
Scholars interested in early modern Japanese medicine are confronted with the disorganization and disunity of the medical field. During the Tokugawa period (1603–1868), there was no medical licensing system in Japan, and virtually anybody could advertise himself as a practitioner. However, there was considerable disparity in knowledge and skill among the wide social spectrum of individuals involved in medical care, depending on their social status and access to knowledge. As the general interest among the public for physical well-being increased and seeking medical services became more common in the second half of the Tokugawa period, domains began to understand the necessity to have well-trained doctors to better answer the welfare needs of the domain population. Umihara Ryō argues convincingly in this book that domains were indeed at the forefront of raising standards in medical education. One of the most important aspect of their reforms was the establishment of medical schools modeled after the *Igakkan* (医学館), the medical school opened in 1765 by the Taki 多紀 family in Edo. Records kept by Kawamura Juntatsu 河村純達, a doctor appointed at the Hikone domain medical school in 1863, and presented in the first part of the book, provide good insights into the organization and curriculum of such domain medical schools in the late Tokugawa period. Their ambitious educational programs, consisting mostly of lectures and discussion groups on the Chinese medical classics, aimed at educating doctors well-versed in these classics, although some schools also included Dutch medicine (*ranpō* 蘭方) in their curriculum in the last decades of the Tokugawa period.

Despite their efforts, however, domain medical schools failed to replace the traditional pattern of knowledge transmission of the Tokugawa period centered on the lineage system (*gakutō* 学統), based on a strong bond between a master and his disciples. Even doctors educated in Dutch medicine were not able to emancipate themselves from the lineage system, and relied on it to learn Dutch medicine. Japanese doctors were working at the intersection of different medical traditions, often combining them with ease in their clinical practice. For Umihara, the absence of a medical orthodoxy and standards of medical education enforced by the authorities, whether the *bakufu* at a national level or the domains at a local level, prevented domain medical schools from implementing a lasting mandatory schooling system. Attendance remained a constant problem, as doctors did not perceive these institutions as essential
to their training. Nevertheless, and this is perhaps not stressed enough by the author, medical schools did create a place where doctors could participate in productive scholarly exchanges. The reading sessions (kaidoku 会読), medicinal items meetings (yakuhin kai 薬品会), and medical cases seminars (shōrei kenkyūkai 症例研究会) held in those schools and described by the author were all occasions for doctors to confront their opinion on classical texts, share information on drugs, or collectively improve their clinical practice, and thus contributed to the diffusion of medical knowledge in the domain.

In the second part of the book, Umihara examines yūgaku 遊学 (traveling for study), another important aspect of medical education that provided Japanese doctors with advanced learning opportunities at the three great urban centers of scholarship: Edo, Kyoto or Nagasaki. This is certainly the most interesting part of the book as Umihara, drawing from three different kinds of documents—diaries (nikki 日記), records of expenses (shūshi chōbo 支出帳簿), and letters (shokan 書簡)—uncovers in great detail the daily life of two doctors from the Fukui domain, Minagawa Bunchū 皆川文仲 and Ishiwata Sōhaku 石渡宗伯, who traveled to Kyoto in 1853 to improve their training in Dutch medicine. Umihara offers a fresh perspective on the meaning of this system, particularly the challenges faced by doctors during their yūgaku. Several characteristics of yūgaku revealed by the author’s analysis of these fascinating sources are worthy of describing here in some detail.

First, doctors did not carefully plan their yūgaku before leaving their domain. The lodging, the private academy they would attend, and the purchase of books during their stay were all decided after their arrival at the destination. Minagawa Bunchū and Ishiwata Sōhaku decided to attend the private academy of Shingū Ryōtei 新宮凉庭, a doctor educated in Dutch medicine, only after they heard about his good reputation when they were in Kyoto. The role of acquaintances as go-betweens was essential for their successful admission to the school. Second, traveling for study could be very expensive for doctors who were not officially supported by their domains. Minagawa Bunchū and Ishiwata Sōhaku constantly struggled with their difficult financial situation. Compensation (shakin 謝金, literally “thanks-money”) given to the academy was a financial burden, and school expenses represented in total four times the money they had brought with them to Kyoto. In the letters to their domain, the two doctors explain the different strategies they had devised to reduce the cost of their daily expenses, such as changing their residence, cutting each other’s hair, copying books instead of buying them, etc. Third, one of the major activities of doctors traveling for study was to obtain medical textbooks they would bring back to their domain. In the early nineteenth century, yūgaku clearly became an opportunity for doctors to obtain the latest knowledge coming