

REVIEWS

Andrew Edmund Goble, *Confluences of Medicine in Medieval Japan: Buddhist Healing, Chinese Knowledge, Islamic Formulas, and Wounds of War*, Honolulu: University of Hawai'i Press, 2011, xx, 202 pp.

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As the first book in English devoted to the subject of the history of medieval Japanese medicine, this slim volume opens a significant window on a little-studied area of Japanese history. For this reason alone, the book makes a welcome contribution. It is not only the pioneering nature of this work, however, that makes it worth reading: Goble has presented a beautifully articulated, innovative argument that begins to shed light on the process by which Japanese physicians obtained and made sense of Chinese medical knowledge, and eventually made it their own.

Goble's research is grounded in the writings of Kajiwara Shōzen 梶原性全 (1265-1337), a Kamakura Buddhist priest who found himself uniquely well placed to study Chinese medical writings. Although Shōzen never went to China, he appears to have had "access to a larger number and wider variety of Chinese medical writings than anyone else known to us" (p. 45). Utilizing his unprecedented access to Chinese medical books, Shōzen wrote two works which form the basis of Goble's analysis: the *Ton'ishō* 頓医抄 (which he translates as Book of the Simple Physician) written in Japanese in 1304, and the *Man'anpō* 万安方 (Myriad Relief Prescriptions), a larger work described as his 'magnum opus', written in Chinese in 1327. Readers learn that unlike the more famous *Ishinpō* 医心方 of 984, these works have not been widely studied. Moreover, because they represent Shōzen's interpretation of important changes that occurred in Chinese medicine during the Song period, the works are particularly useful for understanding the "qualitative leap forward" that this knowledge brought to Japan (p. 115).

After a brief introduction that outlines the chapters and their main arguments, Goble begins with an exploration of the “Kamakura Context.” This chapter draws on a number of recent works in medieval and global history to suggest that Japan was more connected to China and other parts of Asia in this period than has been previously understood. Goble paints a picture of the Eastern city of Kamakura as a dynamic, outward-looking place, with extensive trade connections and a substantial population of well-educated Chinese. Many of these Chinese were Buddhist monks. This chapter stresses the activities of these Buddhist monks, who travelled in both directions between China and Japan to bring not only new forms of religion, but medical knowledge as well. Goble argues convincingly that Shōzen’s remarkable access to medical texts was a product of his membership in unofficial, transcontinental Buddhist networks. Further, the institution to which he belonged, the Gokurakuji temple of the Ritsu Precept sect, represented a new form of Buddhism characterised by altruistic care for the needy in society. The temple boasted a substantial medical facility that not only shaped Shōzen’s professional outlook, but provided him with ample opportunity for clinical observation and practice (p. 20).

“Song Medicine: A View from Japan” is the second chapter of the book. In this chapter, Goble examines Shōzen’s familiarity and engagement with Song medical texts, and their impact on the Japanese medical landscape. He begins by suggesting that early Japanese medical texts were small in number, and not widely circulated. Since the imperial physicians of Kyoto were interested in preserving their cultural capital they were concerned with confirming and protecting existing knowledge rather than testing or sharing it. Goble observes that Shōzen had complete access to only one Japanese medical book (p. 26). In contrast, the medical books that Shōzen obtained from China were the product of an information revolution brought about through the development of woodblock printing. Some of these were officially sponsored works that built upon existing medical knowledge, while others were designed to be working manuals (p. 29). According to Goble’s analysis of Shōzen’s knowledge of these texts, Shōzen had a good understanding of Song medicine. He did not simply cite the Chinese works, but evaluated and compared the formulas, and wrote critically of ordinary Japanese healing practices. Goble argues that Shōzen’s encounter with Song Chinese medical texts helped him towards the mind shift that medicine was not just about the preservation of a static canon, but was rather a changing, dynamic body of knowledge with various specialist branches and many different viewpoints.

The third chapter is devoted to an analysis of how access to new *materia medica* impacted on Shōzen’s medical practice and how these new medicines both excited him and created new problems to be solved. The author

uses the idea of a “Pharmaceutical Silk Road” to explain how an increasingly wide variety of imported medicines reached Japan by Shōzen’s time. He describes the evolution of increasingly complex medical formulas (apparently of Islamic origin) which appeared in aspects of Song medicine. These were characterised by large numbers of medicines in one formula, and an increasing number of medicines of Western origin (which Goble defines as including the modern Middle East, Southwest Asia, South Asia, and possibly Southeast Asia). Goble shows how Shōzen grappled with issues such as how the doses were to be understood, how the materials were to be correctly identified, and in the case where medicines were not readily available, whether or not suitable substitutions could be recommended. Shōzen took nothing for granted and was constantly involved in a kind of technical translation and clinical evaluation of medical formulas. In the final section of the chapter, Goble argues that Shōzen was particularly influenced by the category of illnesses known as “disorders of qi.” This category was influenced by Islamic medicine and was a new development in Song Chinese medicine. However, Goble suggests that it was especially appealing to Shōzen because of his Buddhist understanding of the world. His unique understanding of the category encouraged him to choose formulas and adapt his knowledge in independent ways.

Chapter Four, “Leprosy, Buddhist Karmic Illness, and Song Medicine” is a significant contribution to the growing literature in English on Leprosy 癩 (*rai*) in Japan, not least because as Goble points out, the first concerted attempts to treat it were made at Gokurakuji in Kamakura and Shōzen made the first medical description of the disease in his *Ton’isho*. While Goble is not the first scholar to address Shōzen’s descriptions of *rai*, he argues that previous understandings of these have been inadequate. This is because *rai* had “multiple meanings” which cannot fully be explained by the simplistic view of *rai* as a karmic illness (p. 68). Through an analysis of Shōzen’s writings, Goble persuades readers that Shōzen’s view of *rai* was complex and never completely reliant on the idea of karmic illness, and that there was a discernible development in Shōzen’s thinking over time. This development indicated a shift away from the idea of karmic illness to an understanding that it was caused by bad winds and worms: ideas taken from Chinese medical works.

The final substantial chapter is “Warfare, Wound Medicine and Song Medicinal Knowledge.” This chapter discusses how wound medicine developed as a specialized field of medicine in Japan as a response to the constant warfare present after 1333. The subject matter here strays from the main figure of Kajiwara Shōzen because he did not anticipate the need for wound medicine, even as late as 1327 (p. 96). Instead, in this chapter Goble shows how Japanese wound specialists used their pre-existing knowledge

of Song Chinese medicine (including that obtained from works such as the *Ton'isho*) and applied it in new ways to treat the problems caused by war injuries.

The book concludes with an epilogue: a succinct conclusion that draws the various themes of the book together in an illuminating way. It is here that Goble delineates his view of Shōzen as a new kind of priest-physician, who, as a member of a new Kamakura Buddhist sect, represented a break with both the ritual Buddhist medicine of previous eras and the traditions of Japanese court medicine.

This is a rich and detailed book that benefits from re-reading. As the substantial bibliography suggests, it is based on a wealth of research in both primary and secondary sources. Specialists will appreciate the inclusion of a glossary. Goble has packed a sophisticated analysis into quite a short volume. It is well written and treats the complex subject matter with admirable clarity. My only criticism is that it is in some ways too short. There are passages quoted from Shōzen's work, for example, which would have benefitted from more elaboration. Concepts (such as "mountain illness", to give an example that initially perplexed me) are explained too late or not at all. I would have liked a little more elaboration on the Islamic influences on Chinese medicine. For these reasons, non-specialists will perhaps flounder here and there, but I suspect that they will still be entranced by Goble's arguments. In sum, this book is an excellent piece of scholarship to be welcomed by medievalists, global historians, and medical historians alike.