng 司馬貞, and Correction by Zhang Shoujie 張守節. Reprint in 1997, Zhonghuashuju, Beijing), 781.

<sup>vi</sup> R: *mengen*. C: 暝眩 dizziness. This is attributed to a statement of Mengzi in *Shujing* 書經 (pre-Han, SSJZS edition, 'shuoming shang 說命上', 174): 藥不暝眩其病不癒. It seems that the Classic School, particularly Yoshimasu Tōdō, inclined to this view, because the same criticism is found in *Yōjō yōron* 養生要論. "The Classic School quotes the statement that 'unless one feels dizzy with medicine, the illness will not heal'. Some even regard such symptoms as stomach ache and vomiting as "dizziness", and stubbornly believe that illness will not heal without dizziness. Dizziness means that you feel giddy and as though in a dream; that happens when you take a lot of monkshood...the Classic School believe that without dizziness and vomiting and diarrhoea, illness will not heal... these are all the same mistake." (Eisei 1:124-125). Nowadays, practitioners of traditional medicine consider that 暝眩 dizziness indicates a form of unexpected positive reaction to treatment. It is often regarded as a halfway process towards a cure, before the treatment has shown efficacy, possibly corresponding to "crisis" in Western medicine.

<sup>vii</sup> In traditional medicine, both the lower and upper *jiao* 焦 have functions in the digestive process. On the other hand Hirano roughly indicates the lower and upper body with these terms by appending the *furigana gebu* for 下焦 – conventionally 下部 (lower part), and *kami* for 上焦 – conventionally 上 (upper).

<sup>viii</sup> The contention in *Byōka suchi* is that if the abdomen is already full of food, it has no further power to digest medicine (BS 1: 43).

### 3-6. Discussion of the reasons why diseases are transmitted (*Byōka suchi* fascicle 1: page 34-40)<sup>1</sup>

Of all the diseases that exist, there are none that are not transmitted<sup>2</sup>. Unless you clearly know the reasons why they are transmitted<sup>3</sup>, you can neither avoid nor cure them. Nonetheless, it is still not easy for a layperson to understand the profound principles underlying this, however well it is explained. I will therefore just sketch an outline here [of how diseases are transmitted] to allow the general public to know about it.

First of all you should bear in mind that the human body is endowed with the principles that govern all the myriad things between Heaven and Earth without exception, so that all diseases in the world occur from the correlation between inside and outside. Therefore for every possible disease, including cold damage, seasonal epidemics, intermittent fever<sup>4</sup>, diarrhoea, smallpox<sup>5</sup>, measles<sup>6</sup>, syphilis<sup>7</sup>, venereal scabies<sup>8</sup>, beriberi<sup>9</sup>, jaundice<sup>10</sup>, consumptive diseases<sup>11</sup>, and *kan*<sup>12</sup>, you must be aware<sup>13</sup>

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<sup>1</sup> R: *yamani no utsuru beki wake o toku*. C: 病の伝染べき理を説 (Discussion of the reason why diseases transmitted). I translate the term “utsuru” as “to transmit” or “transmission” of disease because *Byōka suchi* recognises that some diseases are contagious, while others are infectious, but sometimes the distinction seems unclear. For instance, in the case of venereal diseases such as syphilis or venereal scabies, the risk of contagion through sexual intercourse is repeatedly warned against. On the other hand, in the case of cold damage or epidemic fever, infectious pathogenic *ki* is thought to transmit diseases by inhalation or through the pores of the skin (via air 風氣中 *ki no uchi*). The combination of these two patterns, according to *Byōka suchi*, should make one fear diseases such as diarrhoea, smallpox and leprosy, as the pathogenic poison in them is so strong that they are easily transmitted not only by direct contact, but also via the medium of air or breath.

<sup>2</sup> R: *utsura* (-zaru). C: 転化 to transmit.

<sup>3</sup> R: *utsuru*. C: 転化 to transmit.

<sup>4</sup> R: *okori*. C: 瘧 intermittent fever.

<sup>5</sup> R: *hōsō*. C: 痘 smallpox.

<sup>6</sup> R: *hashika*. C: 麻 measles.

<sup>7</sup> R: *kasa*. C: 徽毒 syphilis.

<sup>8</sup> R: *hizen*. C: 肥前 venereal scabies.

<sup>9</sup> R: *kakuke*. C: 脚痺 numb legs.

<sup>10</sup> R: *ōdan*. C: 黄疸 jaundice.

<sup>11</sup> R: *rōshō*. C: 癆瘵 consumption.

<sup>12</sup> R: *kan*. C: 痲 spasms.

<sup>13</sup> R: *omou*. C: 知 to know.

that there is none of them that is not transmitted. Among these diseases, some are unambiguous<sup>14</sup> and easy to identify, while others are subtle and difficult to discern. Although some are difficult to distinguish and diagnose clearly, if you already know the obvious ones, you will naturally come to recognise the others.

Suppose now there is a patient who is suffering from cold damage. It is neither transmitted<sup>15</sup> from without, nor is it the kind of fever that arises from within. But if the patient chances to come into contact with cold air, the *ki* rising from the body<sup>16</sup> becomes blocked, and the passage (of *ki*) in and out of the pore of the skin<sup>17i</sup> becomes more difficult, so that shivering and fever occur<sup>18</sup> in order to counter these things. Unless the patient discharges [shivering and fever] through perspiration, the disease gradually reaches the inside<sup>19</sup>, so that the circulation<sup>20</sup> in the vessels and abdomen<sup>21</sup> diverges greatly from what is usual, thereby producing a kind of poisonous *ki*<sup>22</sup>.

When that poison is transmitted to others, the symptoms<sup>23</sup> are different from those of the person who first contracted the disease from the skin<sup>24</sup> by coming into contact with cold air. The symptoms are more severe, and the disease is transmitted<sup>25</sup> [to the second person] so fast that [the poison] does not reach the inside.<sup>26</sup> At this point the symptoms come to resemble those of the disease of the person who transmitted<sup>27</sup> the poison. If there happen to be differences, this is due to the difference in nature of

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<sup>14</sup> R: *arawa*. C: 費 consuming too much.

<sup>15</sup> R: *tsutae*. C: 転輸 to transfer.

<sup>16</sup> R: *karada yori tachinoboru ki*. C: 肌膚昇陽 rising of *yang* from the skin pores.

<sup>17</sup> R: *keana no kayoi*. C: 腠理発泄 discharge from the skin pores.

<sup>18</sup> R: *okosu*. C: 促 to promote.

<sup>19</sup> R: *uchi*. C: 内臓 internal organs.

<sup>20</sup> R: *meguri*. C: 運輸 transport.

<sup>21</sup> R: *hara*. C: 腸胃 intestines and stomach.

<sup>22</sup> R: *dokuki*. C: 毒 poison.

<sup>23</sup> R: *yamiyō*. C: 発病 onset of disease.

<sup>24</sup> R: *hadae*. C: 皮表 skin surface.

<sup>25</sup> R: *tsutai*. C: 伝変 to change.

<sup>26</sup> R: *uchi*. C: 内臓 inner organs.

<sup>27</sup> R: *utsushi*. C: 伝輸 to transport.

each person. In this way, people become ill through the transmission<sup>28</sup> of poison from one to another. However for those who get the disease first, the cause is attributable to temporary trouble such as the skin<sup>29</sup> being blocked or lying in a place which is damp<sup>30</sup> or a wall being newly painted. Even though the causes of the disease are various, it all happens in a moment, and the pent-up fever<sup>31</sup> accumulates day by day, producing a kind of transmissible<sup>32</sup> poison<sup>33</sup>.

As for diseases such as smallpox<sup>34</sup>, measles<sup>35</sup>, venereal scabies<sup>36</sup>, and syphilis<sup>37</sup> that were transmitted<sup>38</sup> from foreign countries, the seeds of these diseases did not exist (in our country) from the earliest times at the beginning of the world.

It is obvious that these diseases are transmitted via a kind of bad poisonous *ki*<sup>39</sup> that forms in the bodies of people who have grown up in very barbarous countries<sup>40</sup> where the weather is not quite right. This will be mentioned in the following sections about smallpox<sup>41</sup>, syphilis<sup>42</sup> and venereal scabies<sup>43</sup>, so that you can cross-reference them. In addition, as for all the diseases that go under the name of cold damage, some of them come from the inside<sup>44</sup>, and so the causes of the disease<sup>45</sup> need to be

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<sup>28</sup> R: *tsutae*. C: 転化 to convert.

<sup>29</sup> R: *hadae*. C: 皮表 skin surface.

<sup>30</sup> R: *shikke*. C: 陰湿 dump.

<sup>31</sup> R: *mushitaru netsu*. C: 鬱熱 pent-up fever.

<sup>32</sup> R: *utsuru*. C: 伝化 to convert.

<sup>33</sup> R: *doku*. C: 病毒 disease poison.

<sup>34</sup> R: *hōsō*. C: 痘 smallpox.

<sup>35</sup> R: *hashika*. C: 麻 measles.

<sup>36</sup> R: *hizen*. C: 肥前 venereal scabies.

<sup>37</sup> R: *kasa-gasa*. C: 徽疾 syphilis.

<sup>38</sup> R: *utsuri tsutaeshi*. C: 運輸 to transport.

<sup>39</sup> R: *dokuki*. C: 病毒 disease poison.

<sup>40</sup> R: *ebisu gumi*. C: 異邦蛮夷 foreign barbarian nations.

<sup>41</sup> R: *hōsō*. C: 痘瘡 smallpox.

<sup>42</sup> R: *kasa*. C: 徽疾 syphilis.

<sup>43</sup> R: *hizen*. C: 肥前 venereal scabies.

<sup>44</sup> R: *uchi*. C: 内因 inner cause.

<sup>45</sup> R: *yamai no moto*. C: 所由 reason. Here it seems to refer to the cause of each case of cold damage.

differentiated. This will be analysed later in the section on cold damage. In all cases in which poison is transmitted<sup>46</sup>, it is transmitted either through the skin<sup>47</sup> or by inhalation through the mouth and nose. Therefore those people who fall asleep by the side of a patient with fever, or those who endure hunger and thin clothing, or those who have insufficiencies in their bodies due to disease, often get [this disease poison]. Therefore when you nurse a person with fever which is easily transmitted<sup>48</sup>, you should bear in mind [the pathology of fever]. Just as you easily catch cold in your sleep, you are likely to have an illness transmitted to you [by fever] when you lie down, so it is particularly bad to sleep near a patient.

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<sup>46</sup> R: *utsuru*. C: 転輸 to transport.

<sup>47</sup> R: *hadae*. C: 肌膚 skin.

<sup>48</sup> R: *utsuri*. C: 転化 to convert.

Illustration 23. Liu Yuancheng avoids a venomous snake on the way to the castle.<sup>ii</sup>





But those people with an intense spirit<sup>49</sup> of filial piety<sup>50</sup> and benevolence<sup>51</sup> have *ki* that floats out from the inner body to protect the area around the body<sup>52</sup>. However close they approach to evil *ki*<sup>53</sup>, they repel it and never let themselves be infected by it. This *ki*<sup>iii</sup> is not easily visible to the human<sup>54</sup> eye, and it is extremely difficult to gain knowledge of it. Therefore those who do not have the training for this should pay particular attention<sup>55</sup> to diet, sleeping and rising when engaged in nursing, (taking care) not to allow the body<sup>56</sup> to become fatigued. They should not wear clothes that the patient has put on, and should not inhale the breath from the patient's mouth and nose, nor the odour of the [patient's] body and excrement. It is extremely bad to nurse while suffering hunger or sleepiness. Also people whose skin is vulnerable<sup>57iv</sup> should not go near the bed of a patient with consumption. Nonetheless if the patient is one's parent or relative, nursing is indispensable, so one should prepare oneself beforehand so as to avoid infection.

In particular if one goes to the tomb of somebody who has died from that [consumptive] disease in a hot season, one should be circumspect so as not to be affected by the evil *ki*<sup>58</sup>. Smallpox<sup>59</sup> and measles<sup>60</sup> are most difficult to prevent, as will be discussed in a later fascicle<sup>v</sup>. You should also read this to know how venereal

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<sup>49</sup> R: *kokoro*. C: 志 intention.

<sup>50</sup> R: *kōshin*. C: 孝悌 filial piety and brotherhood. *Kōshin* is conventionally written as 孝心, simply referring to feelings of filial piety.

<sup>51</sup> R: *nasake*. C: 仁愛 benevolence.

<sup>52</sup> R: *karada no mawari*. C: 上下四方 all around.

<sup>53</sup> R: *ashiki*. C: 惡毒 evil and poisonous.

<sup>54</sup> R: *hito*. C: 庸人 ordinary people.

<sup>55</sup> R: *kokoro*. C: 意 intention.

<sup>56</sup> R: *karada*. C: 身心 the body and mind.

<sup>57</sup> R: *hada yowaki*. C: 虛脆 weak and fragile.

<sup>58</sup> R: *ashiki ki*. C: 屍氣 deadly *ki*.

<sup>59</sup> R: *hōsō*. C: 痘 smallpox.

<sup>60</sup> R: *hashika*. C: 麻 measles.

scabies<sup>61</sup> and syphilis<sup>62</sup> can very easily be avoided; that is explained in detail there, too<sup>vi</sup>. These fascicles discuss the essentials of how to prevent infection<sup>63</sup> from them. Furthermore those who devote themselves to nursing with a fervent spirit<sup>64</sup> of loyalty, filial piety, and benevolence<sup>65</sup> do not get infected by contact with such things as heat poison. There have been several examples<sup>66</sup> [of this] both in China and Japan since ancient times and even nowadays we often witness it. However some cold-hearted folk leave nursing to others and do not go near the sickbed due to fear of the illness being transmitted to them, even when their family member or relative is suffering from cold damage or fever. This is not humane<sup>67</sup> behaviour. Especially, an ill parent should be cared for even at the cost of one's life, and how dare one then fear infection?

Now when their own child is ill, they sit up all night nursing it. When the child receives acupuncture, they feel as if they themselves are being pierced, and when the child receives moxibustion, they feel as if their own body is being burned. This is just because the child is one whom they themselves bore. Thus it is that one should not neglect the illness of the parents who gave birth to one. As to brothers and sisters, they are all equally children in the eyes of their parents. Relatives are all equally descendants in the eyes of the ancestors. But there are people who neglect [their care] as if it were other people's affair and hire someone else to do it, saying that they have no time or that another person is used to nursing. How detestable this is.

When they treat even family like this, in the case of servants' illnesses they have no idea how they suffer. They just ask physicians for medicines, and do not even check

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<sup>61</sup> R: *hizen-gasa*. C: 肥前瘡 venereal scabies.

<sup>62</sup> R: *kara-gasa*. C: 徽毒 syphilis.

<sup>63</sup> R: *utsuru koto*. C: 転染 contagion.

<sup>64</sup> R: *kokoro*. C: 志 intention.

<sup>65</sup> R: *jishi*. C: 慈仁 benevolence.

<sup>66</sup> R: *tameshi*. C: 證 proof.

<sup>67</sup> R: *ningen*. C: 人倫 human morality.

if [the patient] takes the medicines or not. If they hear that the illness may be serious or long, they immediately send the patient back home. Such behaviour is lacking in mercy or favour between master and servant. Should one not be fearful of punishment from Heaven?

We will now leave this subject for the time being. By the way, as for disease poisons, every cause is different and no two are the same. Thus one does not catch measles by getting<sup>68</sup> smallpox<sup>69</sup>. Venereal scabies<sup>70</sup> does not change into syphilis<sup>71</sup>. When one suffers from both intermittent fever<sup>72</sup> and diarrhoea simultaneously, even when the intermittent fever ends, the diarrhoea is not cured at all and remains. If one is infected with trachoma<sup>73</sup>, one always suffers from trachoma. Everything is this way. If there are a hundred kinds of diseases, there are a hundred kinds of poison, and if [there are] a thousand or ten thousand kinds [of diseases], [there are] a thousand and ten thousand kinds of poison. They are all different, just as the seed of each plant is different from every other one. The seed of a plant needs soil to grow vigorously, and the seed of disease is implanted in the human body where it grows to become a disease<sup>74</sup>; the principle is the same. Reasoning from the principle that there are no two identical things between Heaven and Earth, is this not the easiest thing to elucidate?

Nonetheless ever since the physician appeared who put forward the theory of “one poison as the cause of all diseases”<sup>vii</sup>, there have been many people who recklessly mislead others by the abuse of those words. Laypersons should also bear this in mind.

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<sup>68</sup> R: *uke* (-te). C: 輸 to transport.

<sup>69</sup> R: *hōsō*. C: 痘瘡 smallpox.

<sup>70</sup> R: *hizen*. C: 肥前瘡 venereal scabies.

<sup>71</sup> R: *kasa*. C: 徽毒 syphilis.

<sup>72</sup> R: *okori*. C: 瘧 intermittent fever.

<sup>73</sup> R: *yamime*. C: 火久腫眼 trachoma.

<sup>74</sup> R: *yamai to naru*. C: 發生 break out.

Also, once you clearly comprehend that the human body is endowed with diverse principles and correlates with a myriad phenomena, it will naturally become evident that, with regard to all the diseases that afflict the inner and outer body, entirely and without exception, if you catch them once in a lifetime, you will never get them again. Among them, the most obvious and easiest to recognise is the group of smallpox<sup>75</sup> and measles<sup>76</sup>; likewise syphilis<sup>77</sup>. Once it is rooted out<sup>78</sup>, you will never catch syphilis again even if you see men or women who are syphilitic<sup>79</sup>. It is what people call “picking out rashes”<sup>viii</sup>. If someone catches [syphilis] once again, it is because the disease has not been rooted out. If you recover from cold damage after experiencing such symptoms as initial shivering and fever, a swollen feeling in your abdomen, staring eyes, a yellow tongue, and delirium, you will never catch [cold fever] again. Even if the symptoms are similar, a comparison with the previous disease will tell you that the seed of the disease is different, so that the condition<sup>80</sup> is not the same. With these things, unless you pay meticulous attention<sup>81</sup>, it is hard to comprehend the principle and difficult to give credence. Thus I will not expatiate tediously on what is not essential<sup>82</sup>. Even if the general public is unable to understand the deep underlying principle<sup>83</sup>, just remember that all diseases are transmissible, and take care<sup>84</sup> to prevent that.

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<sup>75</sup> R: *hōsō*. C: 豆瘡 smallpox.

<sup>76</sup> R: *hashika*. C: 麻疹 measles.

<sup>77</sup> R: *kasa*. C: 徽毒 syphilis.

<sup>78</sup> R: *nenuke*. C: 根治 recover completely.

<sup>79</sup> R: *kasake*. C: 徽毒 syphilis.

<sup>80</sup> R: *yōdai*. C: 證候 symptom.

<sup>81</sup> R: *kokoro*. C: 意 intention.

<sup>82</sup> R: *kanyō*. C: 急務 urgent business.

<sup>83</sup> “The principle” here indicates that each disease is attributed to a different pathogenic poison.

<sup>84</sup> R: *kokoro gaku*. C: 慮 to consider.

<sup>i</sup> 肌膚昇陽 and 腠理發泄 concern the physiology of protective *weiqi* (qi). See endnote C to Chapter 3-5.

<sup>ii</sup> This illustration shows that a person of filial piety is protected by a special *ki* 衛氣 that wards off danger. *Yōjōketsu* contains the anecdote of Liu Yuancheng 劉元城 (1048-1125?): After being entrapped by a calumny, Liu Yuancheng left for Lingnan 嶺南, travelling through the mountains with his mother. When a giant snake appeared to obstruct their path, Liu Yuancheng was able to repel the snake simply by facing it. Hirano claims that it was the shining light of Liu's filial piety that made the snake retreat (Eisei 3:161-162).

<sup>iii</sup> Despite sharing the idea of "protection", Hirano's interpretation of *weiqi* 衛氣 seems to deviate notably from the Chinese tradition. It is further explained in *Yōjōketsu* (Eisei 3:161-164). According to that text, it is a kind of aura that surrounds and protects a person, called *kōki* 光輝 (shining light). The intensity of the shining light differs from person to person, depending on one's moral stature. The term can be traced to an anecdote about Confucius and Huan Zhui 桓魋: When Huan attempted to assassinate Confucius, the light of virtue radiating from Confucius's body preserved him from danger (子曰天生德於予桓魋其如予何, *Lunyu*, 'xu'er 述而'). Hirano argues that people often receive fatal damage from the "split seam" of shining light or protective *ki*: A little boy felt a kind of draught around one inch from his neck one morning. Later an arrow, shot during archery practice, most unfortunately hit the boy on the same spot on his neck, and he died from the injury. In this way, Hirano associates the meaning of "protective *ki*" with a numinous aura which is attributed to one's moral standing or fortune.

<sup>iv</sup> 虛脆 reflects the pathology of *xu* 虛 (depletion): When one's *zhengqi* 正氣 (right qi) becomes deficient, the powers of resistance of the organism fail. The balance between emptiness and fullness correlates with the conflict between *zhengqi* or *yuangqi* 元氣, i.e. vitality, and evil *qi*, a pathogen. *Byōka suchi* views the pores of the skin as the route on the body's surface through which an evil pathogen will invade, if the pores are loose and open.

<sup>v</sup> The third fascicle of *Byōka suchi* refers to the prevention of smallpox. During the Edo period, smallpox (and measles) were endemic, particularly as childhood diseases. Although a number of medical texts specifically discuss smallpox, it was only after the publication of *Dandokuron* 斷毒論 by Hashimoto Hakuju 橋本伯壽 (1810) that smallpox came to be acknowledged as a contagious disease. Previously, diverse opinions had coexisted, the cause being variously described as a poison inherited from one's parents, miasmas, or the agency of a smallpox demon. In *Byōka suchi*, smallpox is acknowledged as a disease that can be transmitted via the patient's tableware, clothing, *ki*, odour, cats, and even physicians (particularly when taking a pulse or using acupuncture needles). Therefore it is claimed that the best form of prevention is to avoid places where there are smallpox patients. Variolation is mentioned with the qualification "I have heard that it is practised in foreign countries", but no reference to vaccination is found in *Byōka suchi*. Variolation began to be carried out in Japan in the late eighteenth century, particularly in Ryūkyū (present-day Okinawa) and the Kyūshū area. However, the statement in *Byōka suchi* implies that the practice was not yet common in the city of Edo. The first vaccination was carried out in 1849 by Narabayashi Sōken 榎林宗健 (1801-1852). For the history of the eradication of smallpox, see Fukase Yasuaki 2002, *Tennentō konzetsushi-igaku bokkōki no hitobito* (Shibunkaku, Kyoto). As for measles, *Byōka suchi* contends that it is possible to prevent its spread if measures are taken to exclude any foreign vessels, cutting off the route by which the disease is imported.

<sup>vi</sup> The fifth fascicle of *Byōka suchi* discusses the prevention of syphilis and scabies: One does not get infected with syphilis and scabies unless one comes into contact with people who possess the disease poison, most typically via sexual intercourse or kissing. It is further noted that the disease poison is found also in saliva, sweat, faeces, breast milk, and medical instruments such as acupuncture needles or forceps, and that one should therefore avoid touching them (BS 5:1-3, 12-13).

<sup>vii</sup> This theory, called the theory of *Manbyō ichidoku* 万病一毒 (one poison for all diseases), was established by Yoshimasu Tōdō. For details, cross-reference Chapter 2, footnote 18.

<sup>viii</sup> *Byōka suchi*, like many other medical texts, divides the development of smallpox into several stages: incipient fever, growth of pox 起脹 (*mizu'umi*), development of pustulation 灌脹 (*hon'umi*), and formation of scabs 収靨 (*kasa*). "*Kasa o kakimukitaru* (to scratch off pox)" indicates the restoration of pox, which was considered to be the last stage of the disease as well as

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offering the promise of survival. At the time of restoring the pox, the ceremonial custom called *sasayu* or *sakayu* 酒湯 was widely practised, in which the patient is bathed or wiped with hot water containing sake-wine, the whitish water from rice-washing, red beans and salt. This curative method was considered to facilitate the restoration of pox. However the arguments for and against this custom vary depending on the medical text. For example, *Byōka suchi* warns against the risks of bathing too early. For the general history of smallpox in Japan, see Donald R Hopkins 1983, *Peasants and Princes: Smallpox in History*, (Chicago University Press, Chicago), 105-118, 128-132, Ann Jannetta Bowman 1987, *Epidemics and Mortality in Early Modern Japan*, (Princeton University Press, Princeton), Tatsukawa Shōji 1979, *Kinsei yamai no sōshi*, (Heibonsha, Tokyo), 150-175. For practice of *sasayu* ceremony, see Maekawa Ken 1976, 'Change of Sasayu Ceremony with the Lapse of Time in the Edo era', in *Nihon ishigaku zasshi*, vol. 22. No.1. Jan. 1976. For the understanding and treatment of smallpox in Chinese medical tradition, see Chang 1996, Chapters 3 and 4.

### 3-7. Discussion of what persons engaged in nursing should bear in mind (*Byōka suchi* fascicle 1: page 40-54)<sup>1</sup>

Nursing means not only taking care of patients when they are eating and drinking, sleeping or sitting up, or taking medicines. There are three issues at stake: The first is the prevention of any sign of disease. This is a concern for those people who are always worried<sup>2</sup> about everything and have been depressed<sup>3</sup> for a long time. Their blood<sup>4</sup> transport<sup>5</sup> slackens so that their complexions become pale, and they feel drowsy<sup>6</sup> and unrefreshed<sup>7</sup>. Their thinking<sup>8</sup> becomes distorted, and their minds<sup>9</sup> become congealed<sup>10</sup>. Along with these things, the circulation of vital *ki*<sup>11</sup> slows down, and they feel that their inner body<sup>12</sup> is slightly chilled compared to usual. The cause of this depression<sup>13</sup> stems from the stirring-up of feelings of sorrow, cowardice, love and missing<sup>1</sup> [someone], which cannot be stopped. Those who watch closely and discern promptly the state of mind<sup>14</sup> [of the patient] should take great care<sup>15</sup> to comfort and admonish him or her with the best words they can think of, in order to clear<sup>16</sup> up what is congealed<sup>17</sup>. Otherwise if the depression<sup>18</sup> lasts for a matter of days, to the point of

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<sup>1</sup> R: *Kanbyōnin no kokoroe o toku*. C: 看病人の意得をとく Discussion of what the nursing person should bear in mind.

<sup>2</sup> R: *kokoro ni kakari*. R: 罣慮 to consider.

<sup>3</sup> R: *kiutsu surukoto*. C: 抑鬱 depression.

<sup>4</sup> R: *chi*. C: 血脉 blood vessel.

<sup>5</sup> R: *kayoi*. C: 運輸 transport.

<sup>6</sup> R: *utsura utsura*. R: 昏冒 to faint.

<sup>7</sup> R: *ki ga hikitatazu*. C: 敗意 failed mind.

<sup>8</sup> R: *kangauru koto*. C: 知見 .

<sup>9</sup> R: *kokoro*. C: 精神 spirit.

<sup>10</sup> R: *musubohoruru*. C: 滯結 to congest.

<sup>11</sup> R: *genki*. C: 元陽 vital yang.

<sup>12</sup> R: *miuchi*. C: 軀殼 bodily carapace.

<sup>13</sup> R: *ki o fusagu*. C: 悵鬱 depression.

<sup>14</sup> R: *kokoro*. C: 情 feeling.

<sup>15</sup> R: *kokoro*. C: 意 intention.

<sup>16</sup> R: *hareyuku*. C: 排遣 to get rid of.

<sup>17</sup> R: *musubohoru mono*. C: 滯結 to be congested.

disturbing sleep at night and gradually exhausting<sup>19</sup> the mind<sup>20</sup>, the blood will become thin<sup>21</sup>, and the state of blood circulation<sup>22</sup> and abdominal digestion<sup>23</sup> will deteriorate. Gradually it will either form a clump<sup>24</sup> within the abdomen, or manifest as diseases like consumption, or *kan*<sup>25</sup>, or madness, transforming into myriads of [other] diseases. Eventually some of them will become very serious.

You should not consider this kind of case lightly or neglect it at first. Whether there is joy or anger, if it hinders sleep at night, you should remember that it will invariably cause harm later on, and therefore measures should be taken promptly. Also if people become unusually depressed, sad, fearful<sup>26</sup>, worried<sup>27</sup>, or uneasy<sup>28</sup> without any reason, or suddenly become angry<sup>29</sup> and mortified, it is a sign of *kan*<sup>30</sup> or madness.

When people are angry and mortified for a long time, [their] *ki* runs in reverse. So it is that for some persons, the whole body inclines upward<sup>31</sup>, the inner head becomes heated, and the complexion becomes red; the sinews twitch<sup>32</sup> and the muscles cramp. This is because anger oppresses the soul<sup>33</sup>, and if [the oppression] becomes too intense, sometimes people fall down in a fit<sup>34</sup>. Therefore people who easily get angry<sup>35</sup>, who

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<sup>18</sup> R: *ki o fusagu koto*. C: 鬱悒 depression.

<sup>19</sup> R: *fusoku shi*. C: 減耗 to languish.

<sup>20</sup> R: *shinki*. C: 心識 mind.

<sup>21</sup> R: *chi yaya usukunari*. C: 昏闇 faint.

<sup>22</sup> R: *chi no meguri*. C: 運輸 transport.

<sup>23</sup> R: *hara no konare*. C: 消化 digestion.

<sup>24</sup> R: *katamari*. C: 癥塊 congealed clump.

<sup>25</sup> R: *kanshō*. C: 痲疾 spasm.

<sup>26</sup> R: *mono ni oji*. C: 恐怖 fear.

<sup>27</sup> R: *mono o anji*. C: 沈思 to ponder

<sup>28</sup> R: *ki ni kake*. C: 踰慮 to consider.

<sup>29</sup> R: *kyū ni haradate*. C: 暴怒 furious.

<sup>30</sup> R: *kanshō*. C: 痲疾 spasm.

<sup>31</sup> R: *uwazuri*. C: 懸引 to hang.

<sup>32</sup> R: *hikitsuri*. C: 惕 afraid.

<sup>33</sup> R: *tamashi'i*. C: 神氣 soul.

<sup>34</sup> R: *hikitsuke*. C: 卒厥 sudden *ki* reverse.

<sup>35</sup> R: *haradachi*. C: 熱中 to be heated up. *Haradachi* is conventionally written as 腹立ち (standing-up of the abdomen), which seems to suggest the view of the abdomen as the centre of mind, and the association of anger with the upward movement of *ki* (in the abdomen).



are what is called “hot-tempered [having pent-up *kan*]”, are likely to develop *kan*,<sup>36</sup> rigidity<sup>37</sup>, madness, and consumptive diseases<sup>38ii</sup>. Moreover, they usually suffer from [conditions] such as dizziness or headache, and suffer from apoplexy<sup>39</sup> when they become old. Also such [things] as excessive pleasure<sup>40</sup>, indulging in alcohol and sex, sleeping in the daytime and staying up all night, exhausting one’s energy<sup>41</sup> in reading and the arts, and [in general] going beyond one’s capacity, should all be restrained. Nonetheless, using<sup>42</sup> up one’s energy<sup>43</sup> in study or the arts is not as harmful as damaging the body due to worry, anger<sup>44</sup>, alcohol and sex, and so should not be forcefully prevented. This needs consideration depending on the particular person. The above points are all concerned with preventing disease when there is no sign of it yet.

The second issue [of nursing] concerns those who have already become ill. They should ponder the cause of the disease and immediately request treatment<sup>45</sup> from a skilled physician. In seven or eight out of ten cases, if initial treatment is given properly, the disease will be cured without becoming too drastic.

A rough sketch (of how this principle works) is as follows. There are those people who suffer from ulcers on the penis<sup>46</sup> in the initial stage of syphilis, and those who get venereal scabies<sup>47</sup> only in five or six spots on the fingertips, but otherwise do not

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<sup>36</sup> R: *kanshō*. C: 痲疾 spasm.

<sup>37</sup> R: *sori no yamai*. C: 瘵病 rigidity.

<sup>38</sup> R: *rōshō*. C: 勞瘵 consumption.

<sup>39</sup> R: *sotchūbū*. C: 卒癱 apoplexy.

<sup>40</sup> R: *tanoshimi*. C: 逸樂 excess of pleasure.

<sup>41</sup> R: *konki*. C: 精神 spirit.

<sup>42</sup> R: *tsukau*. C: 勞働 exercise.

<sup>43</sup> R: *konki*. C: 意識 consciousness.

<sup>44</sup> R: *urei-ikari*. C: 憂愁 to grieve and worry.

<sup>45</sup> R: *ryōji*. C: 診察 diagnosis.

<sup>46</sup> R: *sao no dekimono*. C: 下疳瘡 ulcers on the genitalia. *Sao* is conventionally written as 竿 or 棹 (pole), implying the penis.

<sup>47</sup> R: *hizen*. C: 肥前瘡 venereal scabies.

experience itching anywhere else. The beginnings<sup>48</sup> of cold damage can be cured by perspiration. Vomiting blood or bleeding from the anus should be halted immediately. Those who are about to go mad and cannot sleep at night should receive treatment that helps them to sleep. Those who sleep too heavily should be woken up promptly. The sick themselves should recognise the signs of apoplexy<sup>49</sup> and take precautions. Women can cure genital bleeding<sup>50</sup> by applying techniques when medicines have no effect. For loose bowels at the initial stage, people will gain prompt benefits through perspiration. If one feels strong tension around the anus<sup>51</sup>, one should purge as soon as possible.

In the cases of vomiting and diarrhoea disease<sup>52</sup>, (if there is no vomiting and no evacuation yet), the patient should vomit and evacuate promptly. (On the other hand) if vomiting and diarrhoea are severe, they should be stopped as soon as possible. You should note that sometimes disease occurs without constipation.

For various diseases during pregnancy and after childbirth, you should not rely on the efficacy of medicine. [Such diseases] cannot be cured without procedures<sup>53</sup>. Bleeding from cuts should be stopped at once. Internal bleeding<sup>54</sup> due to bruising should be drained immediately. Wrenched bone and muscle should be treated at once before the area gets swollen. For dog bites and all other kinds of animal and poisonous insect<sup>55</sup> bites, there will be no harm later on only if the poison is removed promptly. An infant's vomiting breast-milk should not be taken lightly. If a roundworm<sup>56</sup> lives in the

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<sup>48</sup> R: *yami hajime*. C: 表證 syndrome on the surface.

<sup>49</sup> R: *sotchūbū*. C: 卒瘵 apoplexy.

<sup>50</sup> R: *chi no dokaori*. C: 崩漏 vaginal bleeding.

<sup>51</sup> R: *shimo e haru kimi*. C: 裏急後重 serious and pressing.

<sup>52</sup> R: *kakuran*. C: 霍亂 vomiting and diarrhoea.

<sup>53</sup> R: *waza*. C: 手術 technique.

<sup>54</sup> R: *chi no ori*. C: 瘀血 congestion.

<sup>55</sup> R: *dokumushi*. C: 惡蟲 evil insect.

<sup>56</sup> R: *kaichū*. C: 虯蟲 roundworm.

abdomen<sup>57</sup>, regardless of whether it is that of an adult or a child, it will spread and cause various troubles unless it is evacuated promptly. When the illness of a mother or wet-nurse is transmitted<sup>58</sup> through breast milk, causing the child to suffer, the illness<sup>59</sup> of the mother or wet-nurse should be cured before that of the child.

There are a number of examples of this sort. Thus, if you pay attention<sup>60</sup> at the outset and treatment strikes the crux [of the trouble], I can hardly express fully how quickly you will be able to escape from harm. If the illness is cured before it becomes serious, the patient may not give credit to the physician, yet the means<sup>61</sup> [of treatment in fact] largely depends on whether the physician is good or bad. Although this is most difficult for laypersons to understand, if you promptly consult a physician who has a deeply sincere heart and who pays great attention<sup>62</sup> to technique, there will be no mistakes.

Physicians who are proud and superficial<sup>63</sup> do not like to make this kind of unseen effort [of providing proper treatment before the illness becomes serious]. What is more, they often miss the exact timing [of treatment] and thus bring about later harm without realising it. If you entirely believe their [quack] sophistry and flowery words<sup>64</sup>, and their incoherent diagnosis, you will not realise that your body<sup>65</sup> could be destroyed. How extremely regrettable this is.

The third issue [with regard to nursing] concerns those people whose illnesses have already progressed, and who have lost their appetite and need help from others in

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<sup>57</sup> R: *hara no uchi*. C: 腔 inside the body.

<sup>58</sup> R: *tsutawari*. C: 轉輸 to transmit.

<sup>59</sup> R: *yamai*. C: 疾苦 suffering due to illness.

<sup>60</sup> R: *kokoro*. C: 意 intention.

<sup>61</sup> R: *kufū*. C: 酌用 plan.

<sup>62</sup> R: *kokoro*. C: 意 intention.

<sup>63</sup> R: *kidori jōzu no keihaku*. C: 迎意取容 flattery.

<sup>64</sup> R: *kotoba takumi naru iimawashi*. C: 文縷華說 beautiful, flowery speech.

<sup>65</sup> R: *mi*. C: 體 body.

order to sit up and to lie down to sleep. Of course they rely on the effects of medicine, but it makes a huge difference whether the person engaged in nursing takes good care of them or not. The proverb says that the physician's part is thirty percent, while nursing is seventy percent. But there are very few people who really know about nursing; many know almost nothing. For there is a right time to give meals, and [there is] a right amount of medicine to give. If you force medicines or meals [upon the patient] heedlessly, the abdominal power of the patient will not be able to bear it, so that neither medicines nor food can settle down<sup>66</sup> and will stagnate. All this causes harm, not benefit. The flavours of medicines are naturally unbalanced<sup>iii</sup>. Usually it is the case that if people with weak<sup>67</sup> abdominal power<sup>68</sup> who are otherwise free of illness take too much medicine, they will find it difficult even to eat. If those patients who are [actually] ill and whose abdominal<sup>69</sup> circulation<sup>70</sup> differs from what is usual take unbalanced medicines to excessive, problems are inevitable. Therefore be careful not to mix medicines and meals together. Allow the drinking of hot water and tea with caution, and have the patient take medicine when there seems to be room<sup>71</sup> in the abdomen<sup>72</sup>. The essence of medicine circulates<sup>73</sup> around the whole body in order to be effective. So if there is no room in the abdomen, there is no power to distribute it from the abdomen<sup>74</sup> to the whole body, and there can be no efficacy.

Also all meals should be a little less [in amount] than the capacity of the patient. Where the condition<sup>75</sup> of the patient's abdomen<sup>76</sup> has worsened<sup>77</sup>, and the patient has

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<sup>66</sup> R: *ochitsuki*. C: 下降 to descend.

<sup>67</sup> R: *yowaki*. C: 弛弱 enfeebled.

<sup>68</sup> R: *hara'ai*. C: 腹力 abdominal power.

<sup>69</sup> R: *hara*. C: 腸胃 intestines and stomach.

<sup>70</sup> R: *meguri*. C: 運輸 transport.

<sup>71</sup> R: *sukima*. C: 空隙 vacant space.

<sup>72</sup> R: *hata no uchi*. C: 腹裏 inner abdomen.

<sup>73</sup> R: *meguri*. C: 轉輸 transport.

<sup>74</sup> R: *hara no uchi*. C: 腸胃 intestines and stomach.

<sup>75</sup> R: *guai*. C: 機動 function.

lost the taste for food, if you force food on them beyond their capacity, it is just like grinding too much cereal on a worn-out millstone<sup>iv</sup>. It will inevitably cause stagnation and harm. Moreover if you serve a meal immediately after the patient has taken medicine or administer a decoction no sooner than the patient has finished drinking hot water and tea, how could this be bearable even for a person who is calm and healthy? This is all the more so for the patient whose energy<sup>78</sup> is depleted<sup>79</sup>.

However, some people, thinking that the more medicine one takes the better it will be, take several dozens of pills and powders by day and night in addition to separately prescribed decoctions. What is the matter with them? Whatever the medicines are, you should take no more than five to seven kinds at most. Those who have been ill for a long time<sup>80</sup> and are delicate<sup>81</sup> should not take more than three or four kinds.

Even this [rule about the amount of medicines] needs [further consideration], since there are drug sellers and physicians<sup>82</sup> who dispense many medicines just because they want to increase prescription numbers. The family of a sick person want a prompt cure and may press [the patient] to take<sup>83</sup> more and more medicines. Consequently even those who in the beginning had almost their usual appetite will gradually develop an aversion to food. It is because these patients have absorbed many medicines with unbalanced flavours into the abdomen<sup>84</sup>, and the power [in the body] that competes with the medicines cannot tolerate this.

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<sup>76</sup> R: *hara no uchi*. C: 生熟藏 storage for maturing.

<sup>77</sup> R: *ashiku nari*. C: 違常 different from usual.

<sup>78</sup> R: *ikioi*. C: 精力 vital energy.

<sup>79</sup> R: *otoroe*. C: 虚耗 deplete.

<sup>80</sup> R: *chōbyō*. C: 沈痾 complicated illness.

<sup>81</sup> R: *kayowaki*. C: 胃弱 weak stomach.

<sup>82</sup> R: *isha*. C: 土郎中 rustic physician.

<sup>83</sup> R: *noma* (-shimu). C: 食喫 to gorge on.

<sup>84</sup> R: *hara no uchi*. C: 腸胃 intestines and stomach.

When the patient is averse to taking meals, people say that the patient is in decline<sup>85</sup> and medicines need to be adjusted. Looking at those medicines, [I see that] they combine many of those materials that most easily stagnate, such as ginseng<sup>86</sup>, *wakegi* green onion<sup>87</sup>, and *rehmannia*<sup>88</sup>. If they make [the patient] drink more of them, the circulation<sup>89</sup> of the abdomen<sup>90</sup> becomes worse<sup>91</sup>, and phlegm<sup>92</sup> and stagnated drink<sup>93</sup> fill up the abdomen<sup>94</sup> and [all] the functions<sup>95</sup> slows down. Thus the body<sup>96</sup> gradually languishes, vital energy<sup>97</sup> is ever more weakened<sup>98</sup>, and incurable disease eventually develops. It is then that the physician cunningly says that he had thought it would be so from the beginning. That is why he only prescribed replenishing medicines<sup>99v</sup>, and if the disease is not to be cured, that is the order of Heaven. Even the family of the patient say that the patient is destined to die, if there is no improvement despite using many and various medicines like Korean ginseng<sup>100</sup> regardless of the cost, and spending so much effort. Eventually no one realises in the slightest that the initial treatment was erroneous. Everything may well depend on numbers allotted by Heaven, but I think it is a pity for the patient. We may leave amateurs aside, but how can physicians, who live by medicine, unnecessarily distress patients without knowing

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<sup>85</sup> R: *otoroe*. C: 萎頓 weakened.

<sup>86</sup> R: *ningin*. C: 蔘 ginseng (*panax ginseng*).

<sup>87</sup> R: *wakegi*. C: 薺 *wakegi* green onion (*allium wakegi araki*).

<sup>88</sup> R: *jiō*. C: 地黄 *rehmannia* (*rehmannia glutinosa*).

<sup>89</sup> R: *meguri*. C: 轉化 to convert.

<sup>90</sup> R: *hara*. C: 腸胃 the intestine and stomach.

<sup>91</sup> R: *ashiku*. C: 遲慢 slow down.

<sup>92</sup> R: *tan*. C: 宿飲 stagnated drink.

<sup>93</sup> R: *ryūin*. C: 粘痰 mucous phlegm.

<sup>94</sup> R: *hara uchi*. C: 胸腹 chest and abdomen.

<sup>95</sup> R: *guai*. C: 機関 function.

<sup>96</sup> R: *karada*. C: 皮肉 skin and flesh.

<sup>97</sup> R: *genki*. C: 元氣 vital energy.

<sup>98</sup> R: *yowari*. C: 虛疲 to become empty and exhausted.

<sup>99</sup> R: *oginai*. C: 滋補 nourishing and replenishing.

<sup>100</sup> R: *chōsen ningin*. C: 蔘 ginseng (*panax ginseng*).

this<sup>vi</sup>? If their mentality is not greedy, it is at least unreasonable<sup>101</sup>. Rather than taking medicines from such physicians, it is much better to get a middle-ranking physician who does not use medicines<sup>vii</sup>. This is why people think prayers or talismans have efficacy.

What you should next bear in mind<sup>102</sup> is as follows: Regardless of the cold or heat of the season and the weather, people shut the doors and screens [even] when it is boiling hot, dress the [the patient] warmly and lay on piles of covers. When they find that the patient is suffering from too much heat and sweating profusely, they claim that the patient should not be exposed<sup>103</sup> to the wind at all, quoting the words of a physician to the effect that those who sweat profusely should not be exposed to the wind. So they make the patient use a chamber pot to urinate and defecate<sup>104</sup> even if he/she is able to walk to the toilet.

As to food and decoctions, in turn they force only hot things [on the patient], thereby adding heat from both within and without. If they do so, how can a patient who is already weakened bear it? Now as an experiment, try placing a person who is free from illness in such a situation for three or four days. However healthy the person is, there is no one who would not become ill<sup>105</sup>. What absurd behaviour! Therefore, when it comes to what people regard as serious diseases, seven or eight times out of ten, incurable symptoms are created by the mistaken attitude of physicians and the family of the sick.

Generally speaking, people with a disease cannot tolerate what they usually can. So depending on the season and the weather, you should arrange things to suit the

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<sup>101</sup> R: *wake wakaranu*. C: 蒙昧 ignorance.

<sup>102</sup> R: *kokorou*. C: 識得 to recognise.

<sup>103</sup> R: *ataru*. C: 触 to touch.

<sup>104</sup> R: *ryōben*. C: 便 excretion.

<sup>105</sup> R: *wazurai*. C: 病苦 pain of sickness.

bodily comfort of the patient. If the person engaged in nursing feels at ease by the patient's side, that is good for the patient, too. It is absurd to think that it is good to warm everything up just because there is illness. More or less anything that is not usual invariably does harm. Depending on status<sup>106</sup>, whether noble or humble, rich or poor, the treatment for the patient varies. However, it is good to adhere to what is habitual for the body.

Recently in the countryside a beggar [woman]<sup>107</sup> came to a village to ask for food, bringing with her a child with smallpox at the stage of discharging pus<sup>108</sup>. Seeing this and feeling pity, the master of a rich household led them into a separate building<sup>109</sup> beside the kitchen. He very kindly<sup>110</sup> gave them food, invited a physician to prescribe medicines, and let them stay there until the child's pox had dried up<sup>111</sup>. The beggar mother<sup>112</sup> was pleased also. However at midnight that night, the abundantly discharging pox suddenly became worse<sup>113</sup>, and [the child] suffered agonies. Surprised and alarmed<sup>114</sup>, they sent for a physician to conduct an examination. This physician must have been an acute man<sup>115</sup>, for he said that such a change in symptoms came from suddenly shutting up in a room a child who had grown completely used to cold wind, frost, and snow, and had not minded them in the slightest. [The physician] told them to try and see what would happen if they left the child outdoors, spreading a straw mat outside in the middle of the night, and letting the beggar parent and child stay there. When morning came, they found that the pox had readily appeared again,

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<sup>106</sup> R: *hodo*. C: 分 differentiation.

<sup>107</sup> R: *kojiki*. C: 丐嫗 beggar woman.

<sup>108</sup> R: *hon-umi*. C: 瀦膿 pouring pus.

<sup>109</sup> R: *betsuya*. C: 子舍 small building.

<sup>110</sup> R: *ito nengoro*. C: 懇切 kind.

<sup>111</sup> R: *kaseru*. C: 收 to take.

<sup>112</sup> R: *katai no haha*. C: 丐嫗 beggar woman. *Katai* (beggar) sometimes implies a leper.

<sup>113</sup> R: *kashike*. C: 没 to be removed.

<sup>114</sup> R: *sawagi*. C: 躁 excited.

<sup>115</sup> R: *kokoro kiki* (-taru). C: 儼利 keen.



and that the pus had drained<sup>116</sup> completely; and it later dried up<sup>117</sup> without any problems. So I have heard.

This indicates that an initial change in symptoms occurs due to acting counter to usual conditions. Therefore you should assume that this is the reason why there is no advantage in suddenly making things different from usual<sup>118</sup> just because of disease. It is also the same<sup>119</sup> for a rich family. It does no good to shut up the air of the sick room in spring or winter, saying that the weather is cold.<sup>120</sup> <sup>viii</sup> From time to time it is recommended to open up the partitions and screens at the corners of the rooms a little<sup>121</sup>, in order to let the confined air<sup>122</sup> out and let good air<sup>123</sup> in. Even more in the warm weather at the end of spring or in the heat of summer and autumn, how harmful it is to make the patient sleep in a place where there is no air movement. Worst of all is a place where the sun's rays shine strongly. It is not advantageous to hang up a net for protection against mosquitoes. When it is hot, or on a windless day, inside the house you might direct a breeze onto the pillow of the patient by using a fan. If the patient says that he/she feels comfortable<sup>124</sup>, you should not worry<sup>125</sup>. If there are many rooms, it is good in all seasons to change the bedroom of the sick from time to time.

This is because human beings live<sup>126</sup> by breathing in<sup>127</sup> the *ki* of Heaven and Earth, just as fish live in water. The inhaled *ki*<sup>128</sup> naturally contains good *ki*<sup>129ix</sup> which

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<sup>116</sup> R: *sosogi*. C: 灌 to wash.

<sup>117</sup> R: *kase*. C: 收靨 to remove pockmarks.

<sup>118</sup> R: *tsune*. C: 素習 usual habit.

<sup>119</sup> R: *onaji koto*. C: 同理 the same reason.

<sup>120</sup> R: *sora samuki jisetsu*. C: 凄寒 extremely cold.

<sup>121</sup> R: *sukoshi ake*. C: 半開 half-open.

<sup>122</sup> R: *komoritaru ki*. C: 濁氣 muddy *ki*.

<sup>123</sup> R: *yoki ki*. C: 清氣 pure *ki*.

<sup>124</sup> R: *kokoromochi yoshi*. C: 爽快 refreshing.

<sup>125</sup> R: *kurushikarazu*. C: 不妨 not to disturb.

<sup>126</sup> R: *ikiteiru*. C: 生養 nourish.

<sup>127</sup> R: *su'u*. C: 吸呼 breathing in and out.

<sup>128</sup> R: *hiku iki*. C: 吸氣 inhaled *ki*.

can nourish<sup>130</sup> the body, and this goes into the stomach. Exhaled *ki*<sup>131</sup> expels the dregs<sup>132</sup>. This is how a man lives and works<sup>133</sup> as he breathes<sup>134</sup>. What moves and makes sound, we call wind, whereas what is calm and silent, we call *ki*. It is just like water and waves. Of all the myriad things that have form<sup>135</sup> and are useful, there is nothing that is not attributable to the nourishment of this *ki*. Yet the exhaled *ki*<sup>136</sup> is the dregs that are of no use for nourishment<sup>137</sup>, so it is not good to inhale it again even if it is breathed out by a person free of illness.

This is even more so [with the air breathed out] from people who are ill. Their blood<sup>138</sup> circulation<sup>139</sup> differs<sup>140</sup> with respect to the usual bad things<sup>141</sup> that accumulate<sup>142</sup> in the stomach<sup>143</sup>, so that the smell of the exhaled *ki*<sup>144</sup> is unbearable.

Thus if the room is filled with this bad *ki*<sup>145</sup> and the patient breathes in and out there, you will witness that the disease<sup>146</sup> progresses further and further. [The patient] not only misses the opportunity to be cured, but also in this way a mild case becomes serious and a serious case invariably culminates in death. It is like vomiting rotten food and then eating it again, or like not changing the water of one's pet fish for days

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<sup>129</sup> R: *yoki ki*. C: 生氣 lively *ki*.

<sup>130</sup> R: *yashinau*. C: 榮育 to bring up.

<sup>131</sup> R: *tsuku iki*. C: 呼氣 exhaled *ki*.

<sup>132</sup> R: *ori*. C: 壙濁 turbid dregs.

<sup>133</sup> R: *ikite hataraku*. C: 生活運為 to live and operate.

<sup>134</sup> R: *iki*. C: 氣息 breathing.

<sup>135</sup> R: *katachi*. C: 體 body.

<sup>136</sup> R: *haku ki*. C: 呼氣 exhaled *ki*.

<sup>137</sup> R: *yashinai*. C: 生活 life.

<sup>138</sup> R: *chi*. C: 氣血 *ki* and blood.

<sup>139</sup> R: *meguri*. C: 運輸 transport.

<sup>140</sup> R: *chigai*. C: 失 be lost.

<sup>141</sup> R: *ashiki mono*. C: 穢液 filthy liquid.

<sup>142</sup> R: *tamari*. C: 充滿 to fill.

<sup>143</sup> R: *hara*. C: 腸胃 the intestines and stomach.

<sup>144</sup> R: *haku iki*. C: 呼氣 exhaled *ki*.

<sup>145</sup> R: *ashiki ki*. C: 汚氣 filthy *ki*.

<sup>146</sup> R: *yamai*. C: 病毒 disease poison.

on end. You should bear<sup>147</sup> this principle in mind. If it is not possible to change rooms, then from time to time move the patient's futon, throw open the doors and windows there, clean and tidy up neatly, and then put back [the futon] as it was. With any illnesses, do not forget these cautions<sup>148</sup>.

Do not place many candles and heating devices in the room, for if fire *ki* is excessive, it is not good for the patient. It is extremely harmful. For the patient with a fever, sometimes pour one or two cups<sup>x</sup> of strong vinegar into a ceramic pot, and warm it over a low fire, thereby filling the room with the *ki* of vinegar which is able to remove the stagnant *ki*. It is also good to change the patient's clothes from time to time for new ones. Dirty clothes with an odour should be avoided. Even things such as screens may sometimes be changed.

As for the nursing attendant, refrain from employing those who have scabies<sup>149</sup> or fever, or whose body or underarms stink; [likewise] women who are menstruating<sup>150</sup>, or who have not yet taken a bath after childbirth, or who have not yet bathed and changed cloths after dealing with a corpse. It is also not good to nurse<sup>151</sup> while wearing dirty and smelly clothes. For all patients, maintaining balance<sup>152</sup> with regard to the bedroom, clothes and food, and nursing care makes such a difference<sup>153</sup> to the course<sup>154</sup> of the illness. So you must not think of these lightly.

You may think that such problems<sup>155</sup> mostly befall the poor but rarely the rich, but this is not the case. Servants and maids to a rich family are afraid of others'

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<sup>147</sup> R: *wakimae*. C: 発明 to be enlightened.

<sup>148</sup> R: *kokoroe*. C: 意用 caution.

<sup>149</sup> R: *dekimono*. C: 瘡気 sign of scabies.

<sup>150</sup> R: *tsukiyaku no toki*. C: 月信時 time of the monthly sign.

<sup>151</sup> R: *kangaku*. C: 看護 to nurse.

<sup>152</sup> R: *sashihiki*. C: 消息 news.

<sup>153</sup> R: *chigai*. C: 関係 relation.

<sup>154</sup> R: *hakobi*. C: 進退 to become better or worse.

<sup>155</sup> R: *sashiai*. C: 患 worry.

criticism<sup>156</sup> and of incurring trouble later on. Even if they are aware<sup>157</sup> of something, no one will open their mouth. Only to other people [outside the family] do they put it about that this is a serious matter<sup>158</sup>. They put up partitions and screens in the heat, and make the patient wear layer upon layer of clothing, but never talk about changing clothes. They consider that it is their duty<sup>159</sup>, as the proverb says, to nurse<sup>160</sup> so as “not to offend anybody<sup>xi</sup>”. They leave decocting medicines to a serving-maid, merely enumerating<sup>161</sup> the number of meals and excretion of both kinds<sup>162</sup> on the patient’s notes, trying to make excuses<sup>163</sup> with flattering words simply in order to defend themselves.

[The servants who nurse] just think of finishing their shift and having a rest<sup>164</sup>. All they wish is that nothing will happen during the day, and no more than that<sup>165</sup>. Nowadays the attitude toward patients of [the households of] feudal lords<sup>166</sup> is mostly like this. It is similar with some wealthy merchants<sup>167</sup>. Therefore patients in a rich household are treated worse than those in a poor one<sup>168</sup>. It is assumed that a mild case will always become difficult, and a difficult case will gradually progress to a serious condition<sup>169</sup>, and the patient will inevitably die. This happens because of this kind of [social] custom.

If you are the person doing the nursing, remember that if the patient becomes

<sup>156</sup> R: *hihan*. C: 毀譽 criticism and praise.

<sup>157</sup> R: *kokoro zukitaru*. C: 知非 not to know.

<sup>158</sup> R: *on-taiji*. C: 珍敬 rare and respectful.

<sup>159</sup> R: *hōkō*. C: 当務 duty.

<sup>160</sup> R: *kanbyō*. C: 看待 to attend.

<sup>161</sup> R: *kazutori*. C: 記子 to record.

<sup>162</sup> R: *niben*. C: 前後洩 excretion from front and back.

<sup>163</sup> R: *iimagiraka (-shi)*. C: 異辭 deferential speech.

<sup>164</sup> R: *kyūsoku*. C: 暇逸 leisure and pleasure.

<sup>165</sup> R: *taji*. C: 他故 other reasons.

<sup>166</sup> R: *kyōshin*. C: 縉紳貴族 gentry and the nobility.

<sup>167</sup> R: *akindo no shinshō yoshi*. C: 富商大賈 rich merchant dealing in big business.

<sup>168</sup> R: *mazushiki mono*. C: 卑賤 lowly and humble.

melancholy<sup>170</sup>, you should talk about whatever will gladden the patient's mind<sup>171</sup>, and not speak of the illness, or make the patient's mind grow congealed<sup>172</sup>. Or else you can talk of a play at the theatre or amusements, or tell funny stories<sup>173</sup> you have heard from people. Sometimes tales of brave heroes are particularly good. Meanwhile talk [also] of the principles of the sage and the wise, and how they settled<sup>174</sup> difficulties, thereby preventing the patient from falling into grudges against Heaven or blaming other people.

In nursing, even if [the patient] is not a blood relative, one should wholeheartedly take good care<sup>175</sup> of them<sup>176</sup>. The human body<sup>177</sup> is a container of diseases, so you can never predict beforehand what disease<sup>178</sup> you may develop and when, or from whom you may receive nursing<sup>179</sup>. Therefore, not only with relatives but also with friends and colleagues, you should think a great deal of your usual friendships, and sincerely<sup>180</sup> do your best at the time of their illness. Even with your servants or retainers, when they are ill, you should take good care of<sup>181</sup> them. Do not treat them inconsiderately<sup>182</sup> at all, and do not mind dirty things<sup>xii</sup>. There is no better hidden virtue<sup>183</sup> than this. Buddha taught that nursing ranks first among the eight virtues<sup>xiii</sup>.

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<sup>169</sup> R: *muzukashiki shō*. C: 險證 critical symptom.

<sup>170</sup> R: *ki-utsu*. C: 氣鬱 melancholy.

<sup>171</sup> R: *kokoro*. C: 意 intention.

<sup>172</sup> R: *musubobore*. C: 鬱結 congeal and knot.

<sup>173</sup> R: *odoke banashi*. C: 打諢 to be humorous.

<sup>174</sup> R: *ochitsuki*. C: 処 to deal with.

<sup>175</sup> R: *yoku itawarite*. C: 善愛 be good and love.

<sup>176</sup> R: *kanbyō*. C: 看護 to nurse.

<sup>177</sup> R: *karada*. C: 腔子 a cavity.

<sup>178</sup> R: *yamai*. C: 病苦 pain of disease

<sup>179</sup> R: *kaihō*. C: 抱撫 to hold and rub.

<sup>180</sup> R: *kokoro*. C: 意 intention.

<sup>181</sup> R: *itawaru*. C: 分憂 to share worries.

<sup>182</sup> R: *soryaku*. C: 輕視 to neglect.

<sup>183</sup> R: *intoku*. C: 陰隲 hidden rescue.

This means that such a heart<sup>184</sup> is directly aligned with the way of creation between Heaven and Earth, so it is a criterion for attaining a good reward.

In particular, the patient [feels] different depending on whether it is<sup>185</sup> day or night, or hot or cold. Thus you should question the [patients] now and then, and stroke<sup>186</sup> the skin and feel their hands and legs, in order to know if they are chilled or warm, to tell if they are awake or sleeping, and to see<sup>187</sup> if their clothes are too light or too heavy. Check<sup>188</sup> if the inside of the mouth<sup>189</sup> is dry, and give hot water and tea appropriately. Stroke<sup>190</sup> or massage<sup>191</sup> or scratch wherever [the patients] feels pain or itching, thereby satisfying their heart<sup>192</sup>.

Furthermore, patients who spend a long time [lying in bed] find they cannot bear having their hands and legs close together or stretched out. You should pay attention<sup>193</sup> to this. In addition you must not be careless about opening and closing doors and screens, so as not to allow them to perspire<sup>194</sup> with heat or be exposed<sup>195</sup> to the wind on a cold night.

The greatest attention<sup>196</sup> should be paid to the quantities of food and excretions<sup>197</sup>: Firstly, consider what the patient eats and check it against the amount of excreta. Secondly, you must remember that scanty urination is extremely bad in the case of chronic disease. Thirdly, however little appetite [the patient has], if there has

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<sup>184</sup> R: *kokoro*. C: 慈心 merciful mind.

<sup>185</sup> R: *sōi*. C: 往来 to come and go.

<sup>186</sup> R: *nade*. C: 按 to push.

<sup>187</sup> R: *mi*. C: 審 to judge.

<sup>188</sup> R: *kokoromi*. C: 候 to look into.

<sup>189</sup> R: *kōchū*. C: 口舌 the mouth and tongue.

<sup>190</sup> R: *nade*. C: 摩 to rub.

<sup>191</sup> R: *sasuri*. C: 捫 to grope for.

<sup>192</sup> R: *kokoro*. C: 意 intention.

<sup>193</sup> R: *ki*. C: 意 intention.

<sup>194</sup> R: *mushi-mushi*. C: 鬱蒸 pent-up steam.

<sup>195</sup> R: *atara* (-nu). C: 侵 to invade.

<sup>196</sup> R: *kokoro*. C: 意 intention.

been no bowel movement for several days, you should consider with good reason that the circulation of abdominal *ki*<sup>198</sup> is bad<sup>199</sup>. Fourthly, [look at] the colour of the excretions, and [see] if they have a smell or not<sup>200</sup>. Fifthly, [examine] the amount of urine day and night. When the colour is cloudy, it sometimes appears yellowish, reddish, sooty, cloudy, or contains dregs or oil. Also, the smell varies from one time to another. Thus it is of no use merely to remember the frequency [of urination]. If physicians do not ask detailed questions about these matters, they are thoughtless. It should be the special care<sup>201</sup> of the nursing attendant to pay attention<sup>202</sup> in this way, so as not to become distracted by other things. When you sit by the patient, do not do such things as reading books, saying that you are bored, let alone such things as playing *go* or *shōgi*<sup>xiv</sup> (Japanese chess), which should be strictly prohibited.

In particular when your parents are ill, though you cannot neglect your duty to your lord, it is best to leave all other family business to someone else unless it is extremely important<sup>203xv</sup>. However if your parents are worried about<sup>204</sup> the family business despite being sick in bed, you had better deal with it appropriately, thereby easing their minds. However grave<sup>205</sup> the disease is, if things do not suit your parent's frame of mind, it is against the way of cultivating the will, and [shows] a lack of filial piety. Also, even when your parent is ill, from time to time when the illness has subsided, you can choose someone else among the relatives who suits<sup>206</sup> your parent's

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<sup>197</sup> R: *tsūji*. C: 通閉 motion and constipation.

<sup>198</sup> R: *hara no ki*. C: 腹気 abdominal *ki*.

<sup>199</sup> R: *meguri ashiku shisai*. C: 不下降故 due to not descending. This suggests that the good circulation of abdominal *ki* stimulates the movement of the bowels as *ki* descends with the digestive process from the abdomen down towards the intestines.

<sup>200</sup> R: *aru nashi*. C: 区别 distinction.

<sup>201</sup> R: *tōza*. C: 当務 immediate duty.

<sup>202</sup> R: *kokoro*. C: 意 intention.

<sup>203</sup> R: *kakubetsu no yōji*. C: 緊要 essential.

<sup>204</sup> R: *kurō*. C: 挂念 concern.

<sup>205</sup> R: *ichidaiji*. C: 危篤 critical.

<sup>206</sup> R: *kokoro ni kanau*. C: 快 to please.

heart to replace you. Meanwhile, however short it may be, you should take a rest and calm your mind<sup>207</sup>, in order not to become fatigued<sup>208</sup> during the time of emergency.

This is even more the case when the sickness is among servants. You should have them take special care when working, so as not to get tired. Even if they make minor mistakes, never scold or abuse<sup>209</sup> them. Vigilance must however be exercised in maintaining the separation of men and women. Adultery sometimes has a bad effect on the sick, so do not relax or tamper with<sup>210</sup> this rule. Make them obedient and deal with them mercifully and pay them money [for their services]. What is more, do not hesitate to spend money on the sick. Considering that [one's] usual preparations<sup>211</sup> are intended for just such an occasion, do your best as far as you can.

Do not speak loudly near the sick room. Do not laugh gaily<sup>212</sup> without good reason. Do not let [the sick] talk about others' difficulties<sup>213</sup> or death from illness<sup>214</sup> or [other] discouraging<sup>215</sup> stories. Do not allow near sick people those who are useless and those who do not agree with the heart<sup>216</sup> of the sick. If it is a grave disease<sup>217</sup> that physicians decline to treat, and others also find to be incurable, leave aside everything else so as to satisfy the wishes<sup>218</sup> of the sick. Do not force on them such medicines as are difficult to drink. Depending on whether the sick person is prepared [for death], it is also possible to stop using medicines altogether. How can one so fear the

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<sup>207</sup> R: *ki*. C: 精神 spirit.

<sup>208</sup> R: *tsukare*. C: 萎頓 weak.

<sup>209</sup> R: *ikari nonoshiru*. C: 罵言 to heap abuse.

<sup>210</sup> R: *midasu*. C: 慢 to relax.

<sup>211</sup> R: *yōi*. C: 貯蓄 saving.

<sup>212</sup> R: *warai kyō (-zu)*. C: 笑語 funny talk.

<sup>213</sup> R: *byōnan*. C: 病苦 suffering from illness.

<sup>214</sup> R: *byōshi*. C: 死葬 death and funeral.

<sup>215</sup> R: *kokoro bosoge*. C: 無聊 boring.

<sup>216</sup> R: *kokoro*. C: 意 intention.

<sup>217</sup> R: *taibyō*. C: 危篤 critical.

<sup>218</sup> R: *kokoro*. C: 意 intention.



judgement<sup>219</sup> of others that one sends for a superfluous physician and takes no notice if the sick person is not willing to be palpated? If the sick person is not well prepared, [however], send for physicians and use medicines until they die. In addition, among the sick who are not well prepared, many are grieved<sup>220</sup> at being separated from blood relatives<sup>221</sup> and lose<sup>222</sup> their right mind. If you find them to belong to this kind, it is wrong to reveal to them that they are certainly going to die. These are the things that you should bear in mind<sup>223</sup> most particularly.

When you find that the time of death is drawing near, you had better not let the sick person see their young children or grandchildren, or other relatives that they are deeply attached to. This is because if the feeling<sup>224</sup> of attachment is present in the interval of agony, it will be an obstacle at the time of death. It is recommended that the room should be kept very clean and quiet. If a neighbour is playing the *koto*, *shamisen*, flute or hand drum<sup>xvi</sup>, send someone who is at hand to beg them to stop playing for a while. This is because if such a sound reaches the ears of the sick, it will be a great obstacle at the time of death. Now when [the sick person] is about to breathe their last<sup>225</sup>, it is not good for relatives to gather round and weep with sorrow<sup>226</sup>. They should cry after the sick person has died. If someone cannot bear it and cries aloud, send that person<sup>227</sup> elsewhere<sup>228</sup> immediately. It is against filial piety for a child to let a sick parent hear the crying of relatives when death approaches. Thus you should bear this in mind beforehand, and never ever forget it. If you find that the sick person must

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<sup>219</sup> R: *hito no sata*. C: 毀譽 criticism and praise.

<sup>220</sup> R: *kanashimi*. C: 傷 feel pain.

<sup>221</sup> R: *kenzoku*. C: 家人 family.

<sup>222</sup> R: *torimidasu*. C: 失 lost.

<sup>223</sup> R: *kokoroe*. C: 用意 preparation.

<sup>224</sup> R: *kokoro*. C: 情 emotion.

<sup>225</sup> R: *iki taehate*. C: 瞑目 to close one's eyes, i.e., to die.

<sup>226</sup> R: *naki kanashimu*. C: 哭泣 weep and cry loudly.

<sup>227</sup> R: *oidasu*. C: 遣 to despatch.

<sup>228</sup> R: *hoka*. C: 別室 another room.

inevitably die, remember that it is most essential for the nursing attendant to make sure that the sick person does not leave any attachment behind. When this is accomplished, the agony at the time of death naturally becomes less severe, and this is a great benefit to the sick. If it is not done with a sincere heart, it is utterly useless to ask people like priests<sup>229</sup> or shamans to pray. Many of these priests and shamans are unfeeling<sup>230</sup>, and so their prayers and talismans are just for greed. How can they bring about any auspicious result?

Especially for those whose Heaven-given lifespan is coming to an end, how can they possibly repulse death? You should ponder that Qiu<sup>xvii</sup> – Confucius – stated “it has been long since I have prayed (I do not pray)”<sup>xviii</sup>. Even if the Heaven-given lifespan is not exhausted, [they say] “when you pray, if you have no fortune, that is your fortune as you do not have faith in prayer”.<sup>xix</sup> If you appreciate this, there will be no acceptance<sup>231</sup> from the Gods or Buddha, and it [prayer] will do no good<sup>232</sup> to the sick.

In ancient China, when King Wu of the Zhou dynasty became ill, [the king’s brother] Dan, Duke of Zhou prayed to become ill in the king’s stead.<sup>xx</sup> The prayer was answered immediately, and the illness of the King Wu, which had been so critical, was soon cured<sup>233</sup>. This was attributed to the brotherly devotion of Dan, Duke of Zhou, and his deep anxiety about unrest within the nation.

In addition, when the Emperor Taizong<sup>xxi</sup> of the Yuan dynasty was about to die, Yelu Chucai<sup>234</sup>, who was prime minister at the time, consulted with the empress, and

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<sup>229</sup> R: *shukke*. C: 道积 Followers of Daoism and Buddhism.

<sup>230</sup> R: *hakujō*. C: 輕薄 frivolous.

<sup>231</sup> R: *nōju*. C: 呵護 protection.

<sup>232</sup> R: *yoroshikazararu*. C: 不利 no benefit.

<sup>233</sup> R: *sassoku*. C: 不日 before long.

<sup>234</sup> Yelu Chucai 耶律楚材 (1190~1244) was a politician as well as a prominent intellectual of the time. He served the first two emperors of the Yuan dynasty, Taizu 太祖 and Taizong 太宗 and established the political foundation of the nation. Despite his contribution, however, Yelu Chucai met his political downfall after the death of the emperor Taizong.

forthwith promulgated a grand amnesty. He pardoned thereby all prisoners, convicts, eunuchs and bureaucrats. On that very evening, the arrested pulse of the emperor began to throb again, and he revived.<sup>xxii</sup> This emperor had at first entrusted political matters to Yelu Chucai. However [the emperor] was by nature fond of alcohol, and this tendency became most excessive in his later years. In the end he would not accept the admonitions of Yelu Chucai, and left wicked people<sup>235</sup> in charge of [state] affairs. It often happened that people were promoted due to bribery<sup>236</sup>, lives were saved by the power of money<sup>237</sup>, and innocent people were arrested. Yelu Chucai, clearly knowing the consequences of punishment from Heaven, made the emperor declare a grand amnesty. [Chucai's] merciful benevolence<sup>238</sup> impressed Heaven and Earth, and the dying emperor was thereby restored to life again. This is quite reasonable.

Nowadays, feudal lords [in time of] illness should know that, rather than relying on mountain ascetics<sup>239</sup> or Buddhist priests, it would be a grander act of charity<sup>240</sup> to abstain from luxury, prohibit the taking of life, lighten the punishment for criminals, and reduce the official duties<sup>241</sup> of the people. However these matters are the business of those who reign over provinces and counties. They are things that lowly<sup>242</sup> ones are not in a position to carry out. Nonetheless, the pursuit of virtue<sup>243</sup> and the accumulation of hidden virtues<sup>244</sup> all proceed from one's own mind. If you always

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<sup>235</sup> R: *yokaranu hito*. C: 細人 unimportant person.

<sup>236</sup> R: *mainai nite shusse shi*. C: 買宦 to become a eunuch by payment.

<sup>237</sup> R: *kane duku nite inochi mo tasuke*. C: 鬻獄 to sell prisoners.

<sup>238</sup> R: *jihhi no makoto*. C: 仁愛 benevolence and love.

<sup>239</sup> R: *yamabushi*. C: 巫祝 shamans. Most of the *yamabushi* (mountain ascetics or warriors) belong to the Shingon 真言 sect of Buddhism.

<sup>240</sup> R: *megumi*. C: 仁惠 benevolence.

<sup>241</sup> R: *buyaku*. C: 征賦 conscription.

<sup>242</sup> R: *karoki hito*. C: 士庶 samurai and commoners.

<sup>243</sup> R: *senji*. C: 進德 to pursue virtues.

<sup>244</sup> R: *intoku*. C: 修業 training.

maintain this [virtuous] mind, your pious deeds<sup>245</sup> will be innumerable. It does not necessarily mean that there will be no response unless you save many lives and distribute large quantities of money. But it depends on one's means. For those who have both wealth and power, these things are easy to carry out. Thus if they help people in trouble, distribute alms to the poor, admonish against killing, and save lives to the extent of their powers, they will grasp the spirit of creation between Heaven and Earth as their own like Yelu Chuc'ai. Invariably they will receive a response that will change the lifespan allotted by Heaven, avert disaster and bring happiness.

Consider the helpless poor who find that even a hundred small coins and a cup of rice are not enough to maintain their parents<sup>246</sup> and support a wife and children. Yet if they have a sincere mind like Dan, Duke of Zhou, so that they are willing to suffer illness in place of a parent<sup>247</sup> or brother, how can there be no response from the Gods and Buddha?

However this is the most difficult thing for a human being. Only if you are able to carry this out, will you attain more auspicious results than influential people who give money<sup>248</sup> in charity. All in all, with regard to accumulating goodness and planting virtues, it is most noble to be true and not false. Therefore it is right to pray in good faith, devotedly following the way of filial piety and loyalty in keeping with the mind<sup>249</sup> of the Gods and Buddha.

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<sup>245</sup> R: *kudoku*. C: 成功 success.

<sup>246</sup> R: *oya*. C: 老親 old parents.

<sup>247</sup> R: *oya*. C: 父 father.

<sup>248</sup> R: *kinsen*. C: 財 property.

<sup>249</sup> R: *kokoro*. C: 本意 real intention.

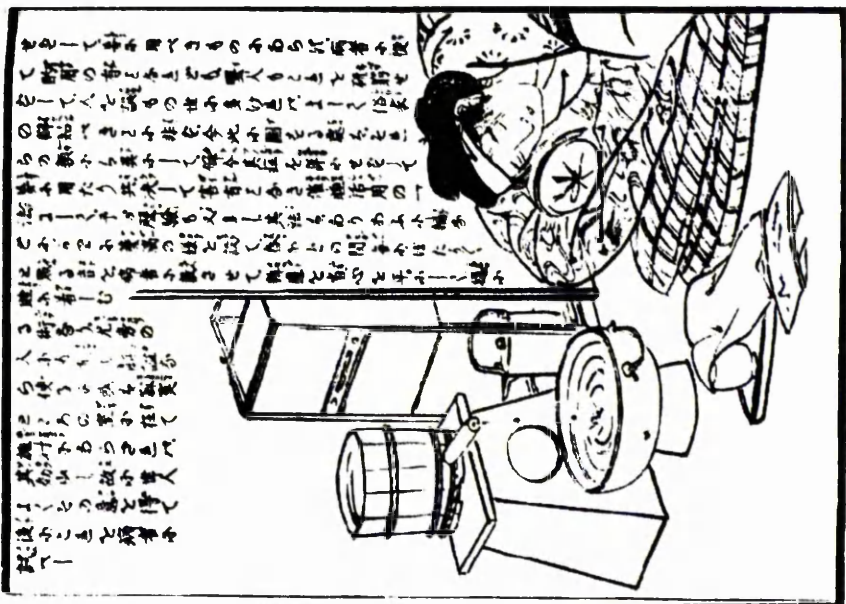


Illustration 24. Water dripping device (BS 1: 49)

When you go to sleep, first of all make your mind lie down to rest, then make your eyes lie down. This is the teaching of the ancients: Before sleepiness comes to you, let go of any thoughts, calm your mind<sup>250</sup>, keep your soul<sup>251</sup> within yourself, and [then] go to bed. Then you will not have nightmares and will feel peaceful in your sleep. The soul<sup>252</sup> regains power through sleep, so that after waking up, they say, the body becomes refreshed and disease is naturally prevented. Yet with people who have *shaku*<sup>253</sup> or a difficult nature<sup>254</sup>, or those whose emotions of delight, anger, sorrow or joy tend to be moved precipitately, various<sup>255</sup> things<sup>256</sup> begin to stir in the mind when they are about to fall asleep. This troubles the mind<sup>257</sup>, so that even when your eyes are tired, the mind cannot fall asleep. If you sometimes shut your eyes, you will have nightmares<sup>258</sup>, and you will find no comfort in sleep. If every night is like this, both body and mind<sup>259</sup> gradually become exhausted<sup>260</sup>, the circulation<sup>261</sup> of the blood<sup>262</sup> deteriorates<sup>263</sup>, and sometimes it eventually results in the formation of a clump in the abdomen<sup>264</sup>. With people who have a difficult nature<sup>265</sup> of this kind, we find that they often have difficulty in sleeping, especially when they develop a chronic disease; and

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<sup>250</sup> R: *kokoromochi*. C: 心意 mind.

<sup>251</sup> R: *tamashi'i*. C: 精神 spirit.

<sup>252</sup> R: *tamashi'i*. C: 精神 spirit.

<sup>253</sup> R: *shaku*. C: 癥瘕 clump and bump.

<sup>254</sup> R: *kiguse*. C: 氣癖 natural habit.

<sup>255</sup> R: *iroiro*. C: 雜慮 worldly thought.

<sup>256</sup> R: *samazama no koto*. C: 妄念 unnecessary thought.

<sup>257</sup> R: *kokoro*. C: 精神 spirit.

<sup>258</sup> R: *ashiki yume*. C: 幻夢 delusive dream.

<sup>259</sup> R: *ki mo karada mo*. C: 心身 body and mind.

<sup>260</sup> R: *tsukare*. C: 萎頓 weakened.

<sup>261</sup> R: *meguri*. C: 運動 exercise.

<sup>262</sup> R: *chi*. C: 經脉 the vessels.

<sup>263</sup> R: *ashiku*. C: 怠慢 slow down.

<sup>264</sup> R: *hara no katamari*. C: 癥癖 habitual clump.

<sup>265</sup> R: *kiguse*. C: 氣癖 natural habit.

when what was previously a serious condition<sup>266</sup> becomes slightly better, it is still hard for the body to recover fully. If you just leave them in this state, it sometimes becomes a cause of difficult disease<sup>267</sup> all over again.

Nonetheless, you should not blindly use sleeping drugs<sup>268</sup>, which people make much use of nowadays, without investigating the symptoms. Although it requires consideration depending on the patient, even many physicians do not make these distinctions<sup>269</sup> and fail their patients. Thus it is not something that amateurs can understand<sup>270</sup>.

Now the picture below shows a method<sup>271</sup> of sleep inducement that is different from [that of sleeping drugs]. It will do no harm even if it is used blindly without examining the symptoms in detail. I have also experimented with this extensively. The method is as follows: Build an apparatus like a temporary downpipe with a small washbasin next to it, and let the water drip down with the tempo of pounding a rice cake. It is a technique that allows the patient to count the pattering sounds of the water, thereby dismissing thoughts<sup>272</sup> and calming the mind, leading to peaceful sleep. Nonetheless you should ensure that any people nearby are quiet or carry this out in a room where there is no noise<sup>273</sup>; otherwise there will be little effect. So [when] you try this out on a patient, bear this concern in mind<sup>274</sup>.

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<sup>266</sup> R: *muzukashiki shō*. C: 險症 critical symptom.

<sup>267</sup> R: *muzukashiki yamai*. C: 沈痾 complex disease.

<sup>268</sup> R: *memuri gusuri*. C: 麻睡劑 hypnotic.

<sup>269</sup> R: *shabetsu*. C: 研窮 to examine in detail.

<sup>270</sup> R: *wakemae shiru*. C: 弁知 differentiate.

<sup>271</sup> R: *shudan*. C: 活用 application.

<sup>272</sup> R: *omoi goto*. C: 雜慮 worldly thought.

<sup>273</sup> R: *mono'oto senu*. C: 寂寞 lonely.

<sup>274</sup> R: *kokoro*. C: 意 intention.

<sup>i</sup> During the Edo period consumption was often considered a kind of psychosomatic disorder that might occur due to factors such as idleness, melancholy, and the suppression of emotion, particularly love. Consumption was also called *burabura-byō* (disease of idleness), which reflects the general assumption that many consumption patients were adolescents (particularly unmarried girls of high status). Suzuki 2000, 57-19. Tatsukawa 1998, 199-214.

<sup>ii</sup> For the pathology of mental disorders (mostly categorised as *kan* in *Byōka suchi*) and its relation with *kan*, and the reverse movement of *ki*, see Chapter 2, massage.

<sup>iii</sup> In traditional pharmacology, many drugs are considered to be poisonous by nature. For instance, *Shennong bencaojing* 神農本草經, an authority on pharmacotherapy, classifies 365 kinds of crude drugs (of plant, mineral or animal origins) into three categories called sovereign, minister and assistant: all sovereign drugs (*jun* 君) are free of poison, some minister drugs (*chen* 臣) are poisonous while others are not, and assistant drugs (*zuoshi* 佐使) are poisonous by nature and should not be taken for long periods. Many drugs used for treating illness belong to the third category, assistant drugs. This is why Hirano warns that every precaution is needed when taking medicines as the nature of medicines is not always harmless.

<sup>iv</sup> The metaphor of comparing digestive function to the movement of a millstone is commonly found in Edo *yōjō* texts. See Chapter 2, section on *konare*.

<sup>v</sup> 滋補 nourishing and replenishing medicines. Replenishing medicines were used to replenish what is depleted in the body, thereby restoring a man to the state of full strength. For instance aconite was particularly popular during the Edo period, applied to *ki* depletion 氣虛 as a tonic or warming drug. However *Byōka suchi* criticises the tendency for amateurs to use medicines lightly and without proper knowledge, as the application of medicines does not entail one-to-one correspondence (BS 5: 22).

<sup>vi</sup> It seems to refer to the principle of prescription, which requires appropriate knowledge about the unbalanced nature of medicines.

<sup>vii</sup> 藥せずして中医を得 (to attain the middling-physician by not using medicines).

<sup>viii</sup> In the lunar calendar, spring refers to February, March, and April, and winter to November, December, and January.

<sup>ix</sup> *Byōka suchi* uses “good *ki* (生氣 literally vital *ki* or 清氣 pure *ki*)” which simply indicates clean *ki* haled from the outside world. The author makes a contrast with muddy or turbid *ki* 濁氣, referring to *ki* that has become unclean due to having been used in the body or shut up in a closed area. On the other hand some of the Chinese *yangsheng* texts specify live *qi* 生氣, which stands in contrast with dead *qi* 死氣 depending on the time of a day. For instance *Baopuzi* claims that from 12 o'clock midnight till noon is the time of live *qi*, while from noon till midnight is the time of dead *qi*, thus one is advised to practise *qi* exercise during the time of live *qi*. *Baopuzi*, ‘shidai 糶滯’, 150. x 一二合 (one or two *gō*). One *gō* is 180.39 cc.

<sup>xi</sup> R: *yorazu sawarazu*. C: よらずさわらず. *Byōka suchi* describes this as a “proverb”, but it is generally used as a phrasal verb to refer to a negative attitude which presents one from doing either harm nor benefit due to the fear of criticism from others.

<sup>xii</sup> R: *kitanaki koto*. C: 汚穢 dirty. It seems to indicate dealing with a patient’s excretion, vomiting, and bathing.

<sup>xiii</sup> R: *hachi fukuden*. C: 八福田 eight virtues. *Fukuden* 福田 consists of *kyōden* 敬田 (to hold memorial services for the soul of Buddha, sages and priests), *on'den* 恩田 (to repay a debt of gratitude to one’s masters, high priests and parents), and *hiden* 悲田 (to nurse the sick). See *Bonmōkyō* 梵網經 (The canon of Sanskrit net), thought to have been compiled by Eisai, twelfth century CE. Annotated by Ishida Mizumaro 石田瑞麿, reprint 2002, *Butten kōza* 14 (Taizo shuppan, Tokyo) *kan* 下, 154.

<sup>xiv</sup> *Go* 奕 is a board game for two players who place black and white stones alternately. *Shōgi* 碁 is also a kind of chess in which a player tries to capture the opponent’s king.

<sup>xv</sup> During the Edo period, men of samurai status were officially permitted to take “nursing-leave (*kango kotowari* 看護断)” from their duty in time of illness in the family. This permission also extended to relatives such as brothers, sisters, and aunts and uncles. At first, leave was often



limited to cases of smallpox, measles, and chickenpox, in order to prevent infection; however it was later extended to serious illnesses in general, in the name of filial piety. The leave typically lasted from ten to fifteen days. Yanagiya Keiko 1996 'Kinsei buke shakai no [kango kotowari] ni tsuite', in *Nihon rekishi*, February vol. 573, 60-77.

<sup>xvi</sup> *Koto* 琴: a traditional stringed musical instrument from China. *Shamisen* (or *samisen*) 三味線: a three-stringed musical instrument played with a plectrum called a *bachi*. *Fue* 笛: wooden flute.

*Tsudumi* 鼓: a Japanese hourglass-shaped drum.

<sup>xvii</sup> *Kyū* 丘 (Qiu in Chinese) is the given name of Confucius.

<sup>xviii</sup> When Confucius became ill, one of his pupils Zi Lu 子路 begged to be allowed to pray for the master's recovery. However, Confucius declined Zi Lu's prayers explaining that he did not pray himself. *Lunyu*, *shuer* 述而.

<sup>xix</sup> “*Inorutomo Shirushi naki koso shirushi nare, Hito no kokoroni makoto nakereba* 祈るともしるしなきこそしるしなれ人の心にまことなければ” . It is one of the *Dōka* 道歌 (Poem of the Way), and takes the form of a short poem, usually consisting of five units with the mora pattern of 5-7-5/7-7 characters. *Dōka* often convey the teaching of Buddhism in colloquial language, and are widely known through elementary education or temple preaching.

<sup>xx</sup> King Wu 武王 (Wu Wang). Dan, Duke of Zhou (Zhou Gongdan 周公旦, 11-10th century BCE) was the son of King Wen 文王, the founder of the Zhou dynasty (around 1047-771 BCE). It is said that Zhou Gongdan was a man of virtue and filial piety, and performed great services in assisting his father and brother, the succeeding King Wu. *Shiji*, *juan* 4, 'Zhou benji 周本紀' 4, 131.

<sup>xxi</sup> The Emperor Taizong, or Ögödei (or Ögedei) by his Mongolian name, was the second emperor of the Yuan dynasty in China (lived 1186-1241CE, reigned 1229-1241 CE). He is said to have had a charismatic character and contributed to Mongolian expansion, but to have ruined his health in his later years due to alcoholism.

<sup>xxii</sup> In February of the 13<sup>th</sup> year of Emperor Taizong (1241), the emperor became seriously ill, and his pulse had already ceased. When the empress consulted with Chucai about this, he answered that politics had recently become corrupt and many innocent people had been put in jail, so the emperor should enforce a grand amnesty. When the emperor temporarily recovered consciousness, this idea was relayed to him. He was still unable to speak, but nodded to show his agreement. That night the physician found that the emperor's pulse had revived again, and the following day the disease was cured. *Yuanshi* 元史 *juan* 146, 'liezhuan 列伝' 33, Yelu Chucai 耶律楚材, (SBCK edition) 3463 *duan*.

### 3-8. Conclusion of Chapter 3

The third chapter is an attempt to translate the first fascicle of *Byōka suchi*, which concisely sets out the author's medical ethics, and approach to pathology and physiology. Due to limitations of length, it is impossible to show or discuss in detail all the *furigana* that appear in the text. Nonetheless, I hope to have demonstrated the intensive use of *furigana* and their effect, as it distinguishes *Byōka suchi* from many other *yōjō* texts of the time.

In principle I have translated the meaning of the *furigana*, considering that the use of *furigana* in *Byōka suchi* represents Hirano Jūsei's effort to digest the foreignness of imported medical concepts that originally come from Chinese medical texts, and are mostly written in Chinese characters. In addition to the translation, I provide a meta-commentary as endnotes at the conclusion of each section, to show the deep knowledge of Chinese medical tradition and wide-ranging intellectual background of the author.

From the gaps and dislocations between Chinese characters and *furigana*, and a close examination of the author's arguments, we find that Hirano Jūsei developed his own views of the body and illness, based on his knowledge of traditional medicine. The act of translating *Byōka suchi* is, therefore, a way of approaching the theme of the thesis: to shed light on a pattern of interpretation of Chinese medical knowledge by the author, a scholarly physician of the Edo-period Japan, addressed to lay readers.

## Conclusion of the thesis

In conclusion, this thesis has concerned itself with images and expressions of the body and illness in early nineteenth-century Japan, through the examination of the *yōjō* text *Byōka suchi* (What a household with sick persons should know), written by Hirano Jūsei (1832). The thesis aims at highlighting how traditional Chinese medicine was transmitted and interpreted in the Edo period, particularly focusing on the tangled relationship between Chinese tradition, Japanese scholarly doctors, and ordinary Japanese householders. This relationship is embodied in *Byōka suchi*: knowledge of Chinese tradition is reflected in the text itself, the author is a scholarly Japanese physician, and ordinary Japanese householders form the main target audience.

Surveying a number of *yōjō* texts and relevant scholarly research, Chapter 1 first elucidates how *yōjō* culture in the Edo period deviated from Chinese tradition. Though cultivation of life culture can be traced back to China, it flourished in Edo-period Japan as a cultural and social phenomenon with certain unique features. Rather than pursuing longevity and immortality, the art of *yōjō* was primarily concerned with “how to live” within the framework of feudal society in the Edo period. Furthermore, not only a restricted educated class, but also ordinary lay people came to be acknowledged as the readers of *yōjō* texts.

The second chapter discusses images of the body and illnesses as reconstructed from the analysis of *Byōka suchi*. In many respects *Byōka suchi* epitomises the Edo-period view of the body, typified by emphasis on *ki* circulation and the significance of the abdomen. The concern with circulation is simultaneously intertwined with the fear of *ki* stagnation, which was thought to result in congealed

clumps in the abdomen, which caused various afflictions. It is possible to say that these views of body and illnesses are Japanese interpretation of the Chinese medical tradition. In *Byōka suchi*, these ideas are noticeable when investigating such key terms as *karada* (body), *kokoro* (mind), *hara* (abdomen), *konare* (digestion), and *shaku* (congealed clump). Furthermore the intensive exploitation of *furigana*, the various applications of water therapy, and the practical instructions on midwifery, all show the author's concern that the text should be used in the home rather than in a professional medical context.

One of the distinguishing characteristics of *Byōka suchi* lies in its expressiveness, manifested in the unique usage of *furigana* – appended Japanese phonemic readings. Going beyond a mere pronunciation guide, *furigana* in *Byōka suchi* often function as an authorial gloss on medical terms, which are mostly written in Chinese characters and were originally foreign to Japan. The third chapter, therefore, is devoted to translating the first fascicle of *Byōka suchi*, with particular attention to the gaps between the meanings of the Chinese characters and the *furigana*. In the course of this endeavour, my examination has pivoted on the gap between Chinese medical tradition and Japanese interpretation, as the *furigana* device often shows the distance between popular Edo views of the body and illness and their Chinese counterparts through the eyes of the author.

After the Meiji Restoration (1868), the status of traditional medicine waned as Western medicine began to prevail. However this does not mean that *yōjō* culture had no enduring effect on medical concepts and practices in Japan. Many health manuals and texts of home medicine were published, in which *yōjō* was sometimes replaced with the term “*eisei*”, a translation of “hygiene”. The popularity of these medical textbooks for lay readers may well have laid a foundation for the dissemination of

public health. It is also possible to attribute the supply and demand of medical knowledge to the influence of the *yōjō* trend since pre-modern times. Furthermore *furigana*, as a tool of conceptual translation, played a notable role in the absorption of Western medical ideas into the Japanese vocabulary, as it had once done in the domestication of Chinese medicine.

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KKIS: *Kinsei kampō igakusho shūsei*

SBCK: *Sibu cangkan*

SSJZS: *Shisanjing zhushu*

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