Goble, Andrew Edmund

2011, *Confluences of Medicine in Medieval Japan: Buddhist Healing, Chinese Knowledge, Islamic Formulas, and Wounds of War*, Honolulu: University of Hawai'i Press. Pp. 202. \$52.00. Hardback. ISBN 9780824835002

Andrew Goble's new book offers a concise introduction to the medical history of 14th-century Japan, situating this history in its local and regional contexts. Goble deftly exploits the surviving medical treatises of the period to explore two major themes: the transmission of new ideas, practices, and pharmaceutical products from the continent, and the interactions among Chinese, Japanese and Buddhist traditions of medical thought and practice.

Goble convincingly demonstrates that elite Japanese doctors during this period continued to read and engage with new medical texts from Song China, arguing for the existence of a "silk road of pharmaceuticals and formulas" connecting 14th-century Japanese medicine to the medical practices of China, Southeast Asia, South Asia, Central Asia, and the Middle East. Goble bases this argument on a detailed analysis of the formulas in Japanese medical treatises, particularly those of the scholarly monk-practitioner Kajiwaru Shōzen 梶原性全 (ca. 1265–1337), showing that many of these formulas contained ingredients that did not occur naturally in Japan and needed to be imported if doctors were to make use of them. Goble acknowledges the difficulty of knowing how closely these written sources reflected actual practices, but he presents suggestive evidence that at least some of the imported ingredients were used in practice and that Japanese doctors were adept at finding local substitutes when the ingredients listed in foreign formulas were unavailable.

This book's second important contribution is its discussion of the interplay between Buddhist and non-Buddhist concepts of disease and therapy. Buddhist temple networks were among the most important sites of literary and intellectual culture in medieval Japan, and Buddhist monks who travelled to the continent were a major channel for the transmission of new medical ideas from Song China. Goble's analysis of Japanese sources thus offers a perspective on East Asian medical history during this period that is often missing from accounts based exclusively on Chinese sources, which generally provide only scattered hints of the significance of Buddhist monks and temples in providing medical care. Japanese sources thus provide an indirect source of information about what was happening in China during this period, and this aspect of Goble's argument will thus reward close attention from historians of Chinese medicine who might otherwise think of Japanese medical history as peripheral to their own concerns.

Goble shows that Kajiwarā Shōzen and other Japanese Buddhist writers often interpreted Chinese medical concepts in a peculiarly Buddhist way, for example by integrating the medical concept of *qi* disorders with Buddhist ideas about emotional and mental disturbance. However, Goble also shows that Kajiwarā was ambivalent about understanding a disease like leprosy (*rai* 癩) in Buddhist terms as a “karmic disease” (*gōbyō* 業病), and that he may have changed his mind about this disease over the course of his life. Although Buddhism provided important institutional support for the practice of medicine in Kamakura Japan, Japanese doctors drew on a wide range of Chinese medical texts and there was no straightforward relationship between the practice of medicine by monks and the use of Buddhist concepts to interpret the nature of disease.

Goble’s arguments show a number of parallels with the recently published findings of scholars working on the medical history of China during the Song-Yuan-Ming transition. His analysis of Kajiwarā Shōzen’s writings on leprosy could fruitfully be compared with Angela Leung’s arguments about the development of Chinese ideas about this disease, while his descriptions of institutions of charitable medical practice resonate with the work of Asaf Goldschmidt and Reiko Shinno on state support for medicine in Song and Yuan China and suggest the need for a more explicit comparative framework to understand these issues.

It is perhaps regrettable that Goble was unable to engage with the work of these scholars more directly, since many of their relevant publications were too recent for Goble to take account of in this book; but these parallels suggest avenues for future work by historians willing to cross the boundaries of modern nation states in their research. Re-conceiving the history of East Asian medicine as a regional phenomenon will require the collective efforts of historians who possess specialist knowledge of the medical cultures of China, Korea, Japan, Vietnam, and Inner Asia, but who are also willing to work together to construct a broader narrative. Goble’s book, by paying attention to regional trends while remaining sensitive to local contexts and variations, represents an important contribution towards this project.

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