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The Adaptation of *the Treatise on Cold Damage* in Eighteenth-century Japan: Text, Society, and Readers

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Abstract

This paper examines how the *Shanghanlun*, translated as the *Treatise on Cold Damage* (i.e., the *Treatise*), one of the most revered Chinese medical texts of the Han dynasty, was used in Japanese traditional medicine (Kanp 漢方), and particularly how it was reconfigured to fit with the societal shifts of the Edo period in Japan. The versatility of the *Treatise* in the formation of Kanp is exemplified by the medicine of Yoshimasu Tōdō, an innovative eighteenth-century Japanese doctor. In this analysis of Tōdō's unique interpretation of the *Treatise*, some of his transitional ideas about medicine, the human body, and illness, as well as the transcultural influence from China, will be elucidated. To this end, first Tōdō's application of the *Treatise* will be re-defined within the historical context of changing medical needs in the consumer society of the Edo period. Secondly, by focusing on the idea of poison that forms the core of Tōdō's theory and practice, I show how his pathology resonated with the period's popular notions of the human body and illness, although it was said at the time to be drawn from Chinese classics. Associating Tōdō's use of the *Treatise* with such phenomena as the commercialisation and popularisation of medical treatment and the popular imagination of illness, I show the applicability of the *Treatise* to the evolution of Kanp in the context of the surrounding social structure and cross-cultural intellectual ebb and flow across East Asia.

Keywords

Shanghanlun (*Treatise on Cold Damage*); Japanese traditional medicine (Kanp 漢方); Edo period Japan; Yoshimasu Tōdō; clinical experience (*shinshi jikken*)

Introduction

The value of a text is determined by those who read it. A text is a consumer good and its versatility changes organically along with transitional social surroundings and historical contexts. As initially claimed by Chartier, the history of texts and reading should be regarded as a cultural practice.¹ It is concerned not only with printing techniques and collections of books, but also with how people read and use texts. In medicine, texts have primarily been tested for their applicability. Historically there were a number of important classic texts that were valued for centuries as orthodox resources for theoretical thoughts and clinical practices. In the West, Bynum proposed a genre of 'library medicine' to describe how the interpretation and compilation of ancient medical texts played a central part in the medicine

¹Chartier, 1985, pp. 87-146.

of the Middle Ages and the Renaissance.² In Chinese medical tradition, several great classic texts, compiled in antiquity, have competed for attention throughout the elaborate philosophical and natural studies of early China and innovative post-Song periods, as well as in late imperial philological articulations. Among many Chinese medical classics, the *Treatise on Cold Damage* (*Shanghan lun* 傷寒論 hereafter the *Treatise*) stands out as one of the most important therapeutic texts for its high applicability since its compilation in the early third century CE by Zhang Zhongjing 張仲景 (150–219), formal name Zhang Ji 張機. Although the classic texts tend to be associated with the image of unchanging forms of knowledge inherited from the past, a historical account of the application of such medical texts will elucidate the complex and organic relationship between the text and the user.

The interest in the *Treatise* rose and fell among some audiences at various moments in history and for various reasons. Because the original text by Zhang Zhongjing was lost, subsequent versions of the *Treatise* have all been compiled by later scholars (see Scheid in this issue). Since the *Treatise* has been acknowledged as the first systematized therapeutic text in Chinese medical history, considerable efforts have been made in search of its original form. For example, the fragments contained in Volumes 7 and 8 of the *Canon of the Pulse* (*Maijing* 脈經, latter half of the third century CE) by Wang Shuhe 王叔和 (third century CE), the section on *Cold Damage* (*shanghan* 傷寒) contained in Volumes 9 and 10 of the *Supplement to Important Formulas Worth a Thousand Gold Pieces* (*Qianjin yifang* 千金翼方, 652) by Sun Simiao 孫思邈 (seventh century CE), and the *Annotation and Explanation of the Discussion of Cold Damage* (*Zhu jie shanghan lun* 注解傷寒論, 1144) by Chen Wuyi 成無己 (1063?–1156) all provide extracts from older versions of the *Treatise*.³ By comparing each version of the *Treatise*, Yamada observed that the way in which the *Treatise* was reconfigured reflects each author's subjective view about what was important in medicine.

The *Treatise* was not a single text throughout different periods. Each author in these three periods had quite a different view of the *Treatise* (...). Historically, what they left to us (as a text) was 'the *Treatise*' that they found and believed. That is 'the *Treatise* as view'. It is assumed that any difference in these (three) '*Treatise*'s as an author's view must reflect some of the essential aspects of the developmental process in Chinese medicine.⁴

Even if the restoration of the 'original *Treatise*' seems to be a daunting task, the *Treatise* has endured over a long period of interpretation, integration, and deconstruction from diverse perspectives. In other words, the value of the *Treatise* in medical history is found in the versatility that enables its essential transitional features to be incorporated into the process of medical (re)formation. This is probably due to the historical evaluation of the *Treatise*, which has appreciated the text as the first formulary in Chinese medicine that established a systematic correspondence between formulas and symptoms. The interest in the *Treatise* therefore waxed and waned, depending on how people adapted the formulas in the *Treatise* into changing pathology and physiology at different times.

²Bynum 2008, pp.19–42

³The years of the figures' birth and death, and the years of publication are based on Fu 1997 and Kosoto 1996.

⁴Yamada 1999, pp. 165–66.

In the history of Sino-Japanese medicine Kanp 漢方,⁵ various applications of the *Treatise* characterise some of the major paradigm shifts in its developmental process. The *Treatise* has been highly appreciated since it was first imported from China to Japan in the twelfth or thirteenth century, but there was a big leap in popularity from the middle to the end of the Edo period (1603–1867).⁶ Without any collective body to authorize medical licenses and manage institutional medical education, the society of the Edo period developed as a fluid intellectual space, which could accommodate the divergence of medical fashions.⁷ Among many groups and individual innovators, the ‘Ancient Formulas Current’ (*koh ha* 古方派)⁸ that appeared in the late seventeenth century represents adherence to the *Treatise*. The doctors of the Ancient Formulas Current provided a variety of new principles to approach all aspects of medicine, from the structure of the human body and the nature of disease to therapeutic and diagnostic methods. Contending that true medicine had been distorted by the misleading, neo-Confucian interpretations of later scholars, they sought authentic medicine in clinical experience and the reconstruction of the classic texts of ancient China, in particular the *Treatise*. The Ancient Formulas Current was by no means the only movement to accommodate the exploratory spirit of Edo-period doctors. There had been a group known as the ‘Later Masters Current’ (*Goseiha* 後世派) since the late sixteenth century. Through the meticulous examination of the theoretical and syncretic approach of the post-Song era, the Later Masters Current began to reform Kanp by ‘not merely relying on Chinese formulas but also treating (with the formulas) that are more agreeable for Japanese’.⁹ In addition to these two dominant currents, a small, but increasing number of doctors, known collectively as the ‘Dutch Remedies’ (*Ranp* 蘭方) current, became interested in European medicine. Some physicians, often categorized as the ‘Eclectic Current’ (*Setch ha* 折衷派), blended aspects of these various approaches. As they were pursuing their own perspectives on medicine, the human body, and illnesses, and drawing on a different authority for their theoretical and therapeutic foundations, ‘current’ (*ha* 派) in the context of the medicine of the Edo period can also be understood as a type of ‘paradigm’. In search of a basis for fundamental therapeutic methods and philosophical theory, the *Treatise* was particularly appreciated among the Ancient Formulas Current.

Among the many unique followers of the Ancient Formulas Currents, such as Gotō Konzan 後藤艮山 (1659–1733), Kagawa Shuan 香川修庵 (1683–1755), and Yamawaki Tōyō 山脇東洋 (1705–1762), Yoshimasu Tōdō 吉益東洞 (1702–1773) pursued his idea of ancient medicine most rigorously by exclusively drawing on the *Treatise*. He rejected most of the foundational doctrines of the Chinese medical tradition (typically articulated in the *Yellow Emperor’s Inner Canon* (*Huangdi neijing* 黃帝內經, c. 1st century. BCE) as too abstract and speculative. Instead of the refutation of pulse taking and the systematic disease

⁵ ‘Kanp’ became a major term to refer to Japanese traditional medicine only about a hundred years ago. However in order to differentiate among the traditional medicines in China, Korea, and Japan, Kanp will be used in the reminder of this article, even though it was (and still is) not a monolithic establishment, with no central professional organizations.

⁶ Kosoto 1996, pp. 265–310; Mayanagi 1997, pp. 301–40.

⁷ Oberländer 1995, pp. 141–46.

⁸ I have translated ‘*ha*’ (派) as ‘current’, by taking the view which regards the character ‘派’ in the discourse of East Asian medicine to refer to a group of ‘people sharing some ideas or principles, or at least claiming to do so’ (Wu Yiyi 1993–1994). See also the introduction of Scheid 2007.

⁹ *Suichikuan y j monogatari* 雖知苦庵養生物語 (*The Tale of Nourishing Life by Suichiku-an*, 1832). Although the authorship is unknown, scholars agree that the text was written by one of the Manase school doctors. Yano 1979 (annotation of Manase 1649), p. 42; Kosoto 1996, p. 247.

categorisation of three yin and three yang (*sanyinsany* 三陰三陽), T d ¹⁰ famously established a theory that ‘all diseases arise from one kind of poison’ (*manby ichidoku* 万病一毒). All treatments, formulas in the main, are for the purpose of attacking the pathogenic poison within the body, and that pathogenic poison is most palpable in patients’ abdomens.

Seeing the conceptual and therapeutic formation of Kanp as a socially constructed process, an historical account of T d ’s use of the *Treatise* shows how the applicability of this text was shaped by some of the fundamental realities in the society at that time. There was a negotiation between a doctor and a foundational text, which adjusted Kanp practice to the changing social expectations of medicine. To further this argument, I will first show that T d ’s interpretation of the *Treatise* fits not only with the contemporary intellectual trends in China and Japan, but also with such social phenomena as the commercialisation and popularisation of medical practice during the Edo period. Secondly, the examination of the pathology of poison with wide references to popular literature will demonstrate how T d ’s theoretical foundation resonated with the popular imagination of the human body and illness, and how his idea was incorporated into therapeutic techniques that were based on the *Treatise*. By elucidating T d ’s medical formation through his reconfiguration of the *Treatise*, I hope to show the versatility of the text for the reformation of Kanp within the specific historical context of a local milieu that was embedded in the cross-cultural ebb and flow of medical knowledge across East Asia.

1. The *Treatise* and Yoshimasu T d : The intellectual background of Edo-period medicine

Our protagonist, Yoshimasu T d , was one of the most innovative doctors of the Edo period who tried to establish a new scheme of medicine through his unique interpretation of the *Treatise*. He was born into a medical lineage in the domain of Aki 安芸 (the present Hiroshima prefecture), and learned surgery and gynaecology in his youth. Later he moved to Kyoto, and passionately pursued the approach of the Ancient Formulas Current by ‘hunting for the texts older than the Han dynasty’.¹¹ He was active in the eighteenth century when there was a rise in the popularity of the *Treatise* and the social role of medicine began to change.

The popularity of the *Treatise* arose both from the transcultural flows of medical knowledge and localised conditions in the society of the Edo period. To begin with, T d ’s views on the *Treatise* should be understood in the broader context of scholarly learning in eighteenth-century East Asia. The rise of philological studies in China led to the re-evaluation of the *Treatise* which could be traced back to the *Discourse on Tracing Back to the Medical Canon* (*Yijing suhui ji* 医經溯洄集, 1368) by Wang Lü 履王履 (1332–?) in 1368. The movement was further developed by the work, *Discussing the Esteemed Treatise on Cold Damage* (*Shanghan shanglun pian* 傷寒尚論篇, 1648) by Yu Chang 喻昌 (1585–1665?), and the Later Systematic Differentiation of the Treatise on Cold Damage (*Shanghanlun hou tiaobian* 傷寒論後条弁, 1670) by Cheng Yingmao 程應旂 (seventeenth century). Along with the emergence of evidential scholarship in Ming and Qing China, philological approaches also

¹⁰T d is a pseudonym of Yoshimasu, whose first name is Tamenori 爲則. Since it is conventional to recognise doctors and scholars of the Edo period by their pseudonyms, I will use T d for the remainder of this paper.

¹¹Yoshimasu 1983, *Kosho igen* 古書医言 (*Medical Words in Classics*, 1814), p.1.

began to weigh significantly among scholarly doctors who aimed at a return to the medical styles of Chinese antiquity in China.¹² These intellectual movements in China were appropriated by Japanese doctors without much delay,¹³ and embedded in various forms of ancient learning in medicine, as represented by the appearance of the Ancient Formulas Current.

In addition to this transnational academic movement, T d 's reverence for the *Treatise* is correlated with his ideology of the medical profession and medical practice, which reflected the trend of ancient learning in Confucianism. It is well known that the medical paradigm of the Ancient Formulas Current was largely inspired by the ground-breaking ideas of Japanese Confucian scholars, such as It Jinsai 伊藤仁斎 (1627–1705) and Ogy Sorai 荻生徂徠 (1666–1728), who criticised neo-Confucianism and built a new systematic form of Confucian thought, called 'Ancient Learning' (*kogaku* 古学), by drawing upon ancient texts. By highlighting the network of intellectual exchange in Kyoto, recent studies have revealed that T d 's reverence for the *Treatise* can be traced to the academic lineage of Arima Ry ky 有馬涼及 (1633–1702), a doctor who highly valued the *Treatise* and was also close to It Jinsai. Arima was one of the teachers of Namikawa Tenmin 並河天民 (1679–1718), a Confucian scholar, and Namikawa influenced a Confucian doctor Matsubara Ikkansai 松原一閑齋 (1689–1765) with whom T d had studied the *Treatise* for some time.¹⁴

The ideology of Ogy affected T d 's development of his professional identity as a doctor. Ogy claimed that the order of the Heaven should be differentiated from the principles of human beings.

Generally, the way of the early kings seems vague and distant. It is something that ordinary people cannot fathom. For this reason Confucius remarked, "People can be made to follow it, but they cannot be made to comprehend it."¹⁵

Inspired by this,¹⁶ T d claimed that the human body was isolated from the Heaven's mandate, and the true way to understand and practice medicine was to be found in treating diseases in accordance with the formulas of Zhang Zhongjing.

Death and life belong to Heaven's mandate. One's life is determined by Heaven, and not the field in which doctors can intervene (...[I]t) is a mandate for doctors to treat diseases today by applying ancient formulas. If one dies even when Zhang Zhongjing's principle is applied, it is his destiny.¹⁷

Stimulated by the philological studies of classics, T d , like many other doctors of the Ancient Formulas Current, sought the Ancient Way of the doctors and medical practices recorded in the *Rites of Zhou* (*Zhouli* 周禮, c. 50 BCE–100 CE). Even though contending 'there is no older reference to formulas than (that of) Zhang Zhongjing',¹⁸ T d considered

¹²Elman 2008, pp. 108–10.

¹³In Japan, the *Writings on the Esteemed Discussion of Cold Damage* was reprinted in 1696, while the reprint of the *Later Systematic Differentiation of the Discussion of Cold Damage* appeared in 1704. Kosoto and Mayanagi (eds) 1992, 'Annotation' (*kaisetsu* 解説) pp. 1–11.

¹⁴Terasawa 2012, pp. 66–71; Matsuoka (et al.) 2011, pp. 2387–2403; Matsuoka (et al.) 2012a, pp. 301–31; Matsuoka (et al.) 2012b, pp. 417–27.

¹⁵Ogy 2006, *Benmei*, p. 174.

¹⁶Terasawa 2012, pp. 33–4.

¹⁷Yoshimasu 1980, *Idan* 医断 (*Severing Medicine*, 1759), 'Death and Life' (*shisei* 死生).

it necessary to recover the original formulas of the *Treatise*, as he thought that the text lost its authenticity because of later commentaries and additions.¹⁹ Stimulated by the trends in empirical research in eighteenth-century Japan, T d 's adherence to the *Treatise* thus can be understood in the context of salvaging the original formulas of the *Treatise* by testifying to their effect by clinical experience (*shinshi jikken* 親試実験).

In line with this new interpretation of the role of doctors and medical practice, T d 's medical paradigm manifested itself in his statement that 'the crux of medicine lies in formulas'.²⁰ Many of his representative works served to support his manifesto, such as the *Categorized Collected Formulas* (*Ruijuh* 類聚方, 1764), the *Extremes of Formulas* (*H kyoku* 方極, 1764), and the *Effect of Medicine* (*Yakuch* 藥徴, 1785). For example, in the *Categorized Collected Formulas*, T d selected approximately 220 formulas, mostly from the *Treatise* and the *Essentials of the Golden Casket* (*Jinkui yaolue* 金匱要略, third century CE) in which formulas are sub-categorised based on symptoms. It is considered that the *Essentials of the Golden Casket* was originally a part of the *Treatise*. He re-organised them according to the formula's name, and added his personal review to each. This facilitated readers to search for formulas by name and to learn their applicable symptoms and effects. In the *Effect of Medicine*, the names of medical herbs and substances from the *Treatise* and the *Essentials of the Golden Casket* are listed alongside simple commentary on their main effects and the clusters of symptoms to which they may be matched. For example, the article on gypsum explains that 'gypsum cures vexation and thirst'. T d 's *Treatise*-based texts sold well and were highly appreciated among doctors. For example, one of T d 's students observed that the *Categorized Collected Formulas* became an instant best-seller, as '5,000 copies were sold out in the Edo (the present-Tokyo) area, while 5,000 copies [were sold] in Kyoto and Osaka area within one month'²¹ in 1765. Even Taki Motoyasu 多紀元簡 (1755–1810), a leading medical philologist who disapproved of T d 's radical theory and practice, admitted that 'the *Effect of Medicine* by T d is full of insight and useful'.²²

As a result of denying the disease categorisation of three yin and three yang and 'six channels' 六經 (*liujing*) in the *Treatise* and the *Essentials of the Golden Casket*,²³ these works could serve as practical guidelines regarding the application of formulas for the doctors who wished to give prescriptions based on the manifestation of symptoms they observed.²⁴ In accordance with the methodologies, which basically deduce the readership of texts from factors such as style and register, mass education, and the nature of publishing culture,²⁵ T d 's formularies appear to be addressed to literary doctors. In terms of writing

¹⁸Ibid., 'Ancient Formulas' (*koh* 古方).

¹⁹Ibid., 'Zhongjing's Texts' (*Ch keisho* 仲景書).

²⁰Yoshimasu 1979, *Iji wakumon* 医事惑問 (*Medical Questions*, 1769), *kan ge* 卷下.

²¹Murai 1979, *Id nisen-nen ganmokuhen* 医道二千年眼目篇 (*The Compilation of Enlightening the Way of Medicine After Two Thousand Years*, 1807), 'Chapter 10: Categorized Collected Formulas' (*kan 10: Ruijuh* 卷十類聚方).

²²Taki 1981, *Jikan dokugasho* 時還読我書 (*Sometimes Reading My Books Again*, 1839), p. 442.

²³By paying attention to the constant transmission of medical knowledge from the Zhejiang 浙江 area, Yu pointed out the impact of Ke Qin's 柯琴 (1662–1735) focus on the 'manifestation of symptoms' (*zheng* 証) on Yoshimasu's rejection of the six channels and other doctrines in the *Treatise*. See Yu 1995, pp. 235–6; and 2001, pp. 27–29.

²⁴Terasawa 2012, pp. 163–64.

²⁵The reading practices of the Edo period have been studied from diverse perspectives. In particular, Noma 1958, Nagatomo 1987, 2001, and Yokota 1995, 1996, 1998 have demonstrated that knowledge was transmitted from the people who possessed texts through various forms of reading.

style, for example, the *Categorized Collected Formulas* and the *Effect of Medicine* are written in classical Chinese without guiding marks for readers. Even though there was an expansion of reading medical texts among non-medical people from the late seventeenth century on,²⁶ the readers of T d 's formulas texts were supposed to have certain knowledge and skills of diagnosis.

As well as tying in with cross-cultural academic trends in East Asia, the acceptance of T d 's texts also matched two essential shifts in the function of medicine; that is, the popularisation and commercialisation of medical treatment. After a long period of inner conflict, the Tokugawa Shogunate enforced a strict social hierarchy and nurtured a growing monetary economy, a manufacturing industry and a range of flourishing cultural activities. It was a new dynamic period for Kanp , departing from the library medicine or court medicine that was previously dominant. Given impetus by the development of pharmacology and the drug market, the circulation of medical knowledge, and the increase in the number of doctors and pharmacists, medical treatment, previously limited to those in power, became a service industry for the people in urban cities by T d 's time.²⁷ This shift began to affect the nature of medical practices itself. Taking the case of seventeenth-century England, for example, Cook pointed out that patients' expectations for medical cures began to change along with the rise in the study of science and consumer culture:

People who were ill often preferred quick and easy cures, consisting of a rapid diagnosis and the prescription of a specific drug, or set of drugs, that promised prompt recovery (...[F]or) more people had coin with which to buy medical commodities, including drugs, but not enough money or inclination to pay for a physician's leaned and laborious consultation or for an expensive and time-consuming regimen.²⁸

The English patients referred to in the above quote interestingly resemble the impatient patients of the Edo period who 'was dreaming a dream in which his prescription is made right away' (*ch g ga satsoku dekita yume o miru* 調合がさそく出来た夢をみる).²⁹ This phenomenon can be explained by the view of Takahashi who suggested putting cultural pursuits in the foreground of all aspects of life in the Edo period, and associating them with the cycle of production and consumption.³⁰ Seeing medical practices as one of the cultural activities, it is not surprising that the societal expectation for medicine also changed.

In the commercialized society of the Edo period in which an astronomer Nishikawa Joken 西川如見 (1648–1724) observed 'the money of gold, silver and copper are principally the tool for the people over the whole country',³¹ doctors traded their professional knowledge and skills for money. Doctors were generally divided into two groups: those who served

²⁶Yokota 1995, pp. 315–53; 1996, pp. 48–67; 1998, pp. 1–27.

²⁷In contrast to urban areas, the medical environment of regions cannot be illustrated unconditionally. For example, Umihara claimed that in a village of present-Aichi, doctors came to be in charge of the main parts of medical practices by the early eighteenth century. See Umihara 2007, pp. 40–67. On the other hand, taking the case of rural villages in present-Nagano, Aoki revealed that even in the early eighteenth century the main parts of medical practices consisted of religious practices or empirical folk medicine. See Aoki 2012, pp. 21–22.

²⁸Cook 1990, pp. 411–12.

²⁹Takasaka 1933, *Yanagidaru zensh* 柳多留全集 (*The Collection of Haiku Poems*), p. 627.

³⁰Takahashi 1990, pp. 13–14.

³¹Nishikawa 1975, *Kan-ni ch nin bukuro* 巻二 町人囊 (*The Pouch for Merchants*, vol. 2, 1719), p. 101.

‘feudal lords’ (*han-i* 藩医) and those who worked as ‘private practitioners in town’ (*machi-i* 町医) and ‘private practitioners in village’ (*zaison-i* 在村医). The doctors serving feudal lords had to perform various public duties to improve and administrate the medical environment of their domain within the feudal hierarchy that was set within the ideology of Confucianism.³² However, many of them also lived on earnings from their private practices.³³ A Confucius scholar Ogy commented that the life in the Edo city was so expensive that doctors were concerned with getting as many patients as possible. As patients did not hesitate to change doctors if they found the treatment unsatisfying, doctors tended to go for easy cures, in order to avoid any trouble with their patients.³⁴ We must hence associate the demand for, and the supply of, T d ’s *Treatise*-based texts and the supply with the transitional features of medical practices within the economy of the medical market. Just like T d , many doctors of the eighteenth century began to emphasize that the doctor’s duty is to provide appropriate formulas:

As there is no differentiation of ancient or contemporary in diseases, there is no differentiation of ancient or contemporary in the Way (of medicine). Doctor’s skill lies in applying appropriate medicine for appropriate diseases.³⁵

Formulas just promise a cure. Why should one choose ancient or new?³⁶

These statements make a good contrast to the medical manifestoes of Manase D san of the end of the sixteenth century who had treated many lords and nobles in his successful career. As a founder of the D san school, he wrote down the secrets of his medicine in the *Fragmentary Papers* (*Kirigami* 切紙, 1571?). He lists 57 of his medical principles, and at the head of the list it comes ‘benevolence’ (*jijin* 慈仁). Through principles, he repeatedly emphasized that a doctor needs to build a relationship of trust between his patients and himself and clarify the cause of diseases, deciding treatment considering the differences between acute/chronic disease; locality; men/women; old/young; and noble/humble.³⁷ When the doctor’s service was no longer limited to a handful of people, medical knowledge was needed thereby enabling doctors to provide many patients with quick and effective cures. In order to satisfy the client, doctors tended to focus on removing the patient’s symptoms as quickly as possible, while speculative theories were given a secondary importance.³⁸

With these new interests of medical practitioners in the background, one of the versatilities of the *Treatise* lies in its simplicity.³⁹ As a result of T d ’s reconfiguration of the *Treatise*, doctors came to be able to make a prescription even more easily, while not necessarily understanding the systematic and theoretical formula-symptom correspondence the *Treatise* contained. For example, the treatments by T d and Manase D san 曲直瀬道三 (1507–95) of the Later Masters Current make a good contrast. In the case of vomiting blood, Manase explains the pathology as follows:

³²Aoki 1998, pp. 94–122; Umihara 2007, pp. 138–284.

³³Nakayama 1984, Introduction, pp. 4–5.

³⁴Ogy 1973, *Seidan* 政談 (*The Discussion of Politics*, 1727), p. 300.

³⁵Yamawaki T mon 山脇東門 (1736–1782) 1979, *The Essays of Master T mon*, pp. 211–12.

³⁶Kamei Nanmei 亀井南冥 (1743–1814) 1979, *Kokonsai irohauta* 古今斎伊呂波歌 (*The ABCs of Kokon-sai*, 1814), p. 323.

³⁷Manase 1979, *Kirigami* 切紙 (*The Fragmentary Papers*, 1571), p. 7.

³⁸Oberländer 1995, pp. 141–6.

³⁹Lock 1980, p. 54.

Accordingly when one gets angry and ki flows upward, it results in blood vomiting (...[O]r) four seasonal ki is damaged outside (the body), or seven emotions agitate within the body, or eating, drinking and excessive sexual intercourse cause damage, the operating ki (*eiki* 榮氣) becomes gathered and filled in the diaphragm, it always causes blood vomiting (... [T]he) pulse in Taiyang 太陽 is large and floating.⁴⁰

He goes on further about how to diagnose by pulse taking, how to prescribe different remedies depending on individual symptom, and so on. On the other hand, when T d consulted a young man who used to vomit blood approximately once in 10 days, he simply palpated his abdomen. Feeling ‘a subtle movement’ in the patient’s abdomen, T d prescribed ‘Three-Yellow Drain the Epigastrium Decoction’ (*San’ shashint* 三黃瀉心湯) that clear heat and resolve toxicity. Taking this for 20 days, the symptom was completely removed.⁴¹ In contrast to Manase’s comprehensive understanding of pulse and disease mechanisms, T d’s direct focus on the symptom is clear and obvious.

Probably because of this simplicity, it seemed that T d’s formulary texts were sometimes used as easy manuals for beginners. A doctor medical philologist of the late Edo period, It H zan 伊藤鳳山 (1806–1870), lamented the abuse of T d’s texts among medical students.

A foolish doctor like Yoshimasu, who did not know of the texts by sages and the canons, held sway. He fraudulently cut, pasted and altered the *Treatise* (... [I]f) one only reads the *Collected Formulas*, the *Categorized Collected Formulas*, and knows of the *Effect of Medicine* that is completely ignorant of the principle (of medicine), he tends to believe that he has mastered medicine. As (these texts appear) simple and easy, nowadays medical students do not mind their ignorance.⁴²

However this statement just reinforces that T d’s application of the *Treatise* and the success of his *Treatise*-based texts can be understood in the context of promoting practical knowledge of medicine. Scraping off the pathological theories and principles, he deconstructed the formulas in the *Treatise* from the standpoint of which formula/ingredient was to be used for which symptom. Texts that could provide more convenient tools to facilitate the search for formulas found a successful match with the typical procedure of the society of the Edo-period, where the demand for practical learning 実学 (*jitsugaku*) was increasing.⁴³

2. Poison as a visible and tangible object

Just as T d’s application of the *Treatise* responded to the demand for practical knowledge of formulas and quick cures in medical market, his theoretical formation was also moulded within the framework of the *Treatise* by taking the various factors from both academic debates and the illness experience of lay people. In particular T d’s idea of pathogenic poison shares some interesting similarities with the popular imagination of illness.

⁴⁰Manase 1979, *Keitekish* 啓迪集 (*The Text of Enlightenment*, 1649), ‘Section Vomiting and vomiting blood (*ketsu toketsu mon* 嘔血吐血門).

⁴¹Yoshimasu 1979, *Kenshuroku* 建殊録 (*The Clinical Records*, 1763), p.243.

⁴²It , nineteenth century, *Kanran shuwa* 漢蘭酒話 (*Talk on Kanp and Dutch Medicine Over Drinking*), (kan ch 巻中).

⁴³For example, see Umihara 2012, pp. 5–9.

T d argued that Zhang Zhongjing ‘never talked about the viscera and intestines, because they were of no use for treating diseases’,⁴⁴ but simply located disease poison and attacked it with poisonous formulas.

(II) In every case, you must treat depending on the manifestation of symptoms. It is apparent that Zhang Zhongjing was targeting one poison in the treatment of all diseases.⁴⁵

Claiming that inner organs and disease categories were of no importance in the *Treatise*, T d ascribed all diseases to one kind of poison, ascribing the idea to the famous statements from the *Annals of Lü Buwei* (*Lü shi chun qiu* 呂氏春秋, 239 BCE):

When the form does not move, then the essence does not flow, when the essence does not flow, then ki becomes constraint).

It has been eight or nine years since I realized that all diseases are ascribed to only one poison. This idea originates to the discussion of constraint poison in the *Annals of Lü Buwei*.⁴⁶

In fact neither constraint (*utsu* 鬱) nor poison (*doku* 毒) is discussed in the *Annals of Lü Buwei*. In the *Medical Words in Classics*, however, T d interprets the statement above as ‘*ki*’ (*ki* 氣) should not be constraint. If the essence (*sei* 精) does not run, it becomes constraint and forms poison. Where there is a poison, *ki* does not flow’.⁴⁷ Tateno claimed that T d found a primitive idea of the holism between body and mind in the *Annals of Lü Buwei*, and developed it as the theory of one poison.⁴⁸ However, tsuka asserted that this was T d ’s arbitrary interpretation, because in the *Annals of Lü Buwei* treating diseases with poisonous medicine was considered a lowly practice.⁴⁹ Yamada further pointed out T d ’s lack of ability to comprehend Chinese texts, because ‘his reading notes on Chinese classics often do not make sense’.⁵⁰ Yet it is not the purpose of my study to judge T d ’s interpretation of classics. Rather as Lock suggests that there was a strong influence of Shinto on T d ’s medical formation,⁵¹ I would like to examine how his theory of pathogenic poison echoed with the multiple discourses of poison that had already prevailed as the cause of various diseases among the people of the Edo period.

In fact, the idea of poison and its association with illness have a long history in East Asian medical tradition. For example, the earliest Chinese *materia medica* (*bencao* 本草) compendium, the *Canon of the Divine Husbandman* (*Shennong bencao jing* 神農本草經, first century CE), for example, classifies drugs into three, and the lowest category was defined to have poison and should not be used for a long term. Many diseases are understood in terms of ‘poison’ both in Chinese and Japanese cultures, to indicate numerous harmful and addictive materials and phenomena. In particular, such symptoms as eruption, pox and

⁴⁴Yoshimasu 1979, *Iji wakumon* 医事問答 (*Medical Questions*, 1769), p.20.

⁴⁵Yoshimasu 1979, *Iji wakumon* 医事問答 (*Medical Questions*, 1769) preface, p. 24.

⁴⁶Ibid., p. 37.

⁴⁷Yoshimasu 1983, *Kosho igen* 古書医言 (*The Medical Words in Classics*, 1814), p.21.

⁴⁸Tateno 2004, pp. 100–250.

⁴⁹tsuka 1981, pp. 371–2.

⁵⁰Yamada 2006, p. 53.

⁵¹Lock 1980, p. 55.

pus have often been considered the manifestation of inner poison. This notion was represented by both epidemic and non-epidemic diseases such as syphilis poison (*baidoku* 徽毒); smallpox (*t doku* 痘毒); damp poison (*shitsudoku* 湿毒: it causes a bleeding, discharge, or boils to the lower body); and so on. As we shall see later, the idea of inherent poison (*taidoku* 胎毒) has also been rooted deeply in the fear of various deadly diseases. A survey of the Edo period medical texts revealed that the pathology of poison was often associated with the diseases that were considered hereditary or epidemic. By linking professional debates with the popular imagination about the diverse pathologies of poison, I hope to draw attention to the point that T d's incorporation of poison as a monolithic, pathogenic object was recalled in wider references than has been generally realised.

Monolithic pathology began to receive attention within medical texts both in China and Japan. Professional doctors, such as Gotō Konzan, famously claimed that all diseases arose from the stagnation of one kind of *ki*. On the other hand, his student Kagawa Shuan's interpretation was that most diseases occurred in accordance with the stagnation of one form of energy (*genki* 元氣). These pathologies, claimed by preceding Ancient Formulas Current doctors, could have affected T d's focus on poison as the one pathogenic object.⁵² Terasawa (2011) also points out the influence of the medical text, the *Secret Records of Syphilis* (*Meichuang milu* 徽瘡秘錄, 1632) by Chen Sicheng 陳司成 (seventeenth century). According to Terasawa, there are several key phrases in this text that recall T d's notion of poison: 'It is one *ki* 一氣 that responds to the poison (of syphilis)' and 'it is poison that attacks (the syphilis) poison', and so on.⁵³ In addition to this epistemic change in medical discussion, the plurality of poison in the Edo period medical discourse sheds further light on the intricate relations between T d's version of monolithic pathology and poison. This will concern the intersection between the formation of new medical theory and the medical environment: disease, patients' imagination of body and illness, and medical texts.

Another factor to underline T d's 'one poison' contention lies in the predominant poison-disease nexus in popular language. T d's basic understanding of poison goes as follows:

If I must discuss disease causes, they are 'external evil' (*gaija* 外邪) and food and drink. When the taken food and drink stagnate within the body, they form poison and cause various disorders. Another cause of disease is external evil which invades (the body) from outside. However, even when epidemics break out, some people are affected while others are not. This means that the cause of disease can be ascribed to the inner poison.⁵⁴

One clue to better understanding T d's idea of poison, as well as Edo-period medicine on the whole, is to be found in the teaching of 'nourishing life' (*y j* 養生). In the peaceful Edo era, the common person's interest in health grew hand in hand with the spread of access to medical knowledge due to rising literacy and the developed printing culture.⁵⁵ Among the nourishing-life texts to appear in the Edo period, which numbered no fewer than 200, the *Lessons for Nourishing Life* (*Y j kun* 養生訓, 1713) by Kaibara Ekiken 貝原益軒 (1630–

⁵²Hanawa 1983, p. 10; Yamada 2006, pp. 26–63.

⁵³Terasawa 2012, pp. 24–32.

⁵⁴Yoshimasu 1980, *Idan* 医断 (*Severing Medicine*, 1759), p. 29.

⁵⁵Takizawa 1998, pp. 18–42.

1714) was most influential and was regarded as a prototype of the (early) Edo period nourishing life text. Surveying the usage of ‘poison’ in the *Lessons for Nourishing Life*, there are four types: (1) poisonous ingredients or substances contained in drugs, minerals, and gases; (2) ‘poison’ to indicate something fierce (or too strong) in nature, including drugs; (3) ‘poison’ to refer to a swelling, tumour, or other skin disorders as a result of stagnant/heat poison inside the body; and (4) ‘poison’ that generates from the stagnation of food inside the body. Among these four types, the fourth category that appears in the context of admonishing excessive eating resembles T d ’s first idea of poison.

If one eats again when the food in the stomach is not yet digested, the foodstuff of fine nature will also turn to poison.⁵⁶

This idea of poison, and its resulting prescription, from the *Lessons for Nourishing Life* was a popular theme in the Edo period dietary theory. However, it does not necessarily relate to the poisonous nature of foodstuffs. The harm done by poison often depends on ‘how one eats’ as well as ‘what one eats’; that is, it 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 digestion or the blood circulation. Such an idea was also found in different medical traditions, including Hippocratic medicine and the Chinese nourishing life tradition. Yet in the Edo period nourishing life thought, the fear of inordinate eating was intensified by the idea that even good foods rot in the stomach and turn to poison if one eats excessively.⁵⁷

Overeating is too much for nourishing life. The surplus (in the stomach) gradually becomes filth, and eventually becomes the cause of diseases.⁵⁸

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.⁵⁹

People feared that overeating did not just cause stagnation within the stomach, but that the food itself also rotted and turned into poison. The predominant discourse of poison as a potential danger due to inordinate eating in the teaching of nourishing life reinforced the nexus between pathogenic poison and foodstuff in T d ’s first category of poison.

Disease poisons are all ascribed to food and water (... [T]he poison due to water circulates among the whole body, while the poison due to food stagnates in the stomach and intestines.⁶⁰

In clinical practice, the notion of poison due to food and drink formed the core of T d ’s treatment that aimed at removing poison from the body mainly by vomiting and purging. From the analysis of T d ’s combination use of decoctions from the *Treatise* and the *Essentials of the Golden Casket* and *Twelve Types of Pills and Powders* (*J nirituh* 十二律

⁵⁶Kaibara 1991, *Y j kun* 養生訓 (*Lessons for Nourishing Life*, 1713), ‘Chapter 4’ (*kan* 卷).

⁵⁷Daidoji 2005, pp. 141–67.

⁵⁸Sugita Genpaku 杉田玄白 (1733–1817) 1803, *Seven Prohibitions for Nourishing Life*, p. 2.

⁵⁹Suzuki Akira 鈴木朗 (1764–1837) 1833, *The Crux of Nourishing Life*, pp.17–18.

⁶⁰Yoshimasu 1979, *Kenshuroku* 建殊録 (*The Clinical Records*, 1763), Appendix of Clinical Records, p. 291.

方, 1809), Suzuki, for example, pointed out that it was the stagnant food and drink in the body that T d 's formulas were mainly concerned with.⁶¹

A key to understanding T d 's second category of poison was the fact that inherent poison (*taidoku* 胎毒) was widely feared as the cause of various diseases during the Edo period. In T d 's view of poison as an external evil, we see that the real focus was on the inner poison that reacts to and ultimately generates the external evil depending on one's condition. As well as the potential poison produced by inordinate eating, the notion of inherent poison had become deeply rooted in the way illness was imagined by both medical professionals and lay people. For example, the *Essential Knowledge About Raising Children with Illustrations* (*Z ho eiri sh ni hitsuy ki* 増補絵入小児必用記, 1703) by Kazuki Gy zan 香月牛山 (1656–1740), a prominent doctor of the Later Masters Current, was widely circulated as the representative manual of children's health care. This text explains that smallpox, one of the most feared diseases in the Edo period was caused by the interaction between inherent poison and external heat.

According to Sun Penglai 孫朋来, the disease of smallpox is caused by the inherent poison and 'seasonal heat evil'. There is no other reason. It is because when babies are in their mothers' womb, they are affected by their mothers' 'heat poison due to lustful fire', or they drink that impure fluid when they are born. That poison, hidden in the baby's stomach, is called the inherent poison. Now if the 'five celestial motions and the six climatic *ki*' (*goun rokki* 五運六氣) in Heaven and Earth are disordered, the epidemic *ki* of evil heat is widespread, it induces the inherent poison. Then the inner heat poison is induced by external evil and causes this disease.⁶²

The causal relationship between the inherent poison and the seasonal heat evil in the *Essential knowledge about Raising Children* resembles T d 's explanation of external evil and internal poison that nurtures it. The fear of inherent poison which could be traced back to the *Essential Formulas Worth a Thousand Gold Pieces* (*Qianjin yaofang* 千金要方, 652), by Sun Simiao 孫思邈 (?–682) appears as one of the commonest explanations of disease causes in the Edo period medical texts. Since the text was transmitted to Japan as early as in the ninth century CE, people had considered that all babies inherit a kind of poison from their parents that would turn into various deadly diseases, including congenital syphilis, infantile spasm (*ky f* 驚風), measles and smallpox. Therefore, after childbirth, it was vital to discharge the inherent poison from a new-born baby to prevent him/her from developing various deadly diseases in future.

Seeing an analogy between T d 's inner poison and the popular idea of inherent poison, close examination of T d 's treatment of smallpox showed an interesting articulation of poison theory by blending predominant popular concepts of pathogenic poison. He also emphasised that the inherent poison must be attacked and discharged by purgative medicine.⁶³ However, as all diseases were ultimately ascribed to one poison, he did not propose a

⁶¹Suzuki 2012, pp. 15–24.

⁶²Kazuki 1994, *Z ho eiri sh ni hitsuy ki* 増補絵入小児必用記 (*The Essential Knowledge about Raising Children with Illustrations*, 1703), 'Chapter 3' (*kan* 巻).

⁶³Yoshimasu 1980, *Idan* 医断 (*Severing Medicine*, 1759), 'innate poison' (*taidoku* 胎毒).

direct causal relationship between smallpox and inherent poison. In principle, T d claimed that the initial stage of smallpox was nothing different from boils and carbuncles.

As with all other diseases, T d claimed that the key to treating smallpox was to purge the disease poison. Taking the *New Discussion of Smallpox* (*T s shinron* 痘瘡新論, 1831) that discusses the treatment of smallpox, we found that the poison in T d's idea can be cured by the application of several detoxifying and purgative drugs that were popular during the Edo period.⁶⁴ As the inherent poison was to be attacked by purgative medicine, T d recommended 'to reduce the smallpox poison by purgative drugs no matter if the condition is serious or not'. But if we look closely at his instructions, several of the general methods and mainstream views of smallpox are incorporated here and there. For example, in treatment, he recommended his usual favourites from the *Treatise*'s formulas such as Kudzu decoction (*kakkont* 葛根湯), Cinnamon Twig decoction (*keishit* 桂枝湯), and Ephedra decoction (*ma t* 麻黃湯), and so on.⁶⁵ In addition, he also emphasised the efficacy of popular drugs such as bear gallbladder (*y tan* 熊胆), animal horns, and charred frog (*sh seigama* 小青蝦蟇) depending on the depth of the location of pathogenic poison.

Everyone uses the horn of Narwhal, believing that it is good for inducing pox. Indeed, it is very good for those who have 'poisonous ki' (*dokuki* 毒気) in the epigastrium. It removes the poison there, and poxes will appear...It simply detoxifies.⁶⁶

If the 'fever poison' (*netsudoku* 熱毒) is severe, arrange and use any kind of horns or imported theriaca of good quality or the bear gallbladder to detoxify.⁶⁷

Animal horns, such as the imported horn of narwhal (*ikkaku* 一角, L. Monodon monoceros), ivory (*z ge* 象牙), and the horn of antelope (*reiy kaku* 羚羊角, L. Saiga tatarica) were available at drug stores as antidotes and antipyretics (Illustration 1). In particular, the horn of Narwhal was known as a detoxifier of smallpox poison during the Edo period. Theriaca (*teriyaka* テリヤカ), a Western ointment made from more than 10 drugs and honey was imported as an antidote particularly to animal-bites.⁶⁸ It is also well known that T d appreciated charred animals (pit viper, mole, crab [*Eriocheir japonica*]) for various symptoms such as epilepsy, various eruptions, malignant bubo, and smallpox.⁶⁹ The significance of using these popular drugs should be underscored, because it suggests that T d's pathogenic poison that could be detoxified by popular drugs was closer to the vulgar image of poison. As long as all diseases were caused by one poison in his view, the same explanation and treatment can be applied to other diseases (at least theoretically). By treating smallpox and other diseases with various detoxifying remedies both from the *Treatise* and popular drugs, the idea of onepathogenic-poison was proven by T d's clinical experience, and appealed to the popular imagination of the poison-myriad diseases nexus. In other

⁶⁴For example, Koizumi 1987, *Kuroyaki no kenkyū* 黒焼の研究 (*The Study of Charred Animals*, 1928) examines that charred animals, which T d also favoured, were popular and often used as detoxifying drug during the Edo period. The popularity of purgative drugs, such as rhubarb and ephedra, is pointed out by Yamawaki 1995, pp. 225–34.

⁶⁵For the detailed recipe of these decoctions, see Scheid, Bensky, Ellis, and Barolet 2009.

⁶⁶Yoshimasu 1831, *T s shinron* 痘瘡新論 (*The New Discussion of Smallpox*).

⁶⁷Ibid.

⁶⁸For the detailed recipe of theriaca imported to Japan, see Yamawaki 1995, pp. 195–8.

⁶⁹Yoshimasu 1809, *Gansanh* 丸散方 (*The Formulas of Pills and Powders*).

words, by incorporating equally those drugs from the *Treatise* that were intended to ‘release’ stagnation or fever alongside popular antidotes into the treatment of various symptoms that evoke poison, T d ’s simplified idea of ‘one-poison’ could serve as a mediator. Plural discourses of poison are blended, from its widely recognized harmful substances to the phonetic multiplicity surrounding the popular imagination of the illness. The examination of T d ’s association of smallpox and one-inner poison, therefore, pointed to how the idea of poison conditioned people’s imagination and experience of diseases.

3. Abdominal diagnosis: Sensory experience in the *Treatise*

In T d ’s medical practice, the abdomen held the key to understanding his view of the human body and illness. His pathogenic one-poison that consists of multiple paradigms was considered tangible by abdominal diagnosis. The idea of poison forms the core of T d ’s theoretical foundation, while abdominal diagnoses (*fukushin* 腹診) and formulas constituted the major part of his therapeutic practice. T d claimed that the abdomen was central, as follows:

The abdomen is the origin of life. Therefore all diseases are rooted there. When diagnosing disease, one must diagnose the (patient’s) abdomen (... [T]he) manifestation of the pattern of symptoms (*sh* 証) should be examined prior to the pulse. The abdomen should be examined prior to the manifestation of pattern of symptoms.⁷⁰

It is well known that the opening statement above was not T d ’s original, but a rephrasing of the preface of the Illustration and Explanation of One Hundred Abdomens (*Hyakufuku zusetu* 百腹図説, early seventeenth century) by Manase D san⁷¹. In Japanese medical history, abdominal diagnosis was developed primarily in paediatrics in the fifteenth century. From the sixteenth century onward, Japanese abdominal diagnosis has been generally classified into three types, depending on which theoretical framework practitioners based their practice on: One type was the acupuncture schools that valued the *Canon of Difficulty* (*Nanjing* 難經, second century CE). The second type was the herbal medicine group, particularly the members of the Ancient Formulas Current that ascribed the framework to the *Treatise*. The third type referred to those who practiced the eclectic combination of the other two.⁷² The practitioners of abdominal diagnosis claimed the significance and centrality of the abdomen where the viscera were located.

In T d ’s medicine, doctors palpated the patients’ abdominal area to locate pathogenic poison and prescribed appropriate formulas or other treatments, if necessary. Although he claimed that the basic ideas on both poison and abdominal diagnosis had already appeared in the *Treatise*, the fact remains that abdominal diagnosis rarely gained attention in other regions of East Asia. This indicates that, as the idea of poison appealed to the widespread imagination of illnesses during the Edo period, the practice of abdominal diagnosis and the predominant experience of body and illness were also closely intertwined.

⁷⁰Yoshimasu 1980, *Idan* 医断 (*Severing Medicine*, 1759), p. 19.

⁷¹Manase 1986, *Hyakufuku zusetu* 百腹図説 (*Illustration and Explanation of One Hundred Abdomens*, early seventeenth century), p. 6.

⁷²A recent research has demonstrated that the first combination of the two classic texts, the *Canon of Difficulty* and the *Treatise*, can be traced back to as early as the fourteenth century. Nagano and Takaoka 2010, pp. 387–414.

Abdominal diagnosis was developed as a major diagnostic method during the Edo period, inextricably linked in the historical context with the increasing concern with pathogenic objects in the abdomen. Recent historians and medical anthropologists have argued that the cultural experience of illness and its social connotations was strongly associated with the application of diagnostic methods that were specific to the society in which the medical practices functioned.⁷³ For example, analysing the cultural aetiology of the shoulder-pain experienced by Japanese people since the pre-modern period, Kuriyama argued that the concern with pain caused by stagnant *ki* around the shoulder and back found a parallel with the increasing popularity of therapeutic massage and the rise of abdominal diagnosis, which occurred in both popular and professional medical scenes during the Edo period. The discourse of pathogenic causes to be massaged and palpated gradually caused people to become conscious of the pain in parts of their bodies that resulted from stiffness due to the stagnation or congelation of *ki*.⁷⁴ On the other hand, the rise of abdominal diagnosis epitomises a strong consciousness of the abdomen, which was seen as the centre of both physical and spiritual power in the Japanese tradition.⁷⁵ In the medical context, for example, the concern with the abdomen was experienced as *shaku* (often written in Chinese characters either as 癢 or 積聚),⁷⁶ a name for an intense shooting pain in the stomach area. Being a common ailment until around the end of the nineteenth century, *shaku* is recognised as a palpable congealed clump, produced by causes ranging from anxiety to unrestrained eating. As the significance of the abdominal area weighed heavily in the theory and practice of Edo-period medicine, T d 's search for a tangible poison in the abdomen can be understood as the process of applying a diagnostic technique, originally foreign and as ancient as the *Treatise*, into the Japanese cultural experience of body and illness.

There are also two texts written by T d 's students to transmit how he taught the technique of abdominal diagnosis. The first text, *Describing Master T d 's Abdominal Diagnosis* (*Kir en sensei fukushin jutsuh* 起老園先生腹診述法, eighteenth-nineteenth centuries), explains how to interpret the abdominal pattern of symptoms found in The *Treatise*. Another text, *Abdominal Diagnosis of Master T d 's School: Theory and Illustrations* (*T d senseike fukushinron narabini zu* 東洞先生家腹診論并図, eighteenth-nineteenth centuries), consists of the list of formula names and their matching abdominal symptoms. Even though most of the formula names and basic idioms to express the abdominal pattern of symptoms come from the *Treatise*, T d created a unique interpretation, adding his own colloquial style and touch. Here, the significance of the colloquial Japanese writing in the history of medical training should be emphasised.⁷⁷ In pre-modern Japan, medical texts and terminologies mostly drew upon Chinese sources. All literary Japanese doctors could virtually read classic Chinese and therefore could access the original text directly. However as Chinese characters were originally foreign to the Japanese, the problem of reading Chinese texts often involved the issue of interpretation. In particular, the technique of abdominal diagnosis is assumed to be so subtle that 'students start training with

⁷³Liao 1997, pp. 343–69.

⁷⁴Kuriyama 1997, pp. 52–57.

⁷⁵For instance, Dürckheim 1956; Lock 1980, pp. 86–88.

⁷⁶Ochiai 1996, *Kany by mei taish roku* 漢洋病名対照録 (*The Comparison of Chinese-English Disease Names*, 1883), pp. 74, 81, 198.

⁷⁷See, for example, Kuriyama 2004, pp. 27–41.

distinguishing the thickness of a wood board by hands'⁷⁸ in T d 's school. Even though their theoretical framework depends on the *Treatise*, the explanation in vernacular Japanese facilitated medical students to learn the skill. In other words, the Japanese colloquial reading of Chinese medical terms is a vector for the transmission of clinical experience from the Chinese tradition to Edo period medical professionals. In order to meet this demand, T d conceptualised in concrete, material terms the kind of stiffness or distension described in the *Treatise* through his idea of tangible poison and sense experience.

T d used a lot of onomatopoeias and metaphors to explain the subtle difference between varieties of abdominal patterns of symptoms. For example, in the case of smallpox, the poison often manifests itself as the symptoms of 'the focal distension (*hi* 瘡) and/or a hard glomus (*ben* 鞭) in the epigastrium or in the chest and ribs'. These abdominal symptoms appear in the *Treatise* in such contexts as follows.

A focal distension in the epigastrium (*shinka-hi* 心下瘡), soft upon palpation, the pulse is floating on the guan position, Rhubarb and Coptis Infusion to Drain the Epigastrium (*dai ren shashint* 大黃黃連瀉心湯) governs this.⁷⁹

These abdominal patterns of symptoms are interpreted in T d 's text as follows:

A focal distension in the epigastrium: it is soft and puffy. It is not strength-less. It is like cotton put in a sack. Hard glomus is both soft and hard, it protrudes.⁸⁰

We see that T d interpreted the abdominal patterns contained in the *Treatise* using colloquial Japanese. By drawing on his tactile sensations and using such metaphors and onomatopoeias as '*fukkuri*' and 'cotton put in a sack', 'distension' and 'glomus' are more substantially and concretely materialised.

The example above shows how T d interpreted the ancient Chinese bodily experience into colloquial Japanese, using his tactile sensations as the only reliable template. On the one hand, it is the Japanese interpretation of Chinese medical texts, utilising the expressiveness of phonetic sounds in oral transmission while removing any theoretical correlation. The denotation of Chinese characters such as 瘡 (*hi*) or 鞭 (*ben*) was conceptually translated and converted to the sensation shared between doctor and patient. It is possible to see this as T d 's visualisation of the *Treatise* based on his clinical and sensory experience. The complexity and subtlety of reading abdominal patterns is perhaps not so different from the delicate patterns of pulse that T d detested. Some people refer to T d 's localisation of the pathogen as a tangible object, which is appreciated as an early form of topopathogenesis in the history of Kanp that paved a way for its later integration with scientific bacteriology.⁸¹ On the other hand, there is also a criticism that his denial of the relevance of the inner organs and channels, which was intertwined with the exclusive use of abdominal diagnosis, led Japanese Kanp to focus on symptomatic treatment. In particular, he completely stopped thinking about the inner function of the body and disease mechanisms, a position that

⁷⁸Yoshimasu, eighteenth-nineteenth centuries, *Kir en sensei fukushin jutsuh* 起老園先生腹診述法 (*Describing Master T d 's Abdominal Diagnosis*).

⁷⁹The *Treatise*, clause 154.

⁸⁰Yoshimasu, eighteenth-nineteenth centuries, *Kir en sensei fukushin jutsuh* .

⁸¹tsuka 1996, pp. 27–28.

Yamada called ‘negative empiricism’ rather than positive empiricism.⁸² Whether positive or negative, however, Tōd used the *Treatise* as the main source of vocabulary to explain symptom complexes in expressive vernacular Japanese for his students. In other words, Tōd’s interpretation of the abdominal-diagnosis method of the *Treatise* served as a prototypical pattern, whereby Chinese medical tradition was imbibed into the Japanese experience of illness and expressed in a language that could express their suffering.

Conclusion

To conclude, this paper set out to examine the role of the *Treatise* in changing medical formations of Kanpō in Japanese society through the works of Yoshimasu Tōd, an innovative doctor of the Edo period. By elucidating the historically determined relationships between the text, readers, and medical practice, I have discussed how one of the oldest of the Chinese medical classics, the *Treatise* was adapted to a new social and medical condition in eighteenth-century Japan. Through Tōd’s innovations, reflecting the diverse transnational intellectual currents in East Asia, we have seen how the *Treatise* served as an authoritative template to adapt Tōd’s redefinition of medical practice to the emerging medical needs of specific local and historical milieu. Many of his representative works met the demand from the medical market where the medical treatment became commercialised, and doctors were evaluated by how quick and effective their formulas were. Instead of depriving the *Treatise* of yin and yang disease categorisation and pulse taking, Tōd applied the *Treatise* as a manual and guide for formulas and pharmacology that facilitated doctors with prescribing. In this regard, the applicability of the *Treatise* was intensified with its practical knowledge of formulas.

By highlighting the multiple discourses beneath Tōd’s idea of poison, his theoretical and therapeutic foundation also resonated with the predominant illness experience and the imagination of the human body among Japanese. Tōd’s idea of one-poison, mostly palpable in the abdomen, was incorporated into the *Treatise*-based therapeutic techniques. In order to locate the pathogenic poison as a concrete object, Tōd interpreted the *Treatise*’s abdominal symptoms with colloquial Japanese exclusively relying on his sense experience. On the one hand, it was a conceptual transmission of classic Chinese into oral Japanese. On the other hand, ancient bodily experience, materialised by Tōd’s tactile sensation, was shared between doctor and patient.

Although Tōd’s reliance on sense experience and his belief in empiricism caused huge arguments for and against among contemporary doctors, the *Treatise* functioned as a template to conjoin medical practice, disease, and the patient’s experience of illness in Tōd’s medical paradigm. Beyond that, if we take the idea of the ‘medical market place’ that has been applied to understand the transformation of medical practice since the 1980s,⁸³ a comparable circumstance also arose in the Edo period society. That is, as well as the emergence of the Ancient Formulas Current, Tōd’s drastic therapy and simplified ideas

⁸²Yamada 2006, p. 59

⁸³For instance, Jenner and Wallis (eds) 2007.

about the human body and illness were all conditioned by the birth of a consumer society where convenient and practical medical knowledge was needed more than ever.

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References

Abbreviation

KKIS: *Kinsei kanp igakusho sh sei* 近世漢方医学書集成 (*The Compilation of Pre-modern Kanp Texts*). 1979-. tsuka, K 大塚敬節 and Yakazu, D 矢数道明 (eds.). Tokyo: Meicho shuppan.

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Illustration 1.

Anon., The List of Japanese and Chinese Drugs (*Wat yakushu ichiran* 倭唐薬種一覧). The Naito Museum of Pharmaceutical Science and Industry): In this advertising pamphlet, the horn of narwhal, theriaca, and the horn of antelope are ranked as one of the senior (fifth) grades of 'sumo wrestlers' (*maegashira* 前頭), while the bear gallbladder was one of the judges.