

Guimet, Paris, and the Fine Arts Museum, Boston, and another three couches, two in the Metropolitan Museum, New York, and a final one in the Victoria and Albert Museum, London. All are treated with the careful and full descriptions devoted to the more famous tombs at Xi'an and elsewhere. We find here a very useful survey of the state of what is known of the archaeology of the Sogdians in China, and thus a foundation on which to build the continuing study of this fascinating subject as well as a basis of comparison as new finds are reported. As such this book joins the distinguished series of such volumes being published by the German Archaeological Institute on the early archaeology of Eastern Asia.

ALBERT E. DIEN
STANFORD UNIVERSITY

Antiquarianism, Language, and Medical Philology: From Early Modern to Modern Sino-Japanese Medical Discourses. Edited by BENJAMIN A. ELMAN. Sir Henry Wellcome Asian Studies, vol. 12. Boston: BRILL, 2015. Pp. viii + 232. \$135.

This book, one of the products of a series of seminars led by Benjamin Elman, titled “East Asia and the Early Modern World: Fresh Perspectives on Intellectual and Cultural History 1550–1800,” challenges the notion that European medical modernity is an adequate model for understanding developments in East Asia. It does so primarily by examining one of the elephants in the room of East Asian medical history: the role played in medicine by texts and the scholarly skills needed to work with them.

In his introductory essay, Benjamin Elman situates the broader concerns of the book. For the purposes of this volume, he defines philology as “an umbrella term for any and all activities involving the study, deployment, or evaluation of ideas contained in classical texts” (p. 2) and notes that the contributions to this volume cohere around a concern for “the firsthand uses of language for medicine and the secondhand tools of philology needed to master the medical classics” (p. 3). The importance of texts and the study of texts in East Asian medicine has long been recognized, but this is the first book devoted to exploring this topic. As such it is an extremely welcome addition to the growing literature on East Asian medical history.

Apart from their general interest in the role of texts in medicine, the nine chapters in this book have little connection to one another. I will therefore present a brief summary of each chapter before concluding with an evaluation of the book as a whole.

Asaf Goldschmidt’s contribution to the volume, “Reasoning with Cases: The Transmission of Medical Knowledge in Twelfth-Century China,” is, given the period it covers, somewhat out of place among the other essays. Nevertheless, his discussion of the *Treatise on Cold Damage* (*Shanghan lun* 傷寒論)—a highly influential early text that is important in many of the chapters—provides useful contextualization. Goldschmidt analyzes the medical case records of the Song literatus and physician Xu Shuwei 許叔微 (1079–1154), author of the first Chinese book devoted entirely to such records. Goldschmidt contends that Xu was driven to this innovation by the need to reconcile contemporary medical practice with the doctrines contained in older medical texts being published and propagated by the imperial government. He begins by presenting a brief but welcome revision of the history of medical cases in China, including the often-neglected Song exemplars of the genre. This is followed by a survey of Xu’s historical context, life, and medical writings. The heart of the chapter is an examination of the first three cases from Xu’s collection. Goldschmidt concludes that Xu’s medical cases were part of an overarching effort to educate his medical peers and improve their clinical practice, an effort that largely failed, as Xu’s books were generally ignored until the Ming.

Goldschmidt’s chapter possesses much intrinsic interest. Unfortunately, his argument rests on the contention that the *Treatise on Cold Damage* had been “virtually out of circulation for centuries” (p. 20), a contention that has been seriously questioned by other scholars, including myself (“The *Treatise on Cold Damage* and the Formation of Literati Medicine: Epidemiological and Medical Change in China 1000–1400,” PhD Diss., Columbia Univ., 2015, pp. 10–54). There are also smaller problems

regarding his citation of the *Treatise*—such as when he describes an extremely loose paraphrase as a “direct quotation” (p. 37 n. 54)—and translation errors—such as his reading of the phrase “this is nothing to be surprised about” 無足怪也 as “there is no one [in particular] to blame [for this]” (p. 46). While these smaller errors are less problematic for his overall argument, they nonetheless reduce the quality of the chapter as a whole. Finally, Goldschmidt’s conclusion that “contemporary Song and Jin dynasty (1127–1234) [sic] physicians and scholars generally disregarded Xu’s books and seldom quoted them in their works” (p. 47) is simply inaccurate. Both the Song author Yang Shixiong 楊士瀛 (fl. 13th c.) and the Jin physician Wang Haogu 王好古 (ca. 1200–1265), among others, explicitly quote Xu.

Fabien Simonis’s chapter, “Illness, Texts, and ‘Schools’ in Danxi Medicine: A New Look at Chinese Medical History from 1320 to 1800,” presents a new and compelling narrative of Chinese medical history from the fourteenth through sixteenth centuries. He sets out two broad arguments. First, Zhu Zhenheng 朱震亨 (styled Danxi 丹溪, 1282–1358) developed and popularized the idea that each instance of illness is unique and each treatment must therefore be individualized. Second, Zhu also developed a new method of reading and writing medical texts by synthesizing (*zhezong* 折衷) the best aspects of each author into a syncretic text. Simonis supports these arguments by tracing the development of “Danxi medicine” from Zhu’s life up through the Ming. At the heart of Zhu’s approach was an interpretive strategy of picking certain aspects of prior physicians’ work as their unique contribution. Thus Liu Wansu’s methods 劉完素 (ca. 1120–1200) were best for cooling and Li Gao’s 李杲 (ca. 1180–1251) for treating internal damage (*neishang* 內傷). This allowed Zhu to pick and choose from the diverse legacy he inherited and to present himself as bringing together the best in medicine. Ironically, Zhu was ultimately a victim of his own hermeneutics when late Ming authors began to present him as the master of “making fire descend by nourishing *yin*” (*ziyin jianghuo* 滋陰降火), thus reducing him from the authoritative synthesizer of past traditions to one of the traditions to be synthesized.

In his extremely well-argued essay, “Ancient Texts and New Medical Ideas in Eighteenth-Century Japan,” Daniel Trambaiolo examines the ways in which doctors drew on the new forms of critical textual philology and evidential argument that became widespread from the late seventeenth century. Although these ideas appeared within Confucian circles, physicians, motivated by the prestige and sophistication of these techniques, readily adopted them. The resulting “Ancient Formulas” (*kohō* 古方) movement rejected more recent developments in Chinese medicine and focused on the works of Zhang Ji, which they examined with the tools of critical philology in a quest for their original meanings. The doctors Yoshimasu Tōdō 吉益東洞 (1702–1773) and Yamawaki Tōyō 山脇東洋 (1705–1762) were particularly influenced by the writings of the Confucian philologist Ogyū Sorai 荻生徂徠 (1666–1728), who believed that the Way of the Ancient Kings (*sennō no michi* 先王之道) could not be found in abstract principles but rather in the concrete techniques they used. Following a similar logic, Tōdō and Tōyō broke with the established view that illnesses and bodies were highly variable across time and space and argued for the essentially unchanging nature of both, thus justifying a return to ancient medical practice. In support of this viewpoint they mobilized both the tools of philology and their own experience. They saw in experience the vindication of the truths they found through critical textual analysis, and saw both as the foundations of valid medical knowledge. For these doctors, philological and medical practice were therefore inextricably linked.

Mathias Vigouroux writes on the “Reception of the Circulation Channel Theory in Japan (1500–1800),” seeking to understand why the principal texts studied by Japanese acupuncturists differed from those emphasized in China. He particularly examines why the Yuan-dynasty *Elucidation of the Fourteen Channels* (*Shisi jing fahui* 十四經發揮) became a common textbook for channel theory in Japan and finds his answer in the highly influential physician, Manase Dōsan 曲直瀬道三 (1507–1594). Dōsan broke with precedent in Japan by giving acupuncture a prominent place in his medical practice and teaching. In his efforts to produce reliable textbooks for his students, he engaged in a lengthy philological process of sorting out the reliable from the unreliable in the Chinese medical texts available to him. His early work on acupuncture displays an eclectic picking-and-choosing of quotations from a wide variety of sources, but he later settled on *Elucidation of the Fourteen Channels* as the only authoritative text for learning channel theory. Though dominant, Dōsan’s ideas did not go unchallenged. In

his own lifetime other, less philologically inclined approaches were also popular. In the eighteenth century, evidential scholarship and Dutch anatomical knowledge led to a number of alternate approaches such as emphasis on the abdomen alone or a rejection of the circulation channels entirely. In contrast to the situation in China, however, acupuncture remained an important practice for elite Japanese physicians throughout this period.

In “A Village Doctor and the *Treatise on Cold Damage Disorders* (*Shanghan lun* 傷寒論): Medical Theory/Medical Practice in Late Tokugawa Japan,” Susan Burns looks at the life and writings of Nanayama Jundō 七山順道 (fl. early 19th c.). Nanayama, although a doctor in the peripheral castle-town of Yūzawa, was nevertheless educated in Kyoto, an avid collector of books, and author of several texts of his own. In his writings on the *Treatise*, Nanayama developed textual interpretations and clinical practices that were both distinctive and sophisticated. He attributed his ideas to a combination of his own textual study and clinical practice, insisting, like many more centrally located and better-known physicians, that textual knowledge must pass the test of a doctor’s experience. Burns argues that we see in Nanayama the “emergence and expansion of a new episteme of medical knowledge” (p. 145), i.e., the new approaches to medicine that were discussed in the previous chapters. The changing social and technological conditions of the late Tokugawa allowed a provincial physician like Nanayama to participate in developments occurring in major centers of learning and shape an identity for himself in which textual erudition and personal experience both played important roles.

Frederico Marcon’s essay, “*Honzōgaku* after *Seibutsugaku*: Traditional Pharmacology as Antiquarianism after the Institutionalization of Modern Biology in Early Meiji Japan,” discusses the peculiar combinations of continuity and rupture that characterized the transition from *honzōgaku* 本草学—the study of *materia medica*—to the disciplines of biology (*seibutsugaku* 生物学), botany, and zoology following the Meiji Restoration of 1868. Late Tokugawa *honzōgaku* had developed into a form of natural history with a diverse repertoire of philological, lexicographical, and descriptive techniques. In the early Meiji rush to modernize, these techniques and the knowledge, expertise, and attitudes that accompanied them were all transferred into the new fields of botany and zoology. The early generations of natural scientists all received their early training in *honzōgaku* and continued to produce similar works for similar purposes, simply under new disciplinary names. Old names for plants and animals in the *honzōgaku* tradition became Japanese names for the various levels of the new Linnaean classifications. Likewise, the new natural scientists continued to believe, as had late Tokugawa *honzōgaku* scholars, that their work’s primary purpose was to contribute to the prosperity of the country. With the contents of *honzōgaku* largely labeled under different names, the name “*honzōgaku*” came to refer specifically to the study of medicinals from the point of view of the older “Chinese medicine” (*kanpōyaku* 漢方薬). This medicine, and the redefined *honzōgaku*, were denigrated in the early Meiji as backward, but as the fervor for “modernization” subsided, these studies gained an antiquarian value as symbols of Japanese “national essence” (*kokutai* 国体) and an idealized past. For their exponents, however, *honzōgaku* and Chinese medicine had nothing to do with modernist narratives of national essence or the overcoming of modernity by returning to the past. The fact that they could be mobilized for these purposes was in fact the most telling sign that they were no longer living pursuits for many people.

Angela Ki Che Leung’s contribution to the volume, “Japanese Medical Texts in Chinese on *Kakké* in the Tokugawa and Early Meiji Periods,” attempts to reconstruct traditional Japanese and Chinese physicians’ understanding of “leg-qi” (Chin. *jiǎoqì*, Jap. *kakke* 腳氣), a disease described since early times in Chinese medical texts. Leg-qi is characterized by weakness of the legs gradually leading to a fatal heart condition. Beginning in the interwar period of the twentieth century, leg-qi came to be identified with the biomedical condition beriberi, a deficiency disease caused by a lack of vitamin B₁ (thiamine) in the diet; however, this identification has never been able to completely explain the seasonal epidemics of leg-qi that occurred in China and Japan during the late nineteenth and early twentieth centuries. Leung shows that *kanpō* doctors and traditional Chinese doctors interpreted and treated leg-qi in ways that made sense of the changing social and cultural problems that each group was facing in this period. While both understood the epidemic of leg-qi in terms of the classical disease of the same name, their approaches were not identical. *Kanpō* practitioners saw the epidemic as a mutated version of the old disease, characteristic of the new, increasingly affluent, and rapidly urbanizing lifestyle of

Japan. They developed new etiological theories to explain it, and recommended that patients move to higher and drier climates, far from the crowded and damp coastal cities. By contrast, Chinese doctors associated its modern manifestation particularly with upwardly mobile young men migrating to new cities like Shanghai or pursuing their fortunes overseas. Their typical recommendation was to repatriate the patient to his natal home. These different perspectives on the leg-qi epidemic thus reflected different experiences of the modern world and its challenges. Even the eventual Western medical understanding of leg-qi as a beriberi—a deficiency disease of impoverished and ignorant Asians eating an inadequate diet—offered Western medical experts a way of making sense of colonial Asia.

The final chapter, “Yang Shoujing and the Kojima Family: Collection and Publication of Medical Classics,” was written by Mayanagi Makoto in collaboration with Takashi Miura and Mathias Vigouroux. In it, they examine the collection and publication activities of Yang Shoujing 楊守敬 (1839–1915), a Chinese scholar responsible for the movement of a large number of Japanese editions of Chinese medical classics back to China. As *kampō* medicine fell from favor in Meiji Japan, Chinese visitors like Yang were able to purchase rare and old texts, many of them no longer extant in China. In so doing they not only restored many lost texts to Chinese readers, but also drew attention to Japan as a place to search for such texts. Yang was one of the first and most important collectors and publishers of these texts. Mayanagi et al. argue that Yang also acted as a conduit for Japanese evidential scholarship on the medical classics. In particular, he continued the work of the Kojima 小島 family, a prestigious medical family that had a long association with the Edo medical school and had produced several generations of accomplished textual scholars. In support of this argument, they present a great deal of important detail on the texts Yang helped to edit and publish, providing insight into the goals of his work and detailing one of the paths by which Japanese medical scholarship influenced Chinese physicians in the late Qing and Republican periods.

As seen in the summaries above, this book definitely leans more toward Japan than China. Although—as a Chinese historian—I cannot help but hope for more research like this on Chinese medical history, given the disproportionate amount of literature already written on China, the Japanese emphasis of this book is actually quite appropriate—particularly since the period covered includes the developments in Japan that had the greatest impact on East Asian medicine in the twentieth century.

The essays collected in this volume are all of high quality and interest. One recurring topic, however, does present problems to many of the authors: the *Treatise on Cold Damage*. The difficulties in Goldschmidt’s chapter were detailed above. Simonis acknowledges that as early as the Northern Song specialists in the *Treatise* appear to be practicing a form of individualized therapy and that later authors saw the *Treatise* as the source for this approach, but does not take this insight further. Susan Burns—noting that Nanayama Jundō’s case histories never present him using the *Treatise*’s formulae as written—argues that he “approached it not as a canonical work, in the traditional sense of the word, but rather as an exemplification of a methodology by which to approach diagnosis and treatment” (p. 145), but this is precisely how most physicians from at least the Song onward approached the *Treatise* and other medical classics—that is in large part what it meant to be “canonical.”

It should not be surprising that the *Treatise on Cold Damage* presents difficulties to modern research. As noted by the authors, it is an old and difficult text. It is also embedded in the largest body of premodern literature on any East Asian medical text. It was not only the target *par excellence* of medical philology, it was also the inspiration for much of its development and the text regarding which it arguably had the greatest clinical impact. The *Treatise on Cold Damage* is precisely the sort of text for which a deeper understanding of the use of philological approaches in the study and practice of medicine promises the greatest increase in our understanding of East Asian medicine’s history. While the essays collected in this volume are all important and exciting in their own right, the new avenues of research that they highlight are equally exciting. I hope that this book will inspire more work in this highly productive field.

STEPHEN BOYANTON
CHENGDU, SICHUAN, CHINA