

# Antiquarianism, Language, and Medical Philology

*From Early Modern to Modern Sino-Japanese  
Medical Discourses*

*Edited by*

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## The Reception of the Circulation Channels Theory in Japan (1500–1800)

*Mathias Vigouroux*

Today the channels theory is considered to be one of cornerstones of acupuncture therapy. Yet the picture prompted by contemporary acupuncture textbooks does not account for the profound transformation that this theory underwent since the first mention of *qi* and blood flowing inside channels in the *Guanzi* 管子 (compiled around the third century BCE).<sup>1</sup> Nor does it reveal anything about the contribution of China's neighboring countries to the recovery of original acupuncture texts lost or circulating only in a corrupted version in China. In the past decades, historians have paid attention to the evolution of the channels theory in China prior to the Qing dynasty (1368–1644) and its transmission to early modern Europe.<sup>2</sup> What remains relatively unexplored, however, is the circulation and appropriation of this theory within Asia, particularly why textbooks that had a key role in China in the dissemination of the channels theory had only a limited influence in Japan, whereas manuals of minor importance in China became central to Japanese acupuncturists.<sup>3</sup>

<sup>1</sup> On the *Guanzi*, see Harper 1998, 77.

<sup>2</sup> On the early development of the channels theory, see, e.g., Harper 1998; Unschuld 2003; Goldschmidt 2009; Yu 2007. See also Lo 2005; her analysis of the Dunhuang moxibustion charts reveals that a practice of cauterizing specific points on the body outside the network of channels did not cease to exist until the late Tang dynasty (618–908) despite the preeminence of the channels theory. On the transmission of acupuncture to Europe, see esp. Cook 2007, 2011; Barnes 2005; Unschuld 1995.

<sup>3</sup> Machi (2008) tackles the question of the reception of Hua Shou's *Shisijing fahui* in Japan, focusing on the different editions circulating during the Tokugawa period. Nagano (2001a) offers a good introduction to acupuncture mannequins and charts. Mayanagi Makoto and Kosoto Hiroshi were the first to quantitatively identify the Chinese acupuncture classics transmitted to and reprinted in Japan during the medieval and early modern period; however, their works do not address the question of the reception of these classics. See Mayanagi and Tomobe 1992; Mayanagi 2001; Kosoto, Seki, and Kurihara 1990. Andrew Goble's most recent book (2011) on medicine in medieval Japan focuses exclusively on the new developments in pharmacopeia formulas in relation to their Japanese interpretations. He does not discuss how the new acupuncture texts published in Song China

By determining what Chinese textbooks were available to Japanese physicians and how they selected them and appropriated their content, this essay seeks to explore the early reception of the channels theory in Japan and the sort of challenges faced by Japanese physicians in assimilating it into their medical practice. I first review the reception of Chinese acupuncture in the classical and medieval periods, arguing that the turning point in Japan was the transmission of Hua Shou's 滑壽 *Shisijing fahui* 十四經發揮 (*Elucidation of the Fourteen Channels*, 1341) in the late medieval period. Although major Chinese medical books explaining the channels theory had been transmitted to Japan, knowledge about the channels was not diffused to a large number of Japanese physicians and was not yet applied to clinical practice prior to the introduction of Hua Shou's textbook. I analyze particularly the role that Manase Dōsan 曲直瀬道三 (1507–1594) played in the adoption of this textbook as the authoritative text on the channels theory. I also argue that the visual innovations in the representation of the course of the channels and the location of the acupuncture points on the body in the second half of the seventeenth century functioned as multimedia pedagogical tools to facilitate the acquisition of knowledge about the channels theory.

### Acupuncture in Japan before 1500

Japanese medical books of the Heian (794–1185) and Kamakura (1185–1333) periods present a contrasting picture of acupuncture, which was first introduced in Japan around the sixth century via China and Korea.<sup>4</sup> They suggest that although Japanese physicians had access to all the basic Chinese medical treatises, acupuncture was rarely used in clinical practice compared to moxibustion and herbal remedies, and it was administered essentially to treat ulcers, tumors, boils, and abscesses. In other words, acupuncture needles seem to have been employed merely as a kind of surgical tool. For instance, in the *Ishinpō* 醫心方 (*Formulas from the Heart of Medicine*), written in 984, the aristocrat

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that represented a departure from previous periods were transmitted and appropriated in medieval Japan or how the works of the Japanese physicians reflected these changes.

4 The *Nihonshoki* 日本書紀 (*The Chronicles of Japan*, 720), for instance, records that in 562 CE, in the twenty-third year of Emperor Kimmei's 欽明 reign, Zhi Cong 智聰, originating from Wu 吳 in the southeastern part of China, brought to Japan 160 books, including several medical treatises. Only the title of one of them is mentioned: *Ming tang tu* 明堂圖 (*Numinous Hall Chart*). This is the first mention in Japan of a Chinese medical book related to acupuncture points.

physician Tanba no Yasuyori 丹波康頼 (912–995) makes few references to the pulse diagnosis and the channels theory.<sup>5</sup> Moxibustion is recommended in 361 cases, whereas acupuncture needles are mentioned in only 6 cases. Moreover, although Tanba refers to the nine needles first described in China in the *Huangdi neijing lingshu* 黃帝內經靈樞 (*The Yellow Emperor's Inner Classic: Divine Pivot*), but explicitly names only seven of them, there is no mention of a needle inserted at the location of an acupuncture point. They are always applied on the affected part of the body to treat abscesses and other purulent swellings.<sup>6</sup> This feature of the *Ishinpō*, however, was not specific to Japanese medicine. Chinese medical textbooks written during the Tang dynasty also privileged moxibustion therapy.<sup>7</sup> The relative underuse of acupuncture therapy during the Heian period was not specific to Japanese medicine and reflected therefore the state of acupuncture in China previous to the Song dynasty.

After the disintegration of the Han Empire (206 BCE–220 CE), the acupuncture classics circulated among a very limited number of physicians in China.<sup>8</sup> Only a few diagrams were available to help practitioners visualize the acupuncture points in the body.<sup>9</sup> Practitioners relied therefore principally on textual descriptions to locate them. However, over time, discrepancies appeared between treatises, and Chinese physicians became extremely cautious in using acupuncture in clinical practice. They privileged moxibustion instead; this therapy did not require complex knowledge, for moxa could be administered directly at the location of the ailment outside the framework of the acupuncture points.<sup>10</sup> Moxibustion was also a safer therapy. Immediate risks inherent to the practice of moxibustion were mostly limited to burns and blisters,

5 Only volume 22, on obstetrics 胎教篇, includes drawings representing the forbidden points during each stage of pregnancy (任婦脉圖月禁法). The original diagrams of chapter 12 in volume 2, titled *Numinous Hall Charts*, have been lost, so it is not possible to know whether they depicted both acupuncture channels and points or only acupuncture points.

6 Shinohara 1994, 109–110; Macé 1985, 454.

7 In the two volumes dedicated to acupuncture and moxibustion in Sun Simiao's 孫思邈 (581–682) *Beiji qianjin yaofang* 備急千金要方 (*Essential Recipes for Urgent Use Worth a Thousand Gold Pieces*, ca. 650–659), there are 560 references to moxibustion but only 90 to acupuncture. See Yu 2007, 323.

8 Goldschmidt 2009, 9.

9 The only diagrams still extant are the moxibustion charts in the Dunhuang collection reproduced in Lo 2005, 211–222.

10 For example, the Jin dynasty (265–316 CE) physician Chen Yanzhi 陳延之, quoted by Tanba no Yasuyori in the *Ishinpō* (1991, 247), explains that to practice acupuncture it was necessary to be trained by a teacher, whereas even ordinary persons could apply moxibustion.

whereas a needle wrongly inserted could cause bleeding, damage the tissues or the organs, and have even more dramatic consequences.<sup>11</sup> During the Tang dynasty, moxibustion even replaced decoction for people living in remote areas.<sup>12</sup>

A major turning point in the history of Chinese acupuncture was the publication in 1026 of Wang Weiyi's 王惟一 (987–1067) *Tongren yuxue zhenjiu tu jing* 銅人俞穴針灸圖經 (*Illustrated Classic of Acupuncture and Moxibustion Points on the Bronze Man*) and the casting one year later of two bronze figures (*tongren* 銅人) to model the acupuncture points. In the early Song period, the authorities had become very concerned by the incompetence of acupuncture specialists, who often applied acupuncture or moxibustion at the wrong location. In his preface to Wang Weiyi's manual, the official Xia Song 夏竦 (985–1051), for instance, denounced the errors made by practitioners in their clinical practice, which, he contended, resulted from the lack of reliability of the medical classics used as training manuals.<sup>13</sup> Wang Weiyi's textbook, whose compilation was ordered by the emperor Renzong 仁宗 (1010–1063), aimed at standardizing the number of circulation channels, their course on the body, and the number of acupuncture points belonging to each channel. This textbook was conceived both as a handbook for clinical practice and as a manual to accompany the bronze figures representing the acupuncture points.<sup>14</sup> This combination of Wang Weiyi's manual and the bronze figures was innovative, for the training of acupuncture specialists no longer had to rely only on a textual description of the channels and the acupuncture points but also used multimedia pedagogical tools.<sup>15</sup>

Under the supervision of the Bureau for Emending Medical Texts (Jiaozheng yishu ju 校正醫書局), established in 1057, several classical works compiled during the Han dynasty were revised and published in response to a new wave of epidemics. Three of them concerned acupuncture knowledge: the *Zhenjiu jiyi jing* 針灸甲乙經 (*The Classic of Acupuncture and Moxibustion in One, Two [Three ... Juan]*), the *Huangdi neijing suwen* 黃帝內經素問 (*The Yellow Emperor's Inner Classic: Basic Questions*), and the *Huangdi neijing*

11 Wang Tao 王燾 (670–755), the author of the *Waitai miyao fang* 外臺秘要方 (*Secret and Essential Formulas from the Royal Library*, 752) and a fervent advocate of moxibustion, strongly opposed acupuncture, for it could kill a man. See Yu 2007, 322.

12 In the preface of the Dunhuang moxibustion charts, the author explains, for instance, that he collected moxibustion prescriptions to provide a practical medicine for those living in remote regions and those who had no access to sophisticated drugs. See Lo 2005, 233. See also Yu 2007, 325–326.

13 Goldschmidt 2005, 66.

14 The content of Wang Weiyi's manual is described in Ma 1993, 91.

15 Bray, Dorofeeva-Lichtmann, and Métaillé 2007, 29.

*lingshu*. There had been already several attempts in the past to revise these classics, such as Yang Shangshan's 楊上善 and Wang Bing's 王冰 annotated version of what was then thought to be the complete *Huangdi neijing*, but the previous revisions never achieved a position of authority and lost their importance after the fall of the Tang dynasty. On the other hand, the Bureau for Emending Medical Texts, an official organ directly sponsored by the imperial court, produced revised versions of these medical classics that became reference texts for all current extant editions.<sup>16</sup> Their dissemination benefited both from the development of printing technology and from the authorities' encouragement of the pursuit of a medical career for candidates who failed the civil service examination. It favored the emergence of a new group of literati physicians whose education and legitimacy were based on their expertise in the medical classics.<sup>17</sup> Following this revival of classical medicine, acupuncture regained its prominence in clinical practice, whereas moxibustion—which was a rather painful therapy since the moxa were burned directly on the skin—declined gradually.<sup>18</sup>

Interestingly, these changes in the medical field in China during the Song dynasty did not have any immediate influence on Japanese acupuncture until the late sixteenth century. Moxibustion never ceased to be popular during the Kamakura (1185–1333) and Muromachi (1337–1573) periods as a cheap and readily available therapy. During this period of turmoil and constant warfare waged by professional soldiers, moxa even became an essential item of warriors' equipment and was used on the battlefield to stop bleeding.<sup>19</sup> Its use by nonspecialists was so common that some authors warned against its abuse.<sup>20</sup> Although the channels theory is mentioned in Japanese medical textbooks written during these two periods and thus reflected some of the development of Chinese acupuncture during the Song dynasty, as in the Heian period there is little evidence that Japanese physicians applied it in their clinical practice. This suggests therefore that the transmission of the new Song knowledge on the channels theory was limited to a textual transmission of theoretical knowledge. Japanese physicians lacked the clinical training necessary to use acupuncture as a routine procedure.<sup>21</sup> This is particularly evident when comparing

16 Kosoto 2009, 212–219.

17 On the medical reforms during the Song dynasty, see Goldschmidt 2005, 69–73.

18 Yu 2007.

19 Fukunishi 2000, 41. Tominokōji's *Kikō* has a chapter dedicated to the treatment of battlefield wounds by moxibustion. See Goble 2011, 98.

20 Myōan (1211) 1994, 319–320.

21 The only illustration of a medieval physician administering a needle-based treatment appears in the *Yamai no sōshi* 病草紙 (Heian and Kamakura period). The illustration is

the chapters related to medical theory with those related to clinical practice in three of the most important medical textbooks compiled in medieval Japan: Kajiwara Shōzen's *Ton'ishō* 頓醫抄 (*Handbook for the Simple Physician*, 1304) and *Man'anpō* 萬安方 (*Formulas for Absolute Safety*, 1327) and Yūrin's *Fukuden hō* 福田方 (*Fukuden Formulary*, 1363).<sup>22</sup> Wang Weiyi's *Tongren yuxue zhenjiu tu jing*, first mentioned by Shōzen in his *Man'anpō* and whose role was central in China in the revival of classical acupuncture and the standardization of acupuncture points, did not have any influence on Japanese acupuncture other than providing a new source for textual study. Shōzen and Yūrin seem to have been unaware of its importance in China, and the fact that three other copies were transmitted to Japan before the seventeenth century was probably the result of the text's popularity in China rather than its popularity in Japan.<sup>23</sup>

### Teaching What Classic? Manase Dōsan's Exegetical Study of Song and Ming Acupuncture Texts

In the historiography of Japanese medicine, Manase Dōsan is commonly regarded as having opened a new era for Japanese medicine by promulgating and disseminating via his school the theories of Li Dongyuan 李東垣 (1180/81–1251/52) and Zhu Danxi 朱丹溪 (1281–1358), two physicians of the Jin (1115–1234) and Yuan (1271–1368) periods whose works had been first introduced in

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supposed to represent a physician applying acupuncture to a patient. However, this image is controversial, for it is not part of the original twenty illustrations of the *Yamai no sōshi* dating from the Heian period. It was added later (scholars agree that it is a work of the Kamakura period), along with an illustration representing a man suffering from hallucinations. Almost all features of the image (dimensions, format, technique, facial expressions) have no counterparts in the original drawings. In contrast to the original twenty illustrations, no text is provided, and it is difficult to determine from the image whether the needle is being inserted into the skin locally or at an acupuncture point, or even if it is being used for bloodletting or for pricking an abscess. Since other textual sources of the same period, such as the *Ton'ishō*, *Man'anpō*, and *Fukuden hō*, suggest that acupuncture (i.e., a needle applied to acupuncture points) was not used in clinical practice, it is most likely that this illustration represents a physician using a needle as a kind of surgical tool rather than for acupuncture. On the origin of this image, see Sano 1981, 1039: 7–28. On the relation between this illustration and the others, see Teramoto 1994.

- 22 Kajiwara Shōzen and Yūrin discussed the circulation channels theory separately from the acupuncture points and treatment. Their textbooks thus provide information on their exegetical, rather than their clinical, engagement with Chinese textual sources.
- 23 One copy was brought to Japan by Takeda Shōkei 竹田昌慶 (1338–1380) in 1363 along with replicas of the bronze figures, and the other two were transmitted in 1454 and 1533. On the dates of their transmission, see Mayanagi 2001.



Japan by Tashiro Sanki 田代三喜 (1465–1537).<sup>24</sup> Dōsan offered a radical departure from previous periods, for, in his work, acupuncture is not mentioned in passing in general compilations, as in Shōzen's and Yūrin's textbooks, but is an object of thorough study and teaching in its own right.<sup>25</sup> Dōsan spoke critically of the hyperspecialization of medicine that dominated both medical theory and practice and that ultimately created a culture in which physicians mastered only a single therapy. Acupuncture, moxibustion, and pharmacopeia formulas, Dōsan argued, were complementary therapies and should not be used independently from each other.<sup>26</sup> Dōsan was also concerned with the state of acupuncture in Japan, particularly the growing incompetence of acupuncture specialists:

Suichiku Kusai's [i.e., Manase Dōsan] *Shinkyū shūyō* in one volume is a selection of the sages' *Shinkyū kei* [i.e., *Lingshu*] and *Jūyonkei* [i.e., *Shisi-jing fahui*]. Recently, acupuncture is employed arbitrarily. [Acupuncturists] do not know the course of the channels, the location of the acupuncture points, the acupuncture and moxibustion prohibitions, the gravity of diseases, the good and bad signs of the pulse, the taboos regarding application of acupuncture, [the consequences of] a wrong insertion; and no matter whether they are young or old, or whether they understand acupuncture theories or not, they all practice acupuncture. I think this is profoundly pathetic. Therefore, I have compiled [this textbook] in one volume. Those in this realm whose occupation is acupuncture must necessarily examine it.<sup>27</sup>

雖知苦齋針灸集要一卷者、是拔集諸聖賢是針灸經並十四經等者也。頃素用針治而、不辨經升降所在、針灸禁、病淺深、脉吉凶、時月戒、刺巨繆而、少壯明晴俱懷針。予深憐焉。故撰彼一卷。天下業針之士、必須察之云。

His school in Kyoto, the Keiteki-in 啓迪院, was perhaps not only the first private school in Japan to train disciples on such a large scale but also the first,

24 On the Dōsan school, see Yakazu 1982; Endō 2007.

25 See, e.g., Nagano 2001a, 59–60. Machi (2008) analyzes the different editions of the *Shisi-jing fahui* circulating in Japan in the late sixteenth to early seventeenth centuries, including those consulted by Dōsan. See also Vigouroux 2011, 23–50.

26 Manase 1995, 353–354. Dōsan also insisted on the importance of an appropriate diet when the nutritive or defensive *qi* was deficient or when taking a treatment. See precepts 29 and 47 in his *Kirigami* (1979b, 7–14).

27 *Tōryū i no gen'i* 1777, 12. A similar passage is included in “Dōsan kafu” 1661.

since the *Ishitsu-ryō* 醫疾令 (Medical Laws) promulgated during the Nara period (710–794), to include a course on acupuncture.<sup>28</sup> Dōsan must have regarded acupuncture as a specialist knowledge, for in the nine-grade program of study in the Keiteki-in, acupuncture was taught only from the fifth grade on, after students had acquired some basic knowledge on diagnosis, remedies, and *materia medica*.<sup>29</sup>

Dōsan compiled several acupuncture manuals to be used as teaching resources—including manuals containing secret methods and aimed at a limited audience of disciples—but only three of the five textbooks he wrote are still extant: the *Shinkyū shūyō* 針灸集要 (*Essentials of Acupuncture and Moxibustion*, 1562), the *Shinkyū shinanshū* 針灸指南集 (*Instructions for Acupuncture and Moxibustion*), and the *Hikyū* 秘灸 (*Secret Moxibustion*). The two manuals no longer extant—the *Kinshinkyū ketsukai narabi gyōfuku dōshin sunhō* 禁針灸穴解並仰伏同身法 (*Prohibition of Acupuncture and Moxibustion Followed by a Supplement on the Measurement Method of the Body*, 1578), and the *Shinji seihō* 針治聖法 (*Divine Methods of Acupuncture Treatment*, 1582)—are only mentioned in the *Tōryū i no gen'i* 當流醫之源委 (*On the Origin of Our School*), a manuscript attributed to the Dōsan school, and in the *Dōsan kafu* 道三家譜 (*Genealogy of the Dōsan Family*).<sup>30</sup> Two short notes in the *Tōryū i no gen'i* explain that the *Kinshinkyū ketsukai narabi gyōfuku dōshin sunhō* was written in 1578 and the *Shinji seihō* was the result of a request from an acupuncturist named Shōkō Koji, who asked Dōsan to list in a single volume all the important acupuncture and moxibustion points.<sup>31</sup> Two textbooks listed in the nine-grades program bear similar titles; thus, it is likely that Dōsan used the *Kinshinkyū ketsukai narabi gyōfuku dōshin sunhō* and the *Shinji seihō* as teaching manuals in his school.<sup>32</sup>

The *Shinkyū shūyō* is the first Japanese textbook devoted solely to acupuncture and moxibustion, and it is also the only one of the three manuals still extant that provides detailed information about Dōsan's engagement with Song medical texts related to acupuncture. Divided into two parts, one explaining medical theories and the other more oriented toward clinical practice, the

28 Macé 1994a, 152.

29 *Tōryū i no gen'i* 1777, 7.

30 Although the manuscript is dated 1777, some passages were probably written by Dōsan himself. See Endō and Nakamura 1999, 337.

31 *Tōryū i no gen'i* 1777, 13.

32 In the sixth grade, students had to study the *Shinkyū kinketsu kai* 針灸禁穴解 (*Explanation of the Forbidden Acupuncture and Moxibustion Points*) and, in the seventh grade, the *Shinji seiden* 針治聖傳 (*The Sagely Tradition of Acupuncture Treatment*). See *Tōryū i no gen'i* 1777, 7.

*Shinkyū shūyō* contains 145 topics. All topics follow the same pattern: topic title, one character indicating the medical classic on which the topic is based, a direct quotation (that sometimes includes a quotation of another classic), and an explanatory diagram summarizing the topic. Thirteen medical classics are cited—twelve Chinese and one Japanese—but most of the citations are drawn from only five works: *Xushi zhenjiu daquan* 徐氏針灸大全 (*Mr. Xu's Comprehensive Collection of Acupuncture and Moxibustion*, 1439), *Zhenjiu ju ying* 針灸聚英 (*Quintessence of Acupuncture and Moxibustion*, 1529), *Zhenjiu jieyao* 針灸節要 (*Essentials of Acupuncture and Moxibustion*, 1531), *Yilin leizheng jiyao* 醫林類証集要 (*Classified Compilation of the Medical Forest*, 1515), and *Zenkyūshū* 全九集 (*Complete Nine Volumes*). Those five texts represent 85 percent of the 146 citations.

Although it was common practice in Chinese and Japanese writings to rely on indirect citation when authors did not have physical access to the books—this is particularly true for large compilations dealing with hundreds of citations—Dōsan cited from a relatively small number of classics that were presumably readily accessible to him.<sup>33</sup> Cross-references in other documents confirm that Dōsan consulted even the classics that he cited only once or twice, and sometimes those he cited indirectly (i.e., in several topics Dōsan quotes a passage that includes a quotation from another book).<sup>34</sup> Furthermore, all direct quotations are from textbooks written no earlier than the Song dynasty, and in some cases, such as for the *Zhenjiu ju ying* or the *Zhenjiu jieyao*, the classics are mentioned only a few years after their publication in China.

The *Shinkyū shūyō* is written as a vade mecum that practitioners could refer to at all times. It is rather short, one volume written in the Chinese script with reading marks, and Dōsan structured its contents in such a way that topics could be read independently, but with the intention of covering all basic theoretical and practical knowledge necessary to the practice of acupuncture. Each topic is written in a terse, concise manner, avoiding peripheral explanations, and often Dōsan concludes with an explanatory diagram to sum up the citation.<sup>35</sup> In citing only texts from the Song and Ming dynasties, Dōsan clearly attempted to avoid superfluous repetition between classics, for Chinese

33 Goble 2011, 31.

34 The *Tōryū i no gen'i*, for instance, indicates that when Dōsan was fifteen years old, he studied the *Yū ji wei yi*, which he cites once in the *Shinkyū shūyō*. He also studied the *Suwen*, and in the entry on the administration of acupuncture in the *Shinkyū shūyō*, Dōsan cites a passage from the *Zhenjiu jieyao* that includes a quotation from the *Suwen*. See *Tōryū i no gen'i* 1777, 2.

35 The diagrams in the entries of the *Shinkyū shūyō* are similar to those in his *kirigami*. Compare, e.g., Manase 1995, 353–354, with Manase 1979b, 13, 22, 154.

classics from these two periods often cited earlier works. This editorial strategy enhanced the content of the text and gave the reader access to both the original text and the Song and Ming commentaries. Furthermore, Dōsan's emphasis on the latest Ming texts provided the reader with the most recent Chinese medical knowledge available in Japan.

Rubrics on the circulation channels theory and acupuncture convey a sense of the impact that Ming medical texts had on fifteenth-century Japanese medicine. Yet, in comparison with other documents related to the Dōsan school, the *Shinkyū shūyō* marks an early stage in Dōsan's appropriation of the circulation channels theory and acupuncture points. Most citations in these topics are drawn from the *Xushi zhenjiu daquan* and the *Zhenjiu ju ying*, although other sources are used to augment information, suggesting that at that stage Dōsan was still engaged in sorting out texts that could be used as teaching material in his school. This explains perhaps why he relied mostly on general compilations rather than on specialist textbooks. There is no reference, for instance, to Wang Weiyi's *Tongren yuxue zhenjiu tu jing*, although an obscure passage in the *Tōryū i no gen'i* indicates that Dōsan might have had access to it.<sup>36</sup> The *Shisijing fahui* is the only specialist text exclusively devoted to the circulation channels theory and the location of acupuncture points cited in the *Shinkyū shūyō*. Indeed, this is the first mention in Japan of this short manual written by the Chinese physician Hua Shou and first published in 1341 during the Yuan period.<sup>37</sup> However, the *Shisijing fahui* was not regarded yet as fundamental, for it is cited only twice in reference to minor subjects—the topics “Number of Points of the Channels” (諸經之穴數) and “Different Points, Same Name” (異穴同名).<sup>38</sup>

Two of Manase Dōsan's notes, *kirigami* 切紙 (lit. “paper strips”), compiled in 1571, nine years after the *Shinkyū shūyō*, provide additional information on what knowledge of the channels theory Dōsan taught to his disciples. The first note is divided into several paragraphs, each paragraph dealing with one particular topic: the six channels of the hand and foot, the fifteen collateral channels, the five command points of the twelve channels, the difference in the quantities of blood and *qi* in the twelve channels, the points of the back part of the body, the circulation of the conception channel, the four points for general treatments, prohibited points, and reunion points.<sup>39</sup> The content of these

36 *Tōryū i no gen'i* 1777, 6.

37 Two passages in the *Tōryū i no gen'i* refer also to Hua Shou's textbook. See *Tōryū i no gen'i* 1777, 3, 6.

38 Manase 1995, 409, 421.

39 Manase 1979b, 33–41.

paragraphs is similar to several rubrics of the *Shinkyū shūyō*, albeit expressed in a more concise form and with no reference to the Chinese classics. Most of these paragraphs, which are written in verse 歌, functioned as mnemonic aids to help students memorize the order of and specific instructions for the channels and points. Indeed, their content is not easily intelligible in itself, for no commentary is provided, and they make sense only when regarded as a textual aid to supplement the oral dimension of Dōsan's teaching. The verse "Song of the Four Chief Treatment Points" 四穴總治之歌 is an example of this "rhymed medical knowledge":<sup>40</sup>

For the abdomen, halt at Sanli,  
 For the lumbus and the back, search at Weizhong,  
 For the head and the nape, inquire about Lieque,  
 For the face and mouth, collect at Hegu.<sup>41</sup>

肚腹三里留  
 腰背委中求  
 頭項尋列缺  
 面口合谷收

The second *kirigami* is a diagram that spans two pages and is titled "Diagram of the Circulation of the Nutritive and Defensive [*qi*] Following or Against the Flow of the Twelve Channels" 十二經脉榮衛流注迎隨逆之圖. The six channels of the hand and the six channels of the feet are listed in three columns with their entry and exit points, linked together by a thin line to convey an image of the nutritive and defensive *qi* traveling from channel to channel and pervading the whole body. A short note on the circulation of the *qi* in the two main extraordinary channels based on the *Shisijing fahui* is appended with a final remark on the six Chinese medical texts on which Dōsan relied on to formulate his diagram. It suggests that nine years after the *Shinkyū shūyō*, Dōsan was still comparing Chinese sources, and no authoritative source on the circulation channels theory stood out from the others.<sup>42</sup> Yet, in 1574, three years

40 This tradition of writing in verse goes back to the Han dynasty (206 BCE–220 CE). As Rosalind Thomas (cited in Brashier 2005, 259) points out about the role of verse in ancient Greece: "anything passed on in verse has a better chance of accurate transmission." I also borrow the expression "rhymed medical knowledge" from Brashier 2005.

41 Manase 1979b, 37.

42 Dōsan (Manase 1979b, 104) explains that he created this diagram based on his understanding of the *Shisijing fahui*, *Xushi zhenjiu daquan*, *Ming tang jiu jing*, *Zhenjiu ju ying*, *Zhenjiu jiyao*, and the *Taiping shenghui fang*.

after these two *kirigami* were composed, Dōsan wrote a postscript to a short manuscript titled *Kōtei meidō kyū kei fushin shōshō* 黄帝明堂灸經不審少々 (*Some Doubts on the Moxibustion Classic of the Numinous Hall of the Yellow Emperor*) stating: “The explanations of the [Elucidation of the] Fourteen [Channels] classic are the only reference [to the channels theory]” 十四經之説、為定矩而已.<sup>43</sup> Nagano Hitoshi argues that this turning point in Dōsan’s process of inquiry was his encounter with Hata Sōha 秦宗巴 (1549–1610), who entered his school around 1572.<sup>44</sup>

Information on Hata Sōha’s life is fragmentary.<sup>45</sup> According to Asada Sōhaku 浅田宗伯 (1815–1894), who included a biography in the *Kōku me’i den* 皇國名醫傳 (*Legends of Famous Doctors from Our Imperial Country*, 1851), Hata Sōha completed his medical training with Dōsan after having been recommended by his first master, Yoshida Sōkei 吉田宗桂 (?–1572), and later served as physician to Toyotomi Hidetsugu 豊臣秀次 (1568–1595).<sup>46</sup> Although he is perhaps best known for writing the *Tsurezuregusa Junyōin shō* 徒然草壽命院抄 (*Commentary of Junyōin on the Essays in Idleness*, 1604), the first commentary on the fourteenth-century *Tsurezuregusa*, Hata Sōha is also the author of two other important medical texts: a commentary on Ma Shi’s 馬蒔 *Suwen zhu zheng fa wei* 素問注證發微 (*The Suwen, Commentated, Validated, and Elucidated*, 1586; Hata Sōha was the first person in Japan to lecture on Ma Shi’s annotated edition of the *Suwen*) and the *Yuketsu sango teki hō* 兪穴參伍的法 (*Method for Classifying the Acupuncture Points*).<sup>47</sup>

The *Yuketsu sango teki hō* contains a postscript written by Dōsan and dated 1574, the same year as the postscript to the *Kōtei meidō kyū kei fushin shōshō*. Dōsan presents Hata Sōha’s textbook as a synthesis of his exegetical study of Chinese medical texts, arguing that his manual is a “treasure that can bring back to life the dead.”<sup>48</sup> Since the *Yuketsu sango teki hō* is a manuscript on acupuncture points whose content is based on Hua Shou’s *Shisijing fahui*, Hata Sōha’s arrival at the Keiteki-in must have been a factor in triggering Dōsan’s research on the channels and acupuncture points; two years earlier, in 1572, when Dōsan wrote his *kirigami* on circulation channels theory, the *Shisijing*

43 *Kōtei meidō kyū kei fushin shōshō* (1574), n.p.

44 Nagano 2001a, 60.

45 Hata Sōha seems to have been well acquainted with some of the aristocratic families of the Kyoto court, as he appears in many entries of the *Tokitsune kyōki* 言経卿記 (Tokitsune’s diary), the journal of the aristocrat-physician Yamashina Tokitsune 山科言経 (1543–1611). However, Yamashina (1959–1991, 5:35) records in his journal that he first met Hata on March 20, 1592. On Yamashina, see also Goble 2008.

46 Asada (1851) 1983, 347–350.

47 On the *Tsurezuregusa Junyōin shō*, see Keene 1976, 138.

48 Nagano 2001a, 60.

*fahui* was still listed as one source among others. The *Kōtei meidō kyū kei fushin shōshō* must be regarded therefore as Dōsan's and Hata Sōha's reevaluation of Chinese medical texts and the *Yuketsu sango teki hō* as the result of their inquiry. That is, Hua Shou's *Shisijing fahui* was selected as the only reliable text for transmitting the channels theory and the location of acupuncture points.

Dōsan's knowledge of acupuncture was certainly more advanced than that of his medieval predecessors. Yet his acupuncture manuals and *kirigami* indicate only what theoretical knowledge he gained from Song and Ming medical texts. The question remains of whether he incorporated this knowledge into his clinical practice, or whether his clinical practice helped him to identify shortcomings in these texts. In other words, how did Dōsan correlate theoretical knowledge learned from texts with knowledge learned from clinical encounters with patients? This question is difficult to answer because Dōsan did not keep any detailed clinical records dealing with acupuncture therapy.<sup>49</sup> Although he might have relied on his personal clinical experience to validate the theoretical knowledge he gained from the medical classics mentioned in the *Shinkyū shūyō*, this textbook is an attempt to adapt existing knowledge to a different context, not a groundbreaking work producing new knowledge. Its originality lies more in the arrangement of the different subjects (number, topic, citation) than on their content. Even the second part, which deals with acupuncture treatments, does not offer much opportunity for learning about Dōsan's clinical experience, for, like the first part, the entries merely consist of citations. There is no description of the disease (symptoms, characteristics of the pulse, evolution), only the treatment. The entry on dizziness 頭眩 is an instructive example:

Dizziness [*Shanghan*] *zhili*

Apply acupuncture to [the points] Shangxing [*j. Jōsei, GV23*], Fengchi [*j. Fūchi, GB20*], and Tianzhu [*j. Tenchū, BL10*].

The *Shouyu shenfang* says: apply moxibustion [to the points] Tianzhu [*j. Tenchū, BL10*] and Tongtian [*j. Tsūten, BL10*]. [Insert] needles 3 *fen* and [apply] three cones of moxa.<sup>50</sup>

頭眩 治例

針上星風池天柱

寿域曰灸天枢通天針三分灸三壯

49 His *Shushō haizai* 出証配劑 (*Formulas Given according to Symptoms*) is the only record of case histories left by Dōsan, but it deals mostly with formula treatments, although he also mentions application of moxa to specific points for a few cases. See Manase 1979c.

50 Manase 1995, 440.

In this example, the main part is a citation from the *Shanghan zhili* (*Case Treatments of Cold Damage Disorders*), which is augmented by an optional treatment from the *Shouyu shenfang*. Therefore, the type of afflictions mentioned is perhaps the only evidence of Dōsan's clinical experience, for it is most likely that Dōsan recorded the most common afflictions he encountered in his clinical practice. In any case, the content of the rubric suggests that the reader already has the basic knowledge to diagnose dizziness, since only information on the treatment is provided. This explains perhaps why acupuncture began to be taught only once the student had reached the fifth grade in Dōsan's school—that is, as specialist knowledge learned after the core program covering basic medical knowledge on disease and diagnosis had been mastered.

Overall, in Dōsan's works there is no sharp difference from previous periods regarding the frequency of moxibustion and acupuncture treatment. Moxibustion is still mentioned more often than acupuncture. Out of a total of fifty-four diseases, moxibustion is recommended forty-nine times, acupuncture sixteen times, and bloodletting two times in the second part of the *Shinkyū shūyō*. Only in three cases is acupuncture the single treatment. In thirteen cases, acupuncture is always administered in combination with moxibustion. Bloodletting is mentioned the first time in combination with moxibustion, and the second time in combination with acupuncture and moxibustion. A comparison with Dōsan's most famous compendium on diagnosis and therapy confirms the domination of moxibustion treatment over acupuncture. In the *Keiteki shū* 啓迪集 (*Compendium of the Keiteki*), acupuncture and moxibustion are mentioned as complementary therapies to herbal remedies in the treatment of sixteen afflictions: in two cases only acupuncture is employed, in nine cases only moxibustion, and in five cases they are administered together. However, acupuncture therapy is administered on specific acupuncture points only for the treatment of three afflictions. In one case, acupuncture is recommended in combination with moxibustion but without information on how to administer it. In the last three cases, needles are applied locally either for bloodletting, opening abscesses using the fire needle technique, or stopping verbal delirium by puncturing the nail bed.<sup>51</sup>

This domination of moxibustion therapy was not particular to Dōsan; other sources from the same period provide a similar picture.<sup>52</sup> Moreover, since

51 Manase (1571) 1979a, 2:73–77, 312–313, 351, 363, 368, 407–408, 419–420, 432, 445, 532–533; 3:36, 49, 57, 80, 155–156, 178–179, 351–358.

52 See, for example, the *Tamon-in nikki* 多聞院日記 (*Journal of Tamon-in*), the journal of the monk Eishun 英俊 (1518–1596) of the temple Kōfukuji 興福寺. Many entries record that Eishun frequently resorted to moxibustion therapy to relieve chronic eye infections



both the *Shinkyū shūyō* and the *Keiteki-shū* are compilations of Song and Ming medical texts, their emphasis on moxibustion reflects Chinese medical practice as much as it does sixteenth-century Japanese medical practice, suggesting that the revival of classical acupuncture and the shift from moxibustion to acupuncture during the Song dynasty was probably less radical than has been argued by some scholars.<sup>53</sup> Furthermore, since the *Shinkyū shūyō* and the *Keiteki shū* were both compiled before Hata Sōha's arrival at the Keiteki-in, it is not possible to know how much Dōsan's reevaluation of the Song and Ming medical texts in the 1570s, and as a result his adoption of the *Shisijing fahui* as the reference text for teaching the circulation channels theory and acupuncture points, influenced his clinical practice toward the end of his life.

Concurrently with Dōsan's scholarly interest in sorting out acupuncture theories to compile reliable teaching materials for his students, the sixteenth century witnessed the emergence of new acupuncture schools that developed new theories outside the framework of the circulation channels theory. In the late sixteenth century, Mubun 夢分, for instance, invented a new technique of insertion called the hammer technique (*uchi-bari* 打針), which involved inserting needles into the skin with a small wooden hammer. He passed on this technique to Misono Isai 御藺意齋 (1557–1616), the founder of the Misono school, and it came to be used only on the abdomen area, the receptacle of the five viscera and the six bowels, regarded as the seat of all diseases.<sup>54</sup> Information on the origin of the *uchi-bari* technique is scarce, but it seems likely to be an adaptation of a fifteenth-century horticultural technique originally used to kill insects and worms in trees by puncturing them with a punch.<sup>55</sup> Interestingly, the appearance of this technique coincided with a new notion that afflictions were caused by insects and worms. The *Hari kikigaki* 針聞書 (*An Account of Things Heard about Acupuncture*), written in 1568 by Ibaragi Gengyō 茨木元行, the founder of the Konshin school 今新, includes sixty-three illustrations

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and buboes; only a few mention acupuncture. See Eishun 1978, 2:203, 457; 3:424; 4:179; 5:13. See also Vigouroux 2011, 46–47.

- 53 See, e.g., Yu 2007. Asaf Goldschmidt (2009, 30–41) contends that the publication of Wang Weiyi's textbook had a great impact on the revival of classical medicine, but he regards acupuncture and moxibustion as a single therapy—acu-moxa—without explaining how the clinical use of acupuncture and moxibustion as distinct therapies evolved from previous periods.
- 54 On the Misono school, see *Misono ie rekiden ryakki* 1989. On their mapping of the abdomen area, see *Shindō hiketsu shū* 1978, 3–4.
- 55 Shōsei Saidōtan 樵青洞丹 (1994, 10) mentions in his *Enrashi shinkyū hō* 煙蘿子針灸法 (*Enrashi's Acupuncture and Moxibustion Methods*), written in 1530, the story of a horticulturist using a punch to kill the insects that were attacking trees.

of parasites divided into six categories according to their forms.<sup>56</sup> However, not all the new acupuncture schools focused on the abdomen area. A recently discovered manuscript of the Irie school 入江, whose founder Irie Yoriaki 入江頼明 served Toyotomi Hideyoshi 豊臣秀吉 (1536–1537) during his Korean campaign in 1592 and remained for four years in Chosŏn Korea to study acupuncture under the Ming physician Gō Rintatsu 呉林達, contained several drawings of the human body describing the acupuncture points without any reference to the channels.<sup>57</sup>

### Appropriation and Innovation: The *Shisijing Fahui* and Tokugawa Acupuncture

Only two editions of the *Shisijing fahui* circulated in Japan during the Tokugawa period. One was the revised version of the 1369 edition by the Imperial College physician Xue Kai 薛鎧 published in 1528 by his son Xue Ji 薛己 (1487–1559) in his *Xue shi yi an* 薛氏醫案 (*Mr. Xue's Medical Case Records*). This edition was most likely the edition that Manase Dōsan and Hata Sōha mentioned in their writings, although we do not know how they gained access to it. The second edition was a Korean edition transmitted during Toyotomi Hideyoshi's campaigns in Korea in 1592 and 1598.

Printing technology played an important role in the diffusion in Japan of the *Shisijing fahui* after Dōsan proclaimed its superiority over other textbooks for learning the circulation channels theory. Indeed, it is not a coincidence that the first Japanese edition of the *Shisijing fahui* was printed in movable type 古活字 in 1598 by the literati physician Oze Hoan 小瀬甫庵 (1564–1640), a member of the inner circle of the Manase family. This edition has been lost. The earliest Japanese edition extant is a 1604 reprint of the Korean edition.<sup>58</sup> In total, Hua Shou's textbook was reprinted twenty-one times during the Tokugawa period (1604, 1618, 1625, 1631, 1649, 1660, 1665, 1675, 1684, 1695, 1709, 1716, 1731, 1762, 1764, 1796, 1798, 1801, 1805, 1806, 1839). It is difficult, however, to assess the significance of the number of times that Hua Shou's textbook was imported, because that number corresponds to the number of times that the *Xue shi yi an* was imported (twelve times: 1638, 1710, 1719, 1722, 1725, 1735, 1759, 1837, 1839, 1844, 1845, 1849). This number most likely indicates the popularity of Xue Ji's

56 On this book, see *Mushi no shirase* 2007; Nagano and Higashi 2007.

57 *Kaiden Irieryū shinjutsu* 2002.

58 Senjurō Machi (2008, 47) argues that the publisher also consulted the Chinese version to make corrections.

book among Japanese physicians due to its coverage of all domains of Chinese medicine rather than specifically Xue's inclusion of the revised version of Hua Shou's textbook. The numerous Japanese reprints of either the Chinese or the Korean edition show an expanding domestic demand for the original text, but also suggest that as a result the text circulated widely in Japan, and therefore, it was not necessary to import the Chinese or Korean editions, particularly because no new editions were printed in China or Korea. By comparison, Wang Weiyi's *Tongren yuxue zhenjiu tu jing* was only imported once (1694) and published once (1654) during the Tokugawa period based on an earlier edition.<sup>59</sup>

Tamura Gensen's 谷村玄仙 *Jushikei hakki shō* 十四經發揮抄 (*Elucidation of the Fourteen Channels Annotated*), published in 1661, was the first Japanese commentary on Hua Shou's *Shisijing fahui*—and was one of the longest commentaries written during the Tokugawa period: 389 leaves in ten volumes, whereas the original edition was only 69 leaves in one volume. Thus, it took sixty years after the *Shisijing fahui* was printed for the first time in Japan before a Japanese physician produced a commentary edition—one hundred years if we include its first mention in Dōsan's *Shinkyū shūyō*. Stressing the importance of the channels theory, Tamura compares the physician who does not know the channels theory to “a person walking during the night without a candle.”<sup>60</sup> The publication of Tamura's *Jushikei hakki shō* spurred the production of commented and annotated editions of Hua Shou's book, which were published either with reading marks (*kaeri ten* 返り点) or with readings of the Chinese characters (*okuri gana* 送り仮名) or were completely rewritten in vernacular Japanese, which significantly helped Japanese acupuncture practitioners to assimilate the rather complex channels theory during the seventeenth century.

Eight of these commentaries were published during the second half of the seventeenth century, indicating that Japanese physicians first learned the circulation channels theory from the original content before producing commentaries. Interestingly, all Chinese medical texts transmitted to Japan during the Tokugawa period did not follow the same process of dissemination. For instance, the figures regarding the importation and Japanese reprinting of textbooks related to the *Huangdi neijing* and the *Nanjing* 難經 (*Classic of Difficulties*) suggest that, unlike the case with the *Shisijing fahui*, Japanese physicians relied first on commented editions before turning to the original text.<sup>61</sup>

59 On these imports and Japanese editions, see Vigouroux 2011, 98–130.

60 Quoted from Gabor (2010, 91), who presents in his book on marginalia in Japanese medical textbooks an edition of Tamura Gensen's *Jushikei hakki shō* that was annotated by hand.

61 Vigouroux 2011, 98–123.

Acupuncture mannequins and charts also became necessary components of the appropriation and dissemination of the circulation channels theory. The Song period physician Wang Weiwei was the first to acknowledge the importance of three-dimensional visual aids to complement textual sources for teaching acupuncture. In 1027 he commissioned the casting of two bronze figures on which the locations of acupuncture points were indicated. The figures were entirely covered with wax and filled with water; when the student accurately inserted the needle at the location of an acupuncture point, water poured out from the point.<sup>62</sup> Although a replica was brought to Japan as early as the fourteenth century, it did not have any impact in Japan until Japanese acupuncturists began to apply the channels theory to clinical practice in the early Tokugawa period. Indeed, the production of Japanese mannequins was concurrent with the publication of annotated and commentary editions of Hua Shou's *Shisijing fahui* in the second half of the seventeenth century.

Two major differences distinguished Japanese acupuncture mannequins from their Chinese counterparts: they were usually smaller and made of paper or wood.<sup>63</sup> These particular characteristics of the Japanese mannequins not only allowed Japanese physicians to represent the bones more accurately, particularly those of the thorax, and the course of the channels on the body but also made their production easier, and thus, acupuncture mannequins became relatively available. The Dutch physician Willem ten Rhyne (1647–1700), who lived in Japan for two years in the late 1670s, mentioned the popularity of these small acupuncture mannequins in his account on Japanese medicine, explaining that most acupuncturists had one on display outside their home to advertise their practice.<sup>64</sup> In 1690 the artisan category “acupuncture mannequin maker” (*dōjīngyō shi* 銅人形師) even made its way into the *Jinrin kinmō zui* 人倫訓蒙図彙 (*Illustrated Encyclopedia of Humanity*), which gives the address of two such artisans in the cities of Osaka and Edo.<sup>65</sup>

62 Goldschmidt 2005, 67.

63 The two exceptions are the two bronze acupuncture figures held by the Tokyo National Museum and measuring, respectively, 143.9 and 161 centimeters. The first figure was made by Iimura Gensai 飯村玄齋 in 1662, and the second by Yamazaki Tsugiyoshi 山崎次善 when he was teaching at the *bakufu* Medical School (Igakkan 医学館) between 1789 and 1800. See Nagano 2001b; Kosoto 1989. Most of the wood and paper acupuncture figures included in Nagano 2001a measure less than 100 centimeters. The wood figure on display in the specimen room of Tokyo University Medical School is 87 centimeters. See Yōhō 1995, 44.

64 Rhyne 1683, 180.

65 *Jinrin kinmō zui* 1990, 190.

The Japanese acupuncture mannequins and charts were not mere copies of Chinese representations of the channels and acupuncture points. Japanese physicians visually innovated by depicting the reunion points, particularly those located on the abdomen area, to show the internal connections between channels and sometimes between channels and organs.<sup>66</sup> These depictions aimed at recording what was invisible to the eyes and yet essential to the clinical application of the circulation channels theory. This innovation also represented an attempt to merge the two different traditions that appeared in sixteenth-century Japanese acupuncture: one represented by the Dōsan school and focusing on the classic channels theory and one represented by the Misono school and focusing exclusively on the abdomen outside the framework of the channels and acupuncture points.

The visual accumulation of detail on the connections between channels and the functions of the points in the abdomen area made the charts and the mannequins illegible to untrained eyes. The mannequins and charts had to be decoded in conjunction with textual explanations to become functional.<sup>67</sup> As Brian Baigrie points out: “every diagram is a kind of encoding that demands a set of conventions that are shared by the illustrations and the user. If the user is unfamiliar with the conventions at work, this compromises their utility.”<sup>68</sup> Therefore, these acupuncture charts and mannequins were not produced for popular pedagogy but were intended to communicate technical knowledge to already-practicing acupuncturists or to those training to become practitioners. To anyone trained to read them, these tools could serve as mnemonic devices that economically and instantaneously conveyed the complex trajectory and interconnections of the channels running on and below the surface of the body.

### Reconsidering the Circulation Channels Theory in the Late Tokugawa Period

The vicissitudes of Chinese medical texts through the Tokugawa period mirrored intellectual trends in Chinese scholarship. The introduction of Qing evidential research methods particularly gave rise to a new “era of Japanese

66 Nagano (2001a) shows several of these Japanese acupuncture figures and charts made during the seventeenth and eighteenth centuries.

67 On the function of *tu* 圖 and the relation between text and image in China, see Bray, Dorofeeva-Lichtmann, and Métaillé 2007.

68 Baigrie 1996, 11.

medical philology,” offering Japanese physicians methodological and epistemological tools to reconsider Chinese medical knowledge directly from the original texts without depending on later commentaries.<sup>69</sup> For example, the physician Murai Kinzan 村井琴山 (1733–1815) made a philological study of the first part of the *Huangdi neijing* based on a comparison of rhymes 韻語. Phonological tools enabled him to argue that the original content of this work had been distorted by the Tang physician Wang Bing and to conclude his analysis with what he thought were the original sixty-one chapters (instead of the eighty-one chapters of Wang Bing’s version), as indicated by Quan Yuanqi’s 全元起 *Suwen xun jie* 素問訓解 (*Basic Questions Commentary*)—the first known commented edition of the *Huangdi neijing*, which was compiled during the sixth century.<sup>70</sup> This return to antiquity led eventually to the discrediting of the Danxi synthesis<sup>71</sup> and the resurrection of the author of the *Shanghan lun* 傷寒論 (*Treatise on Cold Damage Disorders*), the second-century physician Zhang Zhongjing 張仲景, as the ultimate medical authority.

Influenced by this turn toward ancient medicine, during the eighteenth century certain acupuncture practitioners started to express skepticism about the efficacy of the channels theory without necessarily advocating the Misono school approach, which focused on the abdomen area as the seat of all diseases. Suganuma Shukei 菅沼周桂, for instance, who was inspired by the work of Yoshimasu Tōdō 吉益東洞 (1702–1773), one of the leading figures of the Ancient Formulas School (Kohō-ha 古方派), refuted the entire channels theory and the theories about the forbidden points, the *yu* 俞 points, and the reunion points, setting the number of regular acupuncture points to only seventy and referring uniquely to anatomical marks to locate the points on the body.<sup>72</sup>

Other practitioners virulently attacked the eminence reached by Hua Shou’s textbook during the seventeenth century. As Hirose Hakurin 広瀬白鱗 claimed in his *Hi juyonkei ben* 非十四經辨 (*Arguments against the Fourteen Channels*, 1775), they believed that Hua Shou had betrayed the teachings of the ancient sages. Hua Shou’s first unforgivable mistake was to have assimilated the *dumai* 督脈 and *renmai* 任脈 channels to the twelve regular channels, which in Hirose’s eyes was the height of stupidity (愚昧ノ至也), for these two channels are originally two of the eight extraordinary channels. Second, Hua Shou advocated the method of localizing acupuncture points according to

69 Elman 2008, 110.

70 Murai Kinzan, *Idō nisennen ganmoku hen*, vol. 4. On Quan Yuanqi, see also Unschuld 2003, 24–25.

71 See the essay by Fabien Simonis in this volume.

72 Suganuma (1767) 1978, 2.

anatomical benchmarks (骨度法) instead of using the ancient method of identical units of the body (同身寸法). The transmission of this “smelly rubbish” 糟粕餘臭 to later generations was responsible, Hirose contended, for the corruption of the acupuncture tradition in Japan.<sup>73</sup>

In the midst of the new thriving intellectual environment centered on Dutch medicine at the turn of the nineteenth century, the imperial acupuncturist Ishizaka Sôtetsu 石坂宗哲 (1770–1841) used the new cutting-edge knowledge of anatomy to rethink the circulation channels theory, assimilating the acupuncture channels to the Western blood and nerve systems.<sup>74</sup> The basic principle of acupuncture, he explained, is the inflammatory reaction following the insertion into the human body of a foreign object. The needle inserted into the affected part provoked a local inflammation, which stimulated the living *qi* and the blood under the needle to form the original *qi*, which then expelled the pathogenic agent from the body.<sup>75</sup> Neither the insertion of the acupuncture needle directly into the affected area nor the idea of expelling the evil agent from the body was new. What was innovative, however, was that Ishizaka Sôtetsu made application of acupuncture in *loco dolenti* a general principle of the circulation channels theory, and that his explanation of the action of the acupuncture needle did not present any significant problems of understanding to a mind educated in Western medicine. This explains why the German physician Philipp Franz von Siebold (1796–1866), who resided in Japan in the 1820s, had so much interest in Ishizaka Sôtetsu's theories.<sup>76</sup>

His medical ideas, however, did not represent a radical break with past Japanese acupuncture ideas. They took their place among the latest developments of the seventeenth- and eighteenth-century academic disputes that highlighted the symbolic struggles of Japanese physicians to reinterpret the textual tradition of Chinese medicine. Ishizaka Sôtetsu surely saw himself as the “true classicist” of the Tokugawa period, but he did so in the vein of many Japanese physicians long before him.<sup>77</sup> There is no evidence that he ever assisted in performing dissections, and his interpretations of Western anatomy treatises were very loose, adopting only concepts that fit his theories. These attitudes explain why he never considered Dutch medicine to be superior to the Chinese medi-

73 Hirose (1775) 1990, 6–9.

74 Macé (1994b) provides a full explanation of the charts held by the Bibliothèque nationale de France that represent Ishizaka Sôtetsu's attempt to assimilate the nutritive and defensive *qi* channels to the arteries and veins of Western medicine.

75 Ishizaka, ca. 1820–1825, n.p.

76 On Ishizaka and Siebold, see Kure 1931.

77 Elman 2008, 117.

cal tradition and even publicly condemned his peers who paid too much attention to the medicine of the “barbarians.”<sup>78</sup>

### Conclusion

The developments that acupuncture underwent in Japan during the Tokugawa period stand in stark contrast to its decline in Qing China. After the last Ming dynasty publications on acupuncture—*Shen ying jing* 神應經 (*Classic for Wondrous Response*) in 1425, *Zhenjiu ju ying* in 1529, and *Zhenjiu dacheng* 針灸大成 (*Great Compendium of Acupuncture and Moxibustion*) in 1601—acupuncture in China lost its prominent status among elite physicians and became a low-class therapy. It reached its lowest ebb in 1822, when the imperial authority decided to close the department of acupuncture at the Imperial College.<sup>79</sup>

The persistence of local traditions and the absence of an official organ responsible for standardizing medical knowledge and establishing authoritative texts, such as the Bureau for Emending Medical Texts in Song China, account for why Hua Shou's *Shisijing fahui* never achieved a prominent position in Japan and why Japanese acupuncturists continuously tried to adapt the circulation channels theory to their own theoretical framework.

Ironically, the Chinese only rediscovered Hua Shou's manual during the twentieth century thanks to the popularity it reached in Japan. During a visit to Tokyo in the 1930s, the Chinese physician Cheng Dan'an 承淡安 (1899–1957) noticed that the *Shisijing fahui* was used as a textbook in Japanese acupuncture schools. He decided to buy a Japanese edition, which he subsequently used to publish, in 1936, the first modern Chinese edition of this text.<sup>80</sup> This reprint of the *Shisijing fahui* and Makoto Mayanagi's essay in this volume on Yang Shoujing 楊守敬 (1839–1915), who also reprinted in China rare medical books that he had collected from the Kojima 小島 family during his stay in Japan in the 1880s, are two instructive examples illustrating the rather complex circulation of Chinese medical texts in East Asia.

78 Ishizaka (ca. 1815–1825) 1990, 446.

79 Peking chūigakuin hen 1964, 169; Lu and Needham 2002, 60.

80 His edition of the *Shisijing fahui* was a reprint of Tatsui Fumikata's 辰井文隆 1929 edition of Hatta Taikyō's 八田泰興 edition of the *Shisijing fahui*, first published in 1829. See Mayanagi 2006.



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