

Michel Strickmann, *Chinese Magical Medicine*, ed. Bernard Faure. Stanford: Stanford University Press (Asian Religions and Cultures), 2002. xii, 418 pp., 14 ill.

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Why it should be desirable to review a book on magical medicine in this journal may not be intuitively obvious.

Joseph Needham and Lu Gwei-djen once asserted that, although at times the imperial court valued “magico-religious techniques”, such phenomena remained marginal, for “from the beginning Chinese medicine was rational through and through.”¹ They and their contemporaries defined early medicine as any precursor to the professional, science-based knowledge of today. But that definition, and the faith that early practitioners were striving toward medicine as we know it, expired a generation ago.

Since then, historians have turned their attention away from medicine in this narrow teleological sense and toward health care. That rubric includes all the means a culture offers to maintain health, cure illness, and help the body to recover from injury, from self-care to faith healing to the work of theoreticians. This widening of focus has led scholars to recognize the constant interaction in imperial China between therapists high and low, as well as the ubiquity of symbolic therapy and social ritual in all healing. Even today, physicians—no matter how rusty their biochemistry—take on the mantle of the laboratory scientist by manipulating technical symbols, and wear that of the ritualist in their highly structured encounters with patients.

Equally to the point, Strickmann’s book is not about magical medicine. Its editor tells me that the title was the author’s choice, but it is an odd one. “Magic” commonly refers to non-religious rites meant to change events or affect the course of nature using occult or secret knowledge. Since truly secular ritual for that purpose is rare in pre-modern societies, cultural anthropologists have largely stopped using the term.²

The book is actually about an unambiguously religious subject, the great influence of Tantric Buddhism from the third to the eleventh century on healing in

¹ Needham and Lu (1970), p. 268.

² This was natural after S. J. Tambiah’s (1968) demonstration that Bronislaw Malinowski’s classic study of magic (1925) ignored the religious beliefs implicit but unmistakable in Malinowski’s own field notes. The information about Strickmann’s title comes from an email from B. Faure, 2005.10.19.

Chinese and Japanese popular religion, in certain Taoist movements, and in the high tradition of Chinese medicine. In previous publications Strickmann has taken up the first and second varieties of influence and has encouraged contributions on them by others.³ This volume puts the third kind squarely into the picture. In combination with other recent publications, it implies that the time has come to revise our understanding of classical Chinese medicine. Acknowledging its rich occult, spiritual, and popular content will make for better history.

All of Strickmann's scholarship was distinguished by his ability to boot the conventional wisdom aside and make fresh sense of old conundrums, frequently with sarcasm and always with wit. This book fits the pattern. The merit accrues not only to the author, but to Bernard Faure. Well known for the fresh light he has cast on Japanese Buddhism, Faure has turned two of the three manuscripts Strickmann left on his sudden and untimely death in 1994 into important books: this one and one on Chinese written oracles. In both he has preserved the author's voice.⁴

It is odd that Faure lists the author as a professor at Berkeley; Strickmann died as Professor of Religious Studies at the University of Bordeaux. Originally a pioneer of modern Taoist studies, in his last decade or so he particularly studied the Buddhist scriptures cast in Indian sutra form but written in China. Strickmann realized that they make it possible to reconstruct the practice and oral traditions of Chinese Buddhists, and ultimately to illuminate the social history of Chinese religion.

From very early times, Chinese were convinced that a society of gods lived in close proximity to that of humans. As the Han order fell apart from c. AD 100 on, people increasingly interpreted the prevalence of suffering as the work of spirits resentful because they had been mistreated in life or had not been ritually laid to rest. Medicine provided a language for discourse about this danger, in which the world was "inhabited by perilous beings personifying breath and semen—phantom panting, demonized gasps, spectral sighs, lurking halitosis, walking nightmares, marauding wet-dreams, galloping nocturnal omissions." The "corpse-demons (*shi* 尸)" that Ge Hong's 葛洪 formulary of c. 340 described were "internal embodiments of potential evil", to be controlled by a "full-scale pharmaco-

³ In addition to the *Festschrift* he (1981-1985) assembled for Rolf Stein, Strickmann inspired a number of Berkeley Ph.D.'s who have made important contributions in this area. When I speak of the high medical tradition, I refer to *yi* 醫, therapeutic doctrine and practice cumulatively recorded by literate authors. As this review indicates, there was ample room in it for thought and therapy that was neither secular nor a regular part of elite practice.

⁴ The third of the three is *Chinese Poetry and Prophecy* (2005); the first was *Mantras et mandarins* (1996, English translation forthcoming), edited by Brigitte Steinmann.

chemical battle”.⁵ Ge knew nothing but scuttlebutt about the Taoist organizations of his time. He rummaged in popular religious beliefs for *his* arcane knowledge, and recast their curative rites into secular form.⁶

An outcome of the Han order’s collapse was diverse religious movements—from the original Celestial Masters on—that modern historians lump together as Taoism. Every one of them took their impetus from the conviction that the world would soon end. One of the signs of this final phase was the spread of illness. For the Celestial Masters, all disease was really sin, and could be cured only by confession. In the late fourth-century revelations that grounded what became the Supreme Purity movement, illness could result from the immoral behavior of one’s ancestors, and the spectral resentment of those they had grievously harmed. Sufferers could not know the origin of this pathology, much less confess it. They depended on Taoist masters. The latter, who had authority in the world of spirits, could trace the origin of their clients’ suffering and settle lawsuits in the courts of the dead to end the mischief.

Mahayana sutras, which often made illness the result of demonic attacks, went even further to absolve the sick from blame. Eventually believers in the Tao could use drugs and other conventional therapies for disease that was not due to moral failing or the resentment of shades. That explains why the Supreme Purity patriarch, Tao Hongjing 陶弘景 (c. 500), became the leading author of his time on materia medica. In his career, religion and classical medicine were intimately conjoined.

A crucial round of changes in occult therapy, from the second to the twelfth century, resulted from evolving forms of Tantric Buddhism. They reached a high point in the early eighth century through feats of translation and writing in which the esoteric master Yixing 一行 (whom historians of science know only as a great astronomer) took a prominent part. The scriptures of this tradition offered great spiritual power to their practitioners, power that attracted Taoist and popular masters. The outcome was a new kind of curing that depended on dramatic, “militaristic” exorcisms in which the operator confronted, interrogated, and banished possessing demons.⁷ Curers learned a range of Tantric weapons against the malevolence of spirits: spells chanted or “roared out” (p. 113), pictorial seals impressed on the patient’s body, seal patterns formed by hand gestures, and so on. There remain “only texts and echoes” of most such practices in China, but Tantra lives on, with “vast archives”, in Japan (p. 200).

How about the high tradition of medicine? Did physicians reject these religious phenomena? Strickmann is sufficiently familiar with the medical literature to show that they did nothing of the kind. Donald Harper and others have shown

⁵ *Zhouhou bei ji fang* 肘後備急方 is the title of most modern editions, based on a version greatly expanded c. 500 and again in 1144. See the attempt at reconstruction in Shang Zhijun 尚志鈞 (1983), pp. 20-22.

⁶ See p. 24 in the volume under review, and Sivin (1978/1995), pp. 323-327.

⁷ Such exorcisms are the subject of Edward Davis’s (2001) important recent book.

that the oldest medical manuscripts are rich in occult methods. It has also been clear for a long time that the pathology of ghosts, possession, and demonic *qi* remained very much at home in medical classics after Ge and Tao. Spiritual pathology is quite visible in *Zhu bing yuan hou lun* 諸病源候論 (p. 610), which set the standard for etiology and symptomatology up to the twelfth century. From then on, elite medicine, as it played an increasing part in literati culture, distanced itself from popular and unorthodox religion. Nevertheless, their centrality in health care—still largely unstudied—persisted even in the Qing era.⁸ Healing by priests and monks, by the end of the empire, remained the only sophisticated therapy available to the great majority. Strickmann closes with a challenge (p. 281):

The historian of medicine, for his part, will find proof (if proof is needed) of the intrinsic theatricality of patient-healer relations. Whether drawn from fourth-century Taoists, eighth-century Tantric Buddhists, or twentieth-century vernacular exorcists, the East Asian data simply reinforce a vision that will soon be accepted as obvious: Ancient or modern, Eastern or Western, secular or sacred, all healing pivots on a vital axis of ritual.

Scandalous though that prediction would have seemed in 1970, historians familiar with medical anthropology already recognize that this is as true of today's European primary care physician in her clinic as it was of the Chinese popular priest in his temple and of the classical physician in the sickroom.

Faure deserves great credit for making this volume available with full documentation, which the manuscript lacked. The complete omission of Chinese characters will make the book much less convenient for those who wish to carry on this pioneering work, but one can only be grateful for its high quality in every other respect.

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⁸ For the relations of medicine and religious ritual in the Ming and Qing periods, see the dissertation of Philip S. Cho, just completed.

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