

## Nanayama Jundō at Work: A Village Doctor and Medical Knowledge in Nineteenth Century Japan

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### Introduction

In 1811, a curious work with the title *Shizunoiwaya kōhon* 志都能岩屋講本 (*Shizunoiwaya* lectures) was published in Edo. It recorded a series of lectures on the topic of "the importance of the way of medicine" given the year before by Hirata Atsutane 平田篤胤 (1776-1843). Hirata was by this time already well known for his nativist scholarship, but like many intellectuals of his day, he was also a practicing physician. In the *Shizunoiwaya* lectures "the way of medicine" was framed in distinctly nativist terms: Hirata sought to detach medical discourse from the frame of "Chinese knowledge" by establishing its Japanese origin through the figure of the deity Sukunabikona-kami 少彥名神. This nativist exercise aside, Hirata also cast a sharp eye upon his fellow medical practitioners in Edo. In the tenements of the city, he claimed, doctors were as numerous as dog excrement on the streets, and although "this profession has the important task of preserving life", it had become the province of the dissipated sons of samurai,

Susan L. Burns: *Nanayama Jundō at Work*

63

lazy farmers, unsuccessful merchants, and clumsy artisans. In Hirata's estimation, those lacking other marketable skills often concluded, "I may as well become a doctor."<sup>1</sup>

Hirata's concern for the state of the medical profession was not his alone. Some twenty years before Taki Motonori 多紀元徳 (1732-1801), a physician official of the Bakufu, had written *Ika shokun* 医家初訓 (First lessons for doctors, published 1833). Taki cited multiple examples of bad practice to argue that the commercialism and shallow learning of his fellow doctors were endangering the lives of their patients.<sup>2</sup> The emergence of this new discourse that linked ethical concerns to issues of knowledge and skill is evidence of the rapid expansion of competing forms of medicine practice after 1750. Until the early decades of the eighteenth century, doctors were still an urban phenomenon whose services were available to a limited clientele. In recognition of this, in 1725 in a demonstration of official benevolence, the eighth shōgun Yoshimune 吉宗 had ordered the compilation and distribution of a book of simple medicine 'recipes' for many common ailments that could be prepared by ordinary people using locally available ingredients.<sup>3</sup>

In the past decade, research on the social history of medicine has revealed how quickly and dramatically that situation changed, so that by the early nineteenth century doctors had become a feature of social life not only in the cities but also in villages and towns around Japan. In the wake of Tsukamoto Manabu's groundbreaking work on Matsumoto 松本藩 domain, Nakamura Fumi 中村文 has examined the situation in villages in Shinanō; Osada Naoko, the area of northern Tama to the west of modern Tokyo; Hosono Kentarō 細野健太郎, the Chichibu region 秩父地方 in what is now Saitama Prefecture 埼玉県; and Umihara Ryō 海原亮, various sites in central and western Japan including the town of Itami 伊丹 outside of Osaka 大阪, Mikawa 三河, Hikone 彦根, and parts of what is now Fukui prefecture 福井県.<sup>4</sup> Taken together, this body of research suggests that although individuals named as 'doctors' rarely appeared in local records of the seventeenth century, references to them begin to appear in the diaries of village elites and other local records in the early eighteenth century. After 1750, the number of doctors practicing at the village level increased exponentially, and this was accompanied as well by the new appearance of specialists in fields such as obstetrics, eye diseases, and childhood ailments. In fact, the number of doctors practicing in some areas is startling. Culling the diaries of village officials who lived near what is now the Tokyo suburb of Hachijōji 八王子, Osada Naoko has concluded that in the period between c. 1830 and c. 1850,

<sup>1</sup> Hirata (1977), p. 44.

<sup>2</sup> Taki (1792).

<sup>3</sup> "Fukyū ruihō" 普救類方 (1991).

<sup>4</sup> Tsukamoto (1982), Nakamura (1992), Osada (2004, 2007), Hosono (2007), Umihara (2007).

at least sixty individuals identified as 'doctors' practiced for some period in this area.<sup>5</sup>

At the same time however, the research of these scholars cautions against the easy recourse to terms such as 'medicalization' and 'professionalization' to characterize the effect of diffusion of medicine to the localities. Tsukamoto has argued that it was not until the second half of the eighteenth century that a distinction began to be made between the specifically 'medical' treatments offered by doctors and the magico-religious treatments offered by local temples and shrines and itinerant peddlers, many in priestly garb, in the form of amulets, charms, and ritual practice.<sup>6</sup> Hosono's work confirms this conclusion. He examined the diary kept by Saitō Kakuemon 斎藤覚右衛門, a wealthy farmer and village headman in Chichibu and tracked how the family responded to cases of illness among its members. According to Hosono, in the period between 1768 and 1799, the family turned more frequently to magico-religious practitioners than to those identified as doctors. What makes the family's continued reliance on such treatments so interesting is that that in 1795 Kakuemon's third son began to train as a doctor and Kakuemon himself appears to have been deeply concerned about the quality of his training.<sup>7</sup> Finally, Miyamoto Yoshimi 宮本義巳 reminds us that the expansion of the medical profession in the eighteenth century did not occur in isolation. As doctors began to appear in areas beyond Edo, Osaka, and Kyoto, so too did an assortment of patent drug peddlers, practitioners of massage, and itinerant religious figures.<sup>8</sup> As a result, villagers and townspeople confronted a no-doubt perplexing array of explanatory paradigms of illness, even as they benefited from the opportunity to choose among multiple treatment options.

By discerning the number and origin of practitioners at work in specific localities and exploring how families, albeit those of the rural elite, made use of their services, social historians have done much to illuminate the complicated landscape of medical practice in early modern Japan. What remains relatively unexplored, however, is the nature of local medicine as theory and practice, its language, categories, and analytical strategies. The exploration of how village doctors 'knew' and 'did' medicine would potentially shed light on a number of important questions. What was the relationship, for example, of village doctors to the medical theories and methods of the well-known physician-intellectuals of the day? How did doctors negotiate the multiple explanations of the body, illness, and health that circulated in this era? Did the issue of medical ethics and profes-

5 See Osada (2007), pp. 321-322.

6 Tsukamoto (2001), pp. 150-152.

7 Hosono (2007), pp. 37-40. In the family account books, payments for medicines and payments for amulets and charms are similarly denoted as "for the care of the patient" (病人用).

8 Miyamoto (2006) discusses the Toyama-based trade in medicine and the ritual practices offered by so-called *Yamabushi*, adherents of the syncretic Buddhist sect known as Shugendō. See pp. 126-143.

sional standards articulated by Taki and Hirata function outside of elite medical circles?

This paper seeks to explore these questions, albeit in a preliminary way, by examining the work of Nanayama Jundō 七山順道 (1818-1868), a doctor who practiced in the area around the castle town of Yuzawa in Dewa Province 湯沢出羽の国 (now Akita Prefecture 秋田県) from the mid-1820s until his death in the 1860s. Nanayama is an obscure figure who, to this point, seems to have passed unnoticed by historians. Apparently a native of Dewa, Nanayama spent some time in the late 1810s in Kyoto where he studied medicine with Takenaka Bunsuke 竹中文輔 (1766-1836), a well-known physician.<sup>9</sup> Writing in 1868, apparently not long after Nanayama's death, his son Nanayama Mitsunori 七山光徳 offers a compelling description of his father: Jundō was a man who "loved to read books and had no interest in popular past-times. When he had free time from his healing duties, he wore his glasses day and night and walked about hunting for books." The result of his father's scholarly interests was the accumulation of a pile of books and notes that Mitsunori described as having a eight equal to his own.<sup>10</sup> Some portion of this collection has survived, including more than sixty volumes of printed and copied books and two volumes of his case histories.<sup>11</sup> This remarkable collection of materials offers the possibility of moving beyond the quantitative analysis that has ordered so much work on medicine in the Tokugawa period to catch a glimpse of the intellectual and social world of a local doctor.

### Intellectual Networks and Nanayama's Library

A glance at the map of early modern Japan might seem to suggest that Nanayama's home in a village in northern Dewa was on the cultural periphery of Tokugawa Japan. Certainly mention of Akita today brings to mind images of depopulated villages and rural poverty. But in the early nineteenth century, this

9 Nanayama makes mention of his training with Takenaka in the preface to *Shōkannon ige 傷寒論意解* (Commentaries on *On Cold Damage*) (undated manuscript in the collection of the National Library of Medicine, Bethesda, Maryland). Also known as Takenaka Bisai and Takenaka Bunkyo, Bunsuke was a native of Kii who studied medicine under the Kyoto physician Wada Tokaku. References to Takenaka appear in both the Bunsui 5 and Bunka 10 editions of the *Heian jinhutsu shi 平安人物志*, a "who's who" of Kyoto intellectuals. Bunsuke used the 'house name' or *yago* 屋号 Nambōdō 南峰堂, and Nanayama's own *yago* 南山堂 clearly signifies this intellectual lineage.

10 Nanayama Mitsunori, preface to *Nanzandō chiken*, manuscript in the collection of the National Library of Medicine.

11 Nanayama's library is housed at the National Library of Medicine. According to the curator, these materials were acquired from book dealer Charles Tuttle in the 1950s as part of a larger collection of Japanese medical texts.

area was far from the backwaters. Yuzawa was a bustling and prosperous castle town under the control of the southern branch of the Satake 佐竹 family that served as daimyo of Akita (or Kubota) domain throughout the Tokugawa period. Although distant from the intellectual and commercial centers of Edo, Kyoto, and Osaka, the town was a post station that stood at the crossroads of several important highways, including the Ushū Highway 羽州街道 that, via the Oshū Highway 奥州街道, connected the northern provinces and Edo, and the Oyasu Highway 小安街道, which stretched to the important castle town of Sendai. It also stood within twenty kilometers of the Innai silver mine 院内銀山. The mine, which was under the administrative control of the Satake lords and an important source of their wealth, was initially developed in the early seventeenth century, but around 1800 a new and rich vein of ore was discovered. In the 1830s, as production reached its peak, the population of the mining town grew rapidly, reaching an estimated 15,000. In 1836, domainal authorities appointed Kadoya Yōan 門屋養安 (1792-1882) to serve as the official doctor of the mine, a new post that seems to have reflected domainal concern about the declining health of the mine's work force. Not only was the densely populated mining town subject to frequent epidemics, its residents also suffered as well from an occupational hazard, lung ailments that resulted from breathing the dank and mineral laden air of the mines.

Kadoya's position at the mine is important for our purposes because he was a diligent diarist for the entirety of his tenure at the mine, thirty-five years in all.<sup>12</sup> His diary, which paints a vivid picture of daily life in the mining town, reveals that doctors were by no means rare in northern Dewa. The names of more than eighty physicians appear in the diary, including not only domainal doctors and those associated with the domainal medical academy, but also many ordinary (that is, non-official) doctors, who resided in nearby Yuzawa 湯沢, as well as in Kubota 久保田, Shinjō 新庄, and other towns in the region.<sup>13</sup> These doctors formed an intellectual network, allowing for the circulation of information about all matters medical. Kadoya, for example, exchanged letters and visits with other doctors in the region, invited them to consult on difficult cases, and makes frequent mention of what he terms *danyaku* 談薬, discussions of *matéria medica* and the pharmacological compounds that were central to Sino-Japanese medicine. His diary also reveals that Yuzawa was home to at least one merchant in the medicine trade, who apparently acquired his goods from the *matéria medica* wholesalers based in Osaka. This merchant also on occasion provided Kadoya—and presumably others—with medical texts that he probably acquired from booksellers in Osaka.

<sup>12</sup> Chadani and Matsunoka (1997). In addition to his medical duties, Kadoya also managed the official "inn" of the town and was involved in mine management. For Kadoya's background and his role at the mine, pp. 523-527.

<sup>13</sup> The discussion that follows is based upon Chadani (2001), esp. pp. 400-420.

Nanayama does not appear in Kadoya's diary but his collection of books suggests that he too was a part of the medical network of northern Dewa. Of the sixty-two extant texts once owned by Nanayama, only eleven are woodblock print books. The others are manuscript copies of print materials, with Nanayama cited as the transcriber on thirteen of these. This suggests that Nanayama was able to borrow books that were in circulation in the region on a fairly regular basis and either commissioned copies or copied the works himself.

The books Nanayama acquired through his network are an eclectic mix of materials. There are works on acupuncture, Buddhist medicine, botanical studies, and pulse diagnosis, but the bulk of his collection was on the medical theory and pharmacology of the so-called *Koihō* 古医方 or 'ancient medicine school' that predominated in the late Tokugawa period, displacing the *Gōseisha* 後世派 or 'later-day school'. The medical theories of the *Gōseisha* were based upon Neo-Confucian metaphysics, which *Koihō* advocates reacted against by calling for empirically-based practices.<sup>14</sup> The central text for *Koihō* practitioners was the late Han work *Shang han lun* 傷寒論 (On Cold Damage, J. Shokamron, 220 AD) that is attributed to Zhang Zhongjing 張仲景. It is not much of an exaggeration to say that every well-known physician associated with the ancient medicine movement produced a commentary on this work, beginning with Nagoya Gen'i's 名古屋玄医 (1628-1696) publication in 1663 of *Kei sokai shishō* 経洵洞集抄 (On Tracing the Origin of the Medical Classics), a study of the Ming physician Wang Lu's discussion of "cold damage" disorders.

Interest in the *Shang han lun* reached a peak in the period between c. 1780 and 1850 when dozens of commentaries of both Chinese and Japanese authorship circulated in print or manuscript form—including one by Hirata Aсутane.<sup>15</sup> It is clear that Nanayama, like his contemporaries, was deeply interested in this foundational work. Not only did he come to possess two different editions and three commentaries on *Shang han lun*, he also compiled his own notes on the text into three volumes, a commentary on the *Shang han lun* itself, and two volumes on some of Zhang's formulae for medicines that evaluated their efficacy.<sup>16</sup> Nanayama also owned many works authored by ancient medicine physicians,

<sup>14</sup> For a discussion of the 'schools' of medicine that were active in this period, see Nakamura (2005), pp. 10-13, and Ozaki (1979).

<sup>15</sup> According to Mayanagi Makoto and Tomobe Kazuhiro's catalogue of imported Chinese medical materials in Tokugawa Japan, at least 68 books on the topic of 'cold damage' entered Japan before 1850. See Mayanagi and Tomobe (1992), pp. 151-183. Based upon my survey of Kosoto (1999), it appears that at least 120 commentaries on the *Shang han lun* were compiled during the Tokugawa period, making it arguably the single most studied medical treatise in this era.

<sup>16</sup> These collections of notes are *Shōkamon ie* (see note 9), *Keihō ie* 経方意解 (Commentary on the Prescriptions from Shang han lun)(manuscript, 1834), and *Kohō Kikatsu* 古方機活 (Study on the Ancient Prescriptions) (manuscript, 1835). National Library of Medicine collection, Bethesda, Maryland.

including Nagoya Gen'i, Murai Kinzan 村井琴山 (1733-1815), Nakagawa Shantei 中川修亭 (1773-1850) and Yamawaki Tomon 山脇東門 (1736-1782).

In addition to works on medical theory, Nanayama also owned a substantial number of books that dealt with the treatment of specific diseases that he no doubt encountered in his practice. Books on smallpox predominate, but he also had multiple volumes on eye diseases, syphilis, and beriberi. Surgery appears to have been another area of interest. Nanayama owned six works authored by Hanaka Seishū 華岡青洲 (1760-1835), who became famous after his successful use of general anesthesia to perform breast cancer surgery in 1804. These included a copy of Hanaka's pioneering work on the surgical removal of breast cancers, as well as works on surgical techniques, the treatment of wounds, and the preparation of anesthetic compounds. Like Hanaka, an ancient medicine physician with a profound interest in the European medicine, Nanayama too appears to have developed an interest in the European texts that were circulating in growing numbers around Japan. He acquired at least nine volumes on European medicine, including a translation of Theodor Georg Roose's (1771-1803) *Handboek der natuurkunde van den mensch* (Handbook of Human Physiology) by Ogata Kōan 緒方洪庵 (1810-1863), a translation of Joseph Plenck's (1738-1807) *Doctrina de morbis sexus femineae* (Theories of Female Diseases) by Funabiki Osamu 船尾修徳夫 (fl. 1837-1849), and Satō Taizen's 佐藤泰然 (1804-1872) translation of an ophthalmology text by Georg Friedrich Most (1794-1895). His library also included several Japanese-authored works on European pharmacology, including *Ensei nijūshihō* 遠西二十四方 (Twenty-four Prescriptions from the Distant West), *Ranyo yakkaiki* 蘭療藥解 (An Explanation of the Medicines Used in Dutch Medicine), and *Ranyōhō: Orandakoku Annidenu hōhō* 蘭方: 和蘭國安米的爾法 (Dutch Treatment Methods: Theories of Annidenu of Holland).

Nanayama's library thus offers a glimpse into his intellectual world, revealing his engagement with the multiple forms of medical knowledge that were circulating around Japan in his day. This passion for book-collecting was not his alone. In fact, local doctors in various parts of the country were engaged in similar activities. Tachibanagawa Toshiada has examined the books owned by the Tomizuka family 富塚家, wealthy farmers who lived in Oamshirasato-machi 大網白里町 in which is now Chiba Prefecture 千葉県.<sup>17</sup> Of the 177 Tokugawa period books found in the family's storehouse, seventy-six are on medical topics, and Tachibanagawa has concluded that these were collected by the eighth generation family head, Tomizuka Seisai 富塚惺齋, who worked as a doctor in the 1820s, 30s, and 40s. Similarly, according to Hosono Kentarō, the doctors of the

Komuro family 小室家 in Chichibu owned a sizeable collection of books, fifty-one titles of which have survived.<sup>18</sup> Like Nanayama's library, these collections too are eclectic. The Komuro family owned quite a few works by Gōseina theorists, in addition to an even greater number on ancient medicine. Tomizuka Seisai too assembled a wide variety of medical texts, from works on ancient medicine theory (including several commentaries on the *Shang han lun*), to botanical studies, to translations of works by European physicians, among them Most, Siebold, Christoph Wilhelm Hufeland, and J. A. van de Water. Like Nanayama, both doctors also owned therapeutic works on common diseases, such as smallpox, measles, and eye disorders.

The book collecting activities of Nanayama, Tomizuka, and the Komuro family began at about the same time in the 1820s and 30s and thus within a decade or two of the formation of the new discourse articulated by Toki, Hirata, and others that called on doctors to act ethically by using knowledge and skill to care for their patients. Yokota Fuyuhiko has provided a means to understand the congruence of these events, arguing that beginning in the eighteenth century, medicine became important for the formation of what he calls 'the reading class', that is, a new social stratum that did not require either samurai status or the acquisition of official office. According to Yokota, doctors increasingly positioned themselves as intellectuals and sought to gain prestige through the mastery of a body of socially significant knowledge.<sup>19</sup> If Yokota is right then surely book collecting alone was not sufficient to establish one's authority and expertise as a doctor. In other words, medical knowledge was something that had to be demonstrated and proven by practice, by curing or at least alleviating the suffering of one's patients. What kind of doctor was Nanayama Jundō? How did he understand illness, and what kinds of treatment did he supply? What relationship can we discern between what he read and the nature of his practice?

### Case Histories and Medicine as Practice

As the means to explore these questions, I want to look next at Nanayama's two volumes of case histories, which were given the title *Nanzandō chiken* 南山堂治驗 (Treatment Results at Nanzandō) either by Nanayama Jundō himself or by his son, Mitsunori, who transcribed the 1868 copy of the text. Organized by year and written entirely in *kambun* 漢文 without punctuation or diacritical markers, the two volumes record in narrative form Nanayama's treatment of more than two hundred patients during the period between 1824 and 1833. Those he treated resided in more than forty different villages scattered around Dewa, from the vicinity of the modern city of Yokote 横手 in Akita southward to what is now

<sup>17</sup> Tachibanagawa (1991), pp. 85-88. Yokota (1998), pp. 1-28. Yokota analyzed the

library of the Sasayama family who served as domanial physicians to the Ikeda, lords of Okayama domain. Given the official position of the Sasayama and the early date of the inventory, this case seems less comparable to Nanayama's collection.

<sup>18</sup> Hosono (2000), pp. 3-21.

<sup>19</sup> Yokota (1998), pp. 18-19.

Shinjō in Yamagata, with the greatest number found in a cluster of the villages that were located just west of Yuzawa, among them Mitsunashi 三梨, Tōfukujī 東福寺, Hachimēn 八面, Ōdate 大館, Masuda 増田, and Kumano-fuchi 熊淵. This group of villages was presumably close to Nanayama's home village, but how and why he came to treat those in more distant villages is unclear. In many cases it appears that he was called in only after one or more other physicians had failed to achieve a cure, when perhaps families of the patient had grown desperate enough to look farther afield. Although his patients suffered from a wide variety of complaints, including fevers, headaches, stomach-aches, and in one instance, an ultimately fatal toothache, Nanayama seems to have treated an especially large number of obstetrical cases. Cases related to childbirth, in fact, account for more twenty-five percent of the case histories recorded in *Nanzandō chiken*. Nanayama may well have had specialized training in obstetrics, which at the time was emerging as a new medical field. In at least three of his recorded cases of difficult childbirth, he made use of the so-called 'life restoring technique' (*kaiseijutsu* 回生術) pioneered by the Kyoto-based Kagawa 賀川 School of obstetrics, a skill that most likely would have required training at the hands of a Kagawa disciple.<sup>20</sup> He also refers explicitly to the teachings of "Master Gen" in relation to a difficult delivery, an obvious reference to Kagawa Gen'etsu 賀川玄悦, the founder of the Kagawa School.<sup>21</sup>

How can we make sense of Nanayama's motives in compiling these case histories? This was, to be sure, one of the most popular genres of medical writing in this period, so popular in fact that a modern print edition of Tokugawa era physician case reports consists of thirteen hefty volumes—and it is by no means comprehensive.<sup>22</sup> However, village doctors appear not to have routinely kept such records, with the result that social historians have had to rely almost entirely upon physicians' journals to explore the nature of local medicine. In journals, however, information about patients often takes the form of occasional, terse, and often elliptical comments scattered among observations about family and community events, financial matters, leisure activities, and the like.<sup>23</sup> Notable exceptions are the notebooks analyzed by Fujisawa Junko and Sawayama Miyako. These two volumes (dated 1817 and 1843) were compiled by physicians of the Niki family 仁木家 who lived and practiced in the town of Mimasaka 美作 in what is now Okayama prefecture 岡山県.<sup>24</sup> However, as Sawayama points out, these records

<sup>20</sup> The 'life saving technique' involved crushing the skull or dismembering the fetus in the case of an obstructed or breech birth in order to save the life of the mother. On the Kagawa School, see Burns (2002), pp. 178-219.

<sup>21</sup> This reference appears in case 74 of in *Nanzandō chiken*, vol. 2.

<sup>22</sup> The collection in question is Yasui (1986).

<sup>23</sup> For the creative use of such records, see Hosono (2000), Chadani (2001), and in this volume Andrew Edmund Goble's analysis of the diaries of Yamashina Tokitsune.

<sup>24</sup> Fujisawa (1992). Sawayama (2005).

are not case notes in the usual sense. Rather they were essentially account books that recorded the patient's name, ailment, the medicine supplied, its amount, and its cost.<sup>25</sup>

Nanayama, in contrast, did keep case notes, and these demonstrate his knowledge of the case history form as deployed by elite doctors in their published volumes. Indeed, the title, with its somewhat grandiose use of the *yagō* 屋号 ('house name') 'Nanzandō' self-consciously evokes the case report collections of well-known physicians, among them Nakagami Kinkei's 中神琴溪 *Seiseidō chiken* 生々堂治驗 (Treatment Results of the Seiseidō, published 1804) and Katakura Kakuryō's 片倉鶴陵 *Seikendō chiken* 静俊堂治驗 (Treatment Results of the Seikendō, published 1823). Hanaoka Seishū, whose work apparently interested Nanayama, also composed several volumes of case notes on the techniques he pioneered, including *Seishū chikenroku* 青洲治驗錄 (Seishū's Record of Treatment Results), which although never published, circulated widely in manuscript form.<sup>26</sup> Written to establish the authority of a particular school or to publicize a physician's skill and enhance his reputation, these are essentially collections of 'success stories' in which the patients recover due to the intervention of the able and knowledgeable physician-author. Even when a patient died, this narrative arc was maintained, and deaths were used to demonstrate the physician's astuteness in recognizing a fatal case or to expose the failure of the rival physicians to whom ignorant patients had turned.<sup>27</sup>

In his preface to his father's notes, Mitsunori himself alludes to the intent behind the compilation of the *Nanzandō chiken*, writing that "when a physician treats illness it is just like a soldier in battle. The success or failure of a diagnosis and the amount of medicine prescribed will safeguard or harm the patient". It was from this perspective, he tells us, that his father set out to explore the *Shang han lun* in his practice, to record what occurred before and after his treatments, and the changes in symptoms that resulted from medication. Mitsunori's preface thus alerts us to the interconnectedness of this work and the other volumes of notes that Nanayama produced, his commentary on the *Shang han lun* itself and his critical notes on the pharmacotherapeutics advocated by the text, all of which were apparently written in the 1830s. The result was, as we shall see, that *Nanzandō chiken* did not record only success stories. Patients in fact died with disconcerting frequency, and Nanayama records carefully in straightforward but vivid terms the process of their painful deaths.

Before we can consider the significance of this engagement with the *Shang han lun*, we need to look at the cases histories themselves, for what they can tell

<sup>25</sup> Sawayama (2005), p. 296.

<sup>26</sup> All three works can be found in the Yasui (1986) in volumes 7, 9, and 10, respectively. On the circulation of Hanaoka's case notes, see Kosoto (1999), p. 255.

<sup>27</sup> My understanding of the conventions of early modern medical case records owes much to my reading of Zeitlin (2007).

us about Nanayama's practice of medicine. Let us begin with the accounts of three of Nanayama's cases:

## Case 1

Bunsei 7 [1824]. Sixth Month. Sakaiya Shigekichi. 25 years old. He suddenly shivered with extreme cold and then developed a fever. Chills. The tongue was covered with a thick white fur that was like a layer of powder. Pulse was rapid and tight. All in all, it resembled *okori* 瘧 (malaria). When he developed a fever, I prescribed Pueraria Decoction (*kakkontō* 葛根湯) and Bupleurum and Cinnamon Twig Decoction (*saikētō* 柴桂湯), but there was no effect at all. That evening he vomited violently but he was unable to take water by mouth. His stomach was stretched tight like a drum, and he was constipated. His skin was cold, and his hands and feet were extremely cold. His pain was extreme. If I used my finger to press his flesh, [that place] would turn white but he had no sensation. He was still alive the next morning but died by evening.<sup>28</sup>

## Case 8

Bunse 7 [1824]. Winter. Twelfth month. Tōfukuji village. Kikumatsu 菊松. He suffered from cold damage. He had headache, fever, and chill. His tongue was covered with white fur. His pulse was floating and rapid. I gave him Pueraria Decoction, and he began to perspire. For two or three days there were many instances of chills and slight fever. His mouth and tongue were dry, and his tongue was red with white spots. If he drank water, he would have four or five instances of diarrhea. He took Bupleurum White Tiger Decoction (*saikōbyak-kōtō* 柴胡白虎湯) for more than ten days. Beneath his heart, it was hard, but when I pressed his belly slightly, the pain was relieved. His pulse was sunken and rapid. I gave him Bupleurum Decoction (*saikōtō* 柴胡湯) and then after that Minor Bupleurum Decoction (*shōsaikōtō* 小柴胡湯). Then the top of his tongue became red and dry with a crack down the middle that resembled the character *てい* 丁. After he took Bupleurum Purifying Decoction (*saikōseisētō* 柴胡清燥湯), he recovered completely.

## Case 23

Bunsei 8 [1825]. Sendō village 仙道村. The wife of Kinzō. More than 20 years old. After giving birth, she hemorrhaged and became faint. Her face swelled like a melon and her gums swelled up and looked like eggplants. They were purplish-black in color. Sometimes, she still bled. The previous doctor

gave her Bupleurum and Cinnamon Twig Decoction but her symptoms worsened dramatically. She began to discharge white pus and the area around her genitals was purplish black. The smell of rotting flesh was so terrible no one wanted to approach her. That smell was the poison in her organs. Although I gave her a Four Substance Purging Decoction (*shimotsugedokurō* 四物解毒湯), in the end her stomach filled with gas. Her family was very surprised and changed doctors, but to no effect. Within thirty days she was dead.

Here we see the basic form of Nanayama's case histories. Each generally begins with a statement of the date he first treated the patient and the name of the patient's village, his name (or in the case of women and children, their relation with the household head) and age. This basic information is then followed by a description of the presenting complaint and Nanayama's diagnosis. The latter, however, only occasionally took the form of a reference to a specific 'disease' in the limited sense of the word: that is, as a singular entity with specific symptoms that required a particular treatment. One example is his conclusion in case 1 that his patient, Shigekichi, suffered from *okori*, a disease characterized by alternating periods of chills and fevers that has been identified as malaria. Here, though, his use of the term 'resembled' suggests some hesitancy about this conclusion, perhaps a reflection on the unhappy outcome of this case. We also find mention of specific diseases in case 5: Nanayama treated a fifteen-year old girl who fourteen or fifteen days after recovering from measles (*mashin* 麻疹) became ill again with what Nanayama described as *rekisetsujū* 歷節風, a disease marked by swelling and pain in the joints that has been identified as gout.

But such references are by no means typical. More often, Nanayama's case records consist primarily of the thick description of symptoms and a listing of the compounds used to alleviate them. Fever, chills, perspiration, frequency of urination and instances of diarrhea and vomiting, the appearance of the tongue and complexion—information he observed or acquired from the patient or his family—were all carefully noted, as was information his physical examination elicited, such as the characteristics of the pulses or the reaction of the body to his touch. As we can see from case 23, in describing symptoms, Nanayama drew upon a vocabulary that was at times specialized, at times quite colloquial: fruits and vegetables, for example, were consistently deployed analogically to describe the size and colors of swellings, wounds, eruptions, and the like. On several occasions, Nanayama also made use of simple line drawings to record his observations.

As this suggests, Nanayama appears to have understood illness primarily as a constellation of symptoms. His engagement with the issues of etiology and pathology is signified only by terse but frequent references to 'cold damage,' a term that within the *Shang han lun* is used broadly to refer to all diseases of exogenous origin and more narrowly to the diseases that resulted from exposure to

<sup>28</sup> Nanayama Jundō, *Nanzandō chiken*, vol. 1. The manuscript has no page numbers.

The case numbers are my own, applied consecutively from the beginning of the work.

wind and cold. Nanayama used 'cold damage' most often in the narrow sense, but there is no evidence in the case histories of concern for the theoretical apparatus of the *Shang han lun*, which later scholars have conceptualized as the 'six-channel' and 'eight-principle' systems of pattern identification and the notions of 'passage' and 'transmutation'.<sup>29</sup> Rather than as a body of theory, Nanayama mined the *Shang han lun* for its pharmacology. Thus, as we can see above, in each of his case histories he carefully documented his choice of medicines and the response of the patient's symptoms to their administration. In case 1 for example, he prescribed two formulae, both of which according to the *Shang han lun*, were supposed to promote sweating as the means to counter the chills, fever, and rapid pulse that resulted from exposure to wind-cold. However, instead of the expected response, the condition of the patient worsened until he died.

It is unclear how Nanayama interpreted failures such as this one: did he regard this death as the result of his inability to properly identify and understand the patient's symptoms, or did he conclude that the formulae themselves were flawed? There is little explicit self-reflection within the case histories, but it is clear that Nanayama did not limit himself to the pharmaceutical repertoire contained within the *Shang han lun*. In case 23 for example, he began to treat the female patient only after another doctor had already administered the canonical compound Bupleurum and Cinnamon Twig Decoction, a formula upon which Nanayama himself often relied. In this case, however, he prescribed what seems to have been a compound drug that combined the Four Substance Decoction with another substance intended to promote vomiting as the means of expelling 'poison' within the body. The Four Substance Decoction was a formula from the twelfth century *Taiping huimin heji jufang* 太平惠民和劑局方 (Pharmacopoeia of the Taiping Welfare Dispensary Bureau that was used to treat an array of illnesses related to menstruation and childbirth).<sup>30</sup> Nanayama's frequent use of formulae that were not part of the traditional canon confirms his son's description of the motive behind the compilation of the case histories—that Nanayama was, in essence, experimenting with the canon of formulae with the aim of testing their efficacy and producing better treatments.

Further evidence of Nanayama's experimental stance comes in case 81, from 1826. The patient in question was a forty-year old woman suffering from rectal prolapse (*dakko* 脱肛) who had been treated unsuccessfully by at least one other doctor before Nanayama. Perhaps because the usual formulae had had no effect, Nanayama employed a series of medicinal compounds that were not part of the ancient medicine pharmacological canon and indeed may have been of his devising. For example, he added Schisandra (*gomishi* 五味子) and Peony Root (*shakuyaku* 芍藥) to the compound known as *Hochūkekkiō* 補中益氣湯 (Center-

Supplementing Qi-Boosting Decoction) a formula found in the thirteenth century work *Nei wai Shang bian huo lun* 內外傷弁惑論 (Treatise on Differentiating between Internal and External Damage) that was used to treat digestive complaints. The result of this innovative approach was not promising: Nanayama noted the appearance of what he called 'rotting flesh' (*fūniku* 腐肉) and a foul odor. He then tried another formula, again apparently of his own invention, together with an externally applied 'wash'. The latter included a substance Nanayama named as *armemensui* アルメンスイ, written in the *katataka* syllabary that was used then, as now, for phonetically recording terms of foreign origin. *Armensui* seems to refer to a solution containing alum, a substance that in Europe had medicinal uses as an astringent. This time he had greater success. The woman's condition began to improve until she fully recovered, Nanayama noted with apparent pride, only twenty-some days after he first examined her.

Nanayama's use of *armemensui* in this case is only one instance of his attempt to make use of *materia medica* of European origin. The *Nanzandō chicken* is シンゾレイカス, *fusetsu* フセツ, and *sofuran* ソフラン that were not part of traditional Sino-Japanese pharmacology.<sup>31</sup> In almost every instance his approach was to integrate these substances into existing treatment regimes, as additions to standard formulae for example, or in the form of poultices and washes applied externally.

This is not the only evidence of Nanayama's encounter with so-called 'Dutch Learning'. He also deployed a new vocabulary that derived from Western anatomical studies—terms such as 'nerves', 'the brain', and 'the spinal cord'. A case in point is Nanayama's discussion of a twenty-year old pregnant woman who miscarried late in her pregnancy.<sup>32</sup> Following the delivery of the stillborn child, her condition continued to decline, even as Nanayama tried various forms of treatment over the course of several months. His description of her condition during this period employs a mixture of terms and concepts drawn from both Western anatomical studies and Sino-Japanese medicine. According to Nanayama, his patient initially experienced 'fire *ki*' 火氣 in her chest, but this 'fire *ki*' sometimes rose to her neck and nape, sometimes descended downwards towards her navel and moved into her back in the area of the acupuncture point known as *hakkō ana* 八膠穴, causing pain and a sensation of heat. From the

<sup>29</sup> For an analysis of the physiology of the *Shang han lun*, see Epler (1988), pp. 8-35, and Mitchell et al. (1999), introduction.

<sup>30</sup> In identifying this and other formulae, I have relied primarily on Namba (2002).

<sup>31</sup> Of these, I have only been able to identify *sofuran* (saffron). Yamawaki Teijirō notes that the medicinal properties of saffron began to be discussed by Dutch Learning scholars after Dutch merchants in 1761 presented the Shogun with a pound of the substance. It was only after 1800, however, that a trade in saffron gradually took form, making it available to common consumers. Taken internally, saffron was believed to promote perspiration and the expulsion of 'poisons' within the body, particularly those that in diseases such as smallpox and measles were manifested as rashes or eruptions on the skin. See Yamawaki (1995), p. 147.

<sup>32</sup> Nanayama, *Nanzandō chicken*, case 54.

*hakkō ana*, it also moved upward along her spinal cord until it reached her brain and then moved downward again to the acupuncture point known as *sokushin* 足心 at the bottom of the foot. As this suggests, Nanayama seems to have had a rudimentary understanding of the nervous system but he did not conceptualize it as something distinct from the channels through which *Ki* moved, nor as something that negated the understanding of the physiology found within Chinese medical theory. Rather, the 'brain' was treated as something not unlike *hakkō ana* and *sokushin*, as a site on the body with significance for the flow of *ki*.

If anatomical knowledge in this case ultimately had little impact upon Nanayama's understanding of this patient's condition, it had greater significance for his obstetrical practice. No doubt because he was confronted often by complications of pregnancy, Nanayama was deeply interested in the mechanics of childbirth. Evidence of this concern comes in the form of simple line drawings, which appear exclusively in his notes on obstetrical cases. One such sketch appears in case 27 in volume 2 and was presumably copied by Mitsuori from his father's original notes. The patient was a twenty-nine year old pregnant woman who apparently suffered from placenta previa. Within the womb, according to Nanayama, the fetus had rested on the placenta as if sitting upon a lotus blossom, and his illustration shows the placenta at the entrance of the cervix. Nanayama offered this description of the stillborn fetus: "The child was about five *sun* 寸 (1 *sun* = 3.03 cm.) long and its hands and feet were slender like chopsticks. The circumference of its head was about six *sun*. Its head was large, but its body was extremely small. The nine orifices were still undeveloped." This careful attention to the development of the miscarried or stillborn fetuses appears in several of Nanayama's case notes, as does his consideration of fetal age, which he calculated by counting from the mother's last known menstrual cycle. In this case however, the appearance of fetus—particularly, its resemblance to the putative father—prompted Nanayama to consider the process of gestation, an unusual bit of explicit theorizing on his part. He wrote, "according to a Dutch theory, it is said that the child develops from the father's sperm and the mother's egg in a nest, but I do not believe this." Nanayama countered with his own theory, suggesting that the appearance and sex of the child reflected the relative strength of the *yin* of the mother's egg and the *yang* of the father's sperm as they encountered each other during conception.

### Expertise, Authority, and the Social Context of Medical Practice

If Nanayama's compilation of his case notes was an attempt to establish himself as a skilled and scholarly professional, this intellectual endeavor must be understood in the context of the new medical marketplace that had taken form by the early nineteenth century, in northern Dewa no less than in Edo. Just how com-

cated and competitive a situation Nanayama and his fellow physicians confronted is perhaps best indicated by case 32 from volume one of *Nanzandō chiken*. The patient in question was a merchant named Shōzō 庄藏, who while returning to his home village from business in the castle town of Yokote suddenly became ill with a headache and a fever—symptoms he himself, according to Nanayama, attributed to Tsubugamushi Disease 恙虫病. This mite-born disease, now known as 'scrub typhus', was endemic in Dewa until the postwar period, now Shōzō was no doubt well aware of its symptoms. He somehow managed to make his way home and after ten days of presumably self-treatment first called in a physician called Genchū 元仲, who treated him with Pueraria Decoction and then with Bupleurum and Cinnamon Twig Decoction, both favored remedies of Nanayama as well.

Apparently unsatisfied with Genchū's efforts, Shōzō and his family next turned to Nanayama. Upon examining Shōzō, Nanayama found him to be thin and exhausted, without appetite, and suffering from frequent attacks of diarrhea, and in response prescribed two formulae, Bupleurum and Poria Decoction (*sairiētō* 柴苓湯) and the Greater Bupleurum Decoction. The results were not good. Shōzō became desperately thirsty and developed a hard, painful lump on his chest. As a result, the family changed doctors yet again, dismissing Nanayama in favor of a physician named San'eki 三益, who tried yet another Bupleurum-based formula. After seven or eight days of what appeared to be improvement, however, Shōzō again began to suffer from diarrhea and his tongue became cracked and yellow, probably from dehydration. At this point, Shōzō's family turned to Nanayama for a second time.

This time Nanayama discovered Shōzō to be on the verge of death, without the strength to speak and almost unresponsive. Perhaps as an attempt to lessen expectations, Nanayama warned the family that Shōzō's condition was now life-threatening, but even so, his wife begged Nanayama to treat her husband. Nanayama tried again, prescribing what seems to have been a non-canonical formula, perhaps of his own devise. But after Nanayama departed, the family turned to yet another physician, the fourth change in doctors in a period of perhaps three weeks. This final physician treated Shōzō for another five or six days, until finally, in Nanayama's words, Shōzō's "limbs became cold, his eyes fixed, and he died."

Nanayama's account of Shōzō's prolonged illness and his family's desperate attempt to find him a cure reminds us that medical authority in this period—in the absence of the mediating structures such as educational institutions, qualifying exams, professional licenses, and the like—ultimately required tangible results, until some improvement occurred. Interestingly, at least as far as can be judged from Nanayama's notes, none of the four doctors who treated Shōzō seems to have questioned his initial self-diagnosis of Tsubugamushi Disease. The response of each was to attempt treatment with one of the canonical formulae. Only when these failed did Nanayama attempt an innovative response.



with an unknown drug. Although in this particularly case he was unsuccessful, this case and others like it suggest that Nanayama's case books and the "experiments" they recorded may well have had the aim of giving him a competitive edge in the crowded medical marketplace in which he lived and worked.

### Conclusion

In her recent monograph on Western medicine in late Tokugawa Japan, Ellen Gardner Nakamura used the term 'hybrid medicine' to describe the medical knowledge produced by the doctors she studied, students of the Dutch Learning scholar Takano Choei 高野長英 (1804-1850), who lived in what is now Gunma Prefecture in the 1830s and 1840s. According to Nakamura, they "practiced a kind of hybrid medicine that combined elements of both Western and Chinese traditions. They were able to do this because some schools of Chinese medicine in Japan had already divorced themselves from the traditional Chinese theoretical aspects that were incompatible with Western ideas."<sup>33</sup> The term 'hybridization' is certainly useful for describing Nanayama's practice as well. He incorporated new substances from European pharmacology into his treatments, deployed a new anatomical vocabulary, and responded to theories offered by Dutch Learning with his own ideas. But it is also undeniable that Nanayama was deeply invested in the Chinese medicine. He returned again and again to the *Shang han lun*'s canonical formulae as the basis for his treatments, and his aim was to improve, not disprove them.

More than its hybridity, it is the explicitly medical nature of his pursuits that I would like to foreground. Kawanabe Sadao 河鍋定男 coined the term "medical consciousness" (*iryōishiki* 医療意識) to describe the new critical perspective of local doctors, intellectuals, and other members of what Yokota would later term the "reading classes" towards magico-religious healing methods.<sup>34</sup> The traces we have of Nanayama's work as a doctor suggests that he too was a part of this discursive moment in which the body and its workings were increasingly detached from the realm of the divine as doctors sought to distinguish themselves from other kind of healers. Thus, we find no mention of the use of charms, amulets, or prayers in the *Nanzandō chicken*. If his patients sought recourse in such methods (and surely they did), Nanayama made no mention of it. Rather, the discursive world of *Nanzandō chicken* is rigorously "medical"—so much so that the patients who are at the heart of his cases are almost completely silenced. We learn much about their pulses, the color of their tongues, and the state of their bowels, but almost nothing of how they understood their illness.

<sup>33</sup> Nakamura (2005), pp. 132-133.

<sup>34</sup> Kawanabe (1999).

Important in this regard is Nanayama's appropriation of the case history form: while he learned of this form from his study of the work of elite doctors, he made it his own, producing a record of his failures as well as his successes. But if this suggests a suspiciously modern claim of "medicalization", it requires that we recognize as well the very different social context in which Nanayama practiced, one in which his patients and their families still exercised ultimate authority over their bodies, making them free to reject Nanayama's expertise in favor of other doctors and other treatments.

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