Introductory

Between 1315 and 1327 the Buddhist priest and physician Kajiwara Shôzen (1266–1337),¹ assisted in the transcription of the final version by his son Fuyukage 冬景 and an emigré Chinese by the name of Daoguang 道広, compiled a fifty-volume work on medicine, the Man’anpô 万安方 (other contemporary treatises of Shôzen were added after his death, to give us an extant Man’anpô of 62 volumes, plus a detailed table of contents).² It was Shôzen’s magnum opus. At close to 6800 leaves of Chinese script in length, it is far longer than the near-3000 leaves of the far more prolix Japanese script (kana majiri) that we find in his earlier work (completed c.1304), the Ton’ishô 頓医抄.³ In conception it clearly surpasses his earlier works, such as the no-longer extant three-volume Hokiron 保気論 (dealing with throat ailments and referencing 300 wonder drugs, that he wrote in order to treat Fuyukage’s chronic illness,) or the individual works (now included as volumes 50–62) that he wrote between 1313 and 1331 concerning such things as pharmaceutical nomenclature, qualities of materia medica, moxibustion, matters calendrical, or on the (for Japan) unprecedented topic of anatomy and viscera. And it represents the culmination of a lifetime of clinical practice and of wide reading in Chinese and (a very few) Japanese medical works. We might also note that the Man’anpô testifies to an unflagging
pursuit of knowledge, the very human side (and sense of posterity) of which effort is revealed in Shôzen’s postscript to volume 41 (volume three of the pediatrics section), written when he finished the clean copy on the night of 1326/11/1:

“with these old eyes and being unable to sleep, by torchlight I took up my brush and copied it out; my descendants are to be diligent in this spirit and be not flagging; I wrote this out once again for Fuyukage; Shôzen, sixty-one; it took four nights.”4)

The Man'anpô is also worthy of note for other reasons. It is the most extensive medical compilation to have been produced in Japan prior to the 1600s (at the earliest), and only the second attempt (after the perhaps better known Ishinpô 医心方 of Tanba Yasuyori 丹波康頼, completed 984)5) to comprehensively engage Chinese medical writings. It reflects the influence of new medical knowledge that was part of the new wave of Chinese cultural influence in medieval Japan, associated particularly with the activities of Buddhist priests. It represents a qualitative advance in the knowledge of illness, pharmaceuticals, and materia medica at a time when, it seems, some physicians had recognised significant failings in Japanese medicine. That is, the Man'anpô represents the onset of a new period in Japanese medical history.

The Man'anpô is a lengthy work, and one cannot do full justice to its contents and its contributions to Japanese medicine in one article. Accordingly, the present essay will, in hoping to introduce this major work, look at: the personal and intellectual background of Shôzen, and the material to which he had access; some of the technical challenges he faced in compiling the work; some of his observations on contemporary Japanese medicine; and conclude with a brief summary.

Section One: Shôzen’s Horizons

We have only fragmentary direct evidence regarding Shôzen’s personal life—a letter by him, a few mentioning him, his own
comments in the *Ton’ishō* and the *Man’anpō*—even though by the
time he died in 1337 (a period of wrenching national turmoil)⁶ he
was regarded sufficiently highly on a national level to have his death
recorded in the “obituary chronicle,” the *Jōrakuki* 常楽記.⁷ And,
while we have his own statements on the value of being a physician,
we have no information on why he decided to become one (nor, for
that matter, on why he became a Buddhist monk). It is nonetheless
possible to reconstruct some elements of the context, or contexts, in
which he was active.

The two most salient factors to appreciate about Shōzen’s overall
context are that he was a Buddhist monk and physician, and that he
lived in the eastern warrior city of Kamakura in the thirteenth and
fourteenth centuries. These two factors, while not separately or
even together unique to Shōzen, were shared by few people, and they
provided him with three particular opportunities. First, in an intel-
lectual world often noted for restricted private knowledge rather
than widely shared public knowledge, and in a medical world that
was comprised of (loosely) three different systems or traditions
(unwritten folk medicine; the Court tradition dominated by the
hereditary physician families of Tanba and Wake 和気; and the
medical traditions of Buddhist clergy), he had the opportunity to
form links with, and to have access to sources of information in, all
three. Second, it gave him access to the Song Chinese bibliogra-
phical riches arriving in Japan as part of a broader trade and
cultural boom in which Buddhist monks (Chinese and Japanese, and
notably monks of the Zen sect) were key figures, for which the city
of Kamakura was a key site, and whose warrior leaders were noted
patrons. Finally, and while I will only be touching on this briefly
towards the end of the paper, Shōzen, whose home temple was
Gokurakuji 極楽寺, was directly involved in the activities of a
Buddhist hospice lineage whose leading figures, the monks Eison
叡尊 and Ninshō 忍性, well known for their activities on behalf of
lepers, were also connected with Gokurakuji.
Some Routes of Knowledge

Shōzen’s most illuminating statement regarding his involvement in the world of Buddhist priest physicians, and a good starting point for us, comes from a comment in volume fifty-two (on purgative medicines) of the Man’anzō:¹⁸

“I state that as to this medicine [Yúke gūsen-tan] it was my grandfather Dōshō biku 導正比丘 of the Mikawa Jisshō-in 実相院 resided in China for nine years in order to learn and have transmitted to him the medical arts. He received transmission of prescriptions for Kokuyō-tan 黒錫丹, Yōsei-tan 養正丹, Reisha-tan 霊砂丹 etc; the oral transmissions for pulse analysis, acupuncture and moxibustion; and this Gūsen-tan 遇仙丹. [Mujū] Ichien zenji (無住) 一円禅師 (Owari 長母寺 Chōboji’s elder) because of his fondness for learning received this from Dōshō biku; then Ichien zenji transmitted this to his brother Jisshō 実照, and Jisshō further transmitted this to Shōzen. In China [Sōchō 宋朝, the Song court] this prescription has been a secret of Mr. Yū’s lineage and is not transmitted to any other families; it is strictly guarded and did not [previously] come to Japan [Honchō 本朝, Our court]. Consequently the lineage of Dōshō zenshi has transmitted it and it has come into my hands. Our descendants must maintain this as secret.”

This is a rare, and rich, piece of evidence that addresses succinctly the cultural capital of patent medicines, the types of medical training that Japanese priests might receive in China, medical lineages, and the type of network (or networks) that developed among priest physicians. And it lets us flesh out Shōzen.

It appears that Dōshō returned from China to the Zen temple of Tōfukuji 東福寺 (located in the Imperial capital of Kyoto), which at the time was one of the centers (along with the Nara temple Saidaiji 西大寺) of the cult of the Healing Monjusri Buddha (jibyō monjū, 文殊).¹⁹ Resident at the temple, with apparently a greater responsibility for medical matters, and thus ultimately given greater credit for the development of the “Tōfukuji stream” of medicine, was the
priest Mujû Ichien, who, as noted, received the secret transmission from Dôshô. Mujû (who was born into the Kajiwara clan) later moved to Chôbôji, and there became more generally known for his didactic writings, such as the Shasekishû 沙石集 (Tale of Sand and Pebbles), but his ongoing interest in medical matters is attested to by, indirectly, the notable number of illness and medicine-related stories in that work, and directly by his transmission of the prescription to his brother and fellow priest Jisshô. We do not know if Jisshô was a priest physician or, like many priests, simply interested in knowing more about good medicines—as the painful example of the priest Ingo 院豪 suggests, having medicines readily to hand was highly advisable. In any event he passed on the recipe to Shôzen, another priest and likewise born into the Kajiwara clan (we do not know any further details on the relationship between them).

This type of circulation of prescriptions or sources of information through personal channels seems not to have been uncommon, although just how extensive it was we do not know. Shôzen provides us with some examples of his own access to some type of information network. From Chinese-origin sources he notes the most secret oral tradition for Reihô-kô 霊宝膏, a medicine composed of over 100 ingredients, so secret that it is written out on a separate scroll and not included in the Man’anpô itself; the most secret and marvellous Hihô seiitô 秘方生胃湯 transmitted from China (Sôchô); the newly-arrived (shinto 新渡) secret medicine Daikô shien-gan 大効紫苑丸, a purgative for which there is an oral transmission, to be used for many illnesses, with applications adjusted according to the illness; and, another of the secret transmissions from Dôshô to Shôzen noted elsewhere in the Man’anpô, Chôsei yaku 長生薬, whose description resembles an advertisement for a patent drug (which, of course, it was): “it treats all types of swellings and cuts from the very first through to relief, just put it on the swollen spot and it brings down the swelling, it gets rid of toxicity and adjusts cold and heat, it is of miraculous efficacy without parallel.”
With respect to Japanese sources, Shôzen provides us with differing degrees of information. Some are “anonymous”: for example, 13 of the 112 listed prescriptions noted in chapter 20 (dealing with oral cavity ailments) of the Ton’ishô derive from oral tradition, or are of secret transmission in use in his own clinical practice; he notes a prescription for Rokumotsu jakô-gan 六物麝香丸 which Japanese physicians keep secret, the Japanese oral tradition for preparing beans, and a secret Japanese amulet and moxibustion point for treating infant ranula glottis (jûzetsu 重舌). The source of other prescriptions is specific: the secret oral transmission for the use of the juice from the fruit of a certain tree in order to enhance sexual congress, not to be transmitted to anyone for any amount of money, and which is not known apart from six students of one Kawatsû nyûdô 川津入道 (i.e. the warrior Itô Sukechika 伊東祐観); some useful information on treatments for cholera morbus (kakuran 霍乱) that he received from one Bakka kusuri hangan 幕下薬判官; a recipe for Kuko-san 枸杞散 noted in the Ton’ishô is from the oral tradition of Wake Moronari 師成; in both the Ton’ishô and the Man’anpô he refers to a secret remedy for the treatment of ranula glottis, in the former noting it is an oral tradition transmitted in the main line (chakuryû 嫡流) of the Tan [ba] family, in the latter noting it as a secret remedy handed down in the main line [ichiryû 一流] of the Wa [ke] family, which, since from the beginning has not been a technique of medical families (ika 医家), has been transmitted secretly.

These last references are significant, since they indicate some connection with those hereditary families, the Tanba and the Wake, that represented the learned lineages of Chinese medicine that had been transmitted to Japan through the mid-Heian period, and which had heretofore been at the pinnacle of medical prestige. Even if higher-placed aristocrats might on occasion make sarcastic comments, a claimed association with them was sufficient to lend credibility to claims of effective treatment, their status engendered
respect for their own various secret prescriptions for many centuries,\textsuperscript{30} and they felt entitled to criticise the treatments being recommended by other physicians in other parts of the country.\textsuperscript{31} It was thus natural, when the newly-founded Kamakura warrior government (\textit{bakufu}) sought to staff its bureaucracy with hereditary specialists from the Imperial capital of Kyoto from the 1180s, that members of the Tanba and Wake families were recruited as official physicians.\textsuperscript{32}

Accordingly, Shôzen's access to the knowledge of these families was of some distinction. And, there are hints that the contact may have been more than casual. There is a reference in the \textit{Man'anpô} to Shôzen being in the lineage tradition of the Wake family;\textsuperscript{33} on other occasions he refers to Wake terminology and knowledge, such as wondering whether what is termed "palpitation due to frightening" is what the Wake refer to as "kidney energy," and elsewhere noting that Wake Tanenari (1221–1288) first referred to this as "kidney energy" and that now that is the popular term for it;\textsuperscript{34} and in the \textit{Man'anpô} he has a lengthy discussion of 13-ingredient \textit{Kariroku-gan} 詨梨勒丸 and how it is to be found in volume 30 of Tanba Yasuyori's \textit{Ishinpô}, though he mentions his puzzlement at not finding the prescription in the original source listed by Yasuyori.\textsuperscript{35}

This reference to the Ishinpô, the crown jewel of Tanba medical writing, is of some interest. The Tanba and Wake families, as specialists in lore, kept careful note of who read, borrowed, or copied a text (such as the Wake family's copy of the classic \textit{Qianjin-fang}/\textit{Senkinhô} 千金方;\textsuperscript{36} the Tanba family's copying of the \textit{Huangdi neijing mingtang}/\textit{Kôtei daikei meidô} 黄帝內經明堂 through four generations, 1213, 1244, 1270, 1296;\textsuperscript{37} or Wake Tanenari copying out the \textit{Qimin yaoshu}/\textit{Seimin yôjutsu} 斛民要術 in 1248, the \textit{Huangdi neijing mingtang}/\textit{Kôtei daikei meidô} in 1264, which he reads again in 1282).\textsuperscript{38} And, while these families seem not to have been substantial beneficiaries of newer medical information that may have found its way to Kyoto,\textsuperscript{39} they were sometimes reluctant to share either
the existence or the title of a newly-arrived work that came into their possession with even the most highly-placed aristocrats.\textsuperscript{40} However, while it was not, it seems, widely circulated,\textsuperscript{41} the Ishinpō was highly regarded, and (naturally) Tanba physicians might draw extensively from it in commissioned works (such as Tanba Yukinaga’s 行長 Eisei Hiyōshō 衛生秘要抄 of 1288),\textsuperscript{42} or allow perusal of one section if specifically requested.\textsuperscript{43}

Although the sense one gets is that contact with the traditionally prestigious physician families and their medical texts would provide very little useful or up-to-date information, it is of note that two medical works compiled in Kamakura should both make reference to information in the Ishinpō. The first of these is the Sanshō ruijushō 産生類抄, a work on matters related to birth and based primarily upon efficacious prayers and mantras drawn from Buddhist texts, compiled in the late 1200s by a priest associated with Shōmyōji 称名寺 near Kamakura.\textsuperscript{44} The second is the Man’anpō. We do not know how these two authors came by the Ishinpō, but it seems possible that both obtained access primarily because of their contacts in Kamakura.

\textit{Kamakura and New Knowledge}

While full exploration of the bibliographic and cultural riches of the city of Kamakura is outside the scope of this paper, we may usefully note that during the thirteenth century the city became a major intellectual center. Its leading bureaucrat families (Nagai 長井, Ōe 大江, Nikaidō 二階堂)\textsuperscript{45} all seem to have maintained large libraries and to have been regularly engaged in training their progeny, and some scions of the leading Hōjō 北条 family, in the Chinese classics; and it was they who were responsible for the compilation of the Bakufu’s official history, the Azuma Kagami 吾妻鏡.\textsuperscript{46} Additionally, the Nikaidō were involved in trade with China, both in Kamakura and in Kyūshū, for most of the Kamakura era,\textsuperscript{47} and it is not difficult to imagine that they acquired Chinese works for
their collection. In another area, the various Zen and other Buddhist temples, that flourished under Hōjō patronage from the 1250s,\(^48\) built their collections from scratch; in so doing, they drew extensively on editions of imported Chinese books that were readily available in Chinese book-stores, or from Chinese temple presses, and which represented the cutting edge of Chinese written culture.\(^49\) Thirdly, encouraged by Kanesawa 金沢 (Hōjō) Sanetoki 実時 (1224-1276, who may have been moved to do so following the loss of some of his own library in a fire in 1270),\(^50\) the family temple Shōmyōji conducted a bibliographic acquisition program that, over time, made it the most extensive library in eastern Japan. Finally, all these elements could on occasion be tied together, as with the combination of patronage from the Bakufu, the Kanesawa family, and the Nagai family that, for the purposes of temple reconstruction, enabled Shōzen’s home temple of Gokurakuji to dispatch a trade and acquisition mission by ship to China.\(^51\)

However, it is difficult to know what factors governed either the original acquisition of individual titles or their dissemination once they arrived in Kamakura, and we have no comprehensive catalog of all the items, so it could not be claimed that Shōzen or anyone else had a choice of reading matter that would have been comparable to that available in a major Chinese city of the time. But we would not be too far off the mark in stating that Kajiwara Shōzen lived in one of the richest knowledge environments in Japan during his day, and it appears to have been, in marked contrast to Kyoto, one in which circulation of ideas, and exchange of information about texts, was highly prized.

From what we can gather, Shōzen was well-connected in that milieu. References to he and his writings provide one part of the picture. In volume 16 of the Man’antō Shōzen notes that his own hand-written copy of his Hokiron is in the possession of Nagai Munehide 宗秀 (fl. 1284-1326), and that there was another copy in the library of Nikaidō Yukifuji 行藤 (1246-1302);\(^52\) both individuals
were highly influential bureaucrats in Kamakura. From letters written by Munehide's son Sadahide to Myônin, the head of Shômyôji, it is clear that at least one copy of the *Ton'ishô* held by the Nagai was in active circulation: on one occasion Sadahide asks him to return the copy of the *Ton'ishô* that he had borrowed since someone has expressed a wish to look at it; and in another letter he writes that he is forwarding the *Ton'ishô* in fifteen sheafs to be borrowed, and that the work is a genuine treasure. It also appears that Shôzen was clinically active at high levels, as suggested by one letter in which it is noted that the sore ointment that Shôzen had brought to and applied to one Lord Tanaka had worked marvellously.

Another part of the picture comes from Shôzen's side. As far as we know, he never travelled to China. Yet in Kamakura it was not uncommon for Chinese (and Japanese who had been to China) to be in residence. Apart from Zen masters and prelates who have traditionally drawn most attention from scholars, we have reference to Chinese physicians such as Liangyuanfang/Rôgetsubô and Hanzhang/Kanshô who were in attendance on the Bakufu leader Hôjô Tokimune (1251–1284) and Zhiguang/Chikô who notes as being resident in Kamakura. Some of these monks may have been the source of information on new medicines and oral traditions that we noted earlier; for example, the noted Minji Chujun/Minki Soshun, who when he came to Japan and to Kamakura in 1330, brought with him eleven medicines (one, *Tsûritsu san* later became a "secret tradition"). And there were others, such as Daoguang/Dôkô, and at least one other unnamed Chinese (Sôjin), who wrote out clean copies of some of the *Man'anpô* chapters, a task for which, given the need for accuracy, we might imagine they were selected because of their knowledge of the subject matter. Indeed, such people may have provided Shôzen with some first-hand information on terminology and identification
of Chinese and Japanese *materia medica*.

The arguably most crucial part of the picture, and the most obvious, comes from the commentary and prescriptions that we find in the *Ton’ishô* and the *Man’anpô*. We have noted earlier that Shôzen had access to oral traditions in Japan, to indirectly imparted knowledge, to the *Ishinpô* that had been compiled in 984. That information is not unimportant. Yet those elements pale into relative insignificance—or, perhaps, reveal the limited basis of knowledge upon which the practice of Japanese medicine had come to be built—when we consider the following.

By any measure Shôzen simply had access to an astonishing amount of information provided in Chinese medical works printed during the Song and Yuan dynasties, from books that he consulted in Kamakura. The *Man’anpô* lists by name some 273 different Chinese medical works (plus 3 Japanese, and 55 non-medical works, and 279 individuals) and cites them on at least 1861 occasions (latter cited 1912 times).\(^{61}\) As was common in Chinese medical writing, later works often cited earlier works, and so a not minimal number of Shôzen’s citations seem to be indirect rather than direct ones (tabulation of this has yet to be attempted), and so it is evident that Shôzen did not have direct access to all the works that are cited (though as one case study, on the influence of the classic *Shanghan-lun/Shôkanron* 傷寒論 on the pediatrics section of the *Man’anpô* has argued, those indirect citations tell us much of the ongoing winnowing process in Chinese medical writing of which Shôzen was a beneficiary).\(^{62}\) But closer, if not exhaustive, analysis of the *Ton’ishô* and the *Man’anpô*, indicates at the very least the works upon which Shôzen placed greatest weight. Going by the number of prescriptions cited (the *Ton’ishô* contains around 1416, the *Man’anpô* somewhere around 3103 prescriptions)\(^{63}\) the *Ton’ishô* was most influenced by the *Shenghuifang/Seikeihô* 聖惠方 (published 992, 258 prescriptions cited), the *Heijiufang/ Wazai kyokuho* 和剰局方 (published 1107–1110, and includes illustrated sections on qualities of *materia medica*; 220
prescriptions cited), the Qianjinfang/Senkinhô 千金方 (published c.652; 196 prescriptions cited), the Sanyinfang/San’inhô 三因方 (published 1174; 191 prescriptions cited), and in descending order of numbers of prescriptions cited, by about another 6 works (total 334 prescriptions). The Man’anpô by contrast was most influenced by the Shengjizonglu/Seizai sôroku 聖濟総録 (published 1111-1117; 1797 prescriptions, virtually all in volumes 1-38), which accounts for about 58% of the total number of prescriptions cited, and then, with fewer total prescriptions (480), by the four main works used in the Ton’ishô (respectively, 217, 156, 84, 23 prescriptions cited).

The prescriptions don’t tell the whole story. It is evident that Shôzen spent time comparing works, selecting what he thought was useful, and adjusting and revising accordingly. Headnotes throughout the text informing the reader that more information on the topic can be found in another work than that cited in the body of the section, or the passages that quote separate works by name, leave no doubt of Shôzen’s active engagement with texts. In a different vein, the main influence on the pediatrics section (volumes 39-49) of the Man’anpô was the Youyouxinshu/Yôyô shinsho 幼幼新書 (originally published in 1132), and the information and organisation in that work is closely followed in the Man’anpô. Yet the Youyouxinshu/Yôyô Shinsho has very few of its “own” prescriptions, instead drawing them from works that its author consulted in the compilation, and thus while it is cited at least 143 times, few if any prescriptions are attributed to it. But, it is from the works cited in the Youyouxinshu/Yôyô shinsho that Shôzen provides a list of earlier medical texts (zendai hôsho) 前代方書, at the minimum giving a sense of what works had been influential in the study of pediatrics. As another example, the Shenghuifang/Seikeihô used in the Ton’ishô was a printed edition from the year 1147, the edition of the Shengjizonglu/Seizai sôroku used in the Man’anpô was a printing of the year 1300. While neither text was by any means new, the more recent publication date of the Shengjizonglu/Seizai sôroku
undoubtedly suggested a more current work, quite apart from whatever professional judgement Shôzen was making about the two texts. Lastly, while the Shengjizonglu/Seizai sôroku and the Youyouxinshu/Yôyô shinsho dominate the Man'anpô, to buttress our sense that newer works were read and incorporated, if cited less often, we can point to the use in the Man'anpô of medical writing from the late Southern Song such as Chen Ziming’s Furen daquan liangfang/Fujin taizen ryôhô 婦人大全良方 (a work on obstetrics, completed 1237) and his Waike jingyao/Geka seiyô 外科精要 (on external medicine, first published 1263),71) and the Yuan (Mongol) dynasty compilations of the Yuyaoyuansfang/Gyoyakuuinô 御藥院方 (c.1242), or the Fengke jiyan mingfang/Fâka shûken meihô 風科集録名方 (first published in 1306).72)

In short, only access to Chinese printed works on medicine, an access that seems to have been most possible in Kamakura, enabled Shôzen to write his magnum opus. The point is not new, and may seem obvious, but we should perhaps bear in mind that the entire enterprise was dependant on a number of contingent and fortuitous elements that were not, as far as we can tell, replicated easily. And, as far as we can tell, the qualitative gap between Shôzen’s access to knowledge and that of virtually all others in Japan’s medical systems of the time was stunning.

Shôzen’s Technical Challenges

A detailed perusal of the pediatrics section of the Mananpô (chapters 39 through 49, comprising a little over one fifth of the “main body”) reveals that Shôzen was introducing, and spreading new knowledge of the medicines produced by, a substantially more complex pharmaceutical regime than had until then existed in Japan.73) The medicines noted for the pediatrics section, which draws heavily on the Youyou shinshu/Yôyô shinsho, reveal to us, by comparison with the older knowledge and prescriptions recorded in the Ishinpô, a dramatic increase in the percentage of multiple-
ingredient medicines employed; an increase in the percentage of internal versus external treatments (which were far more likely to be single ingredient); and a greater use of pills (certainly more readily portable by either physician or patient) rather than decoctions. And in this section Shôzen *inter alia* notes what Japanese substitutes could be employed for Chinese ingredients, what ingredients should not be employed, what changes in ingredients can produce a different medicine, and, on occasion, what plants are best grown in one’s own garden.

Yet for Shôzen to be successful in introducing, in essence, the new medical and pharmaceutical knowledge of the Song, he had to deal with a set of issues that ensured that he would be involved in the process of technical translation as much as that of technical transmission—and this quite apart from incorporating his own clinical experience into his evaluations and observations.

Shôzen faced three main technical issues. First, the issue of rationalising, or at least understanding, variant standards of measurement that had accumulated over the centuries. The problem was not a new one in Shôzen’s time (and indeed it is still sometimes a problem for modern scholars), and would remain so even after Shôzen, as is shown by *Yûrin’s Fukudenden* 有林福田方 (better known to modern scholars in this regard) which devotes an entire chapter to the problem of understanding the variant Tang and Song measuring standards.

The second issue involved terminology for *materia medica*. There was no agreed standard of scientific monenclature for *materia medica*, either in China or Japan, and *materia medica* might be referred to in different sources by a “generally common” Chinese name, or by a variant term; sometimes the same Chinese term may have been used to indicate in Japan a different item of *materia medica*; as was true of China, indigenous names reflected regional variations; and finally, as was the case with the “new” item of sugar in the fifteenth century, sometimes information was simply incor-
rect. Here too the problem was not new. A contemporary of Shōzen (though they apparently had no contact), Koremune Tomotoshi 惟宗具俊 decries in his *Idanshô* 医談抄 of 1284 such things as failing to recognise specialised usages of Chinese characters (the character for ayu 鮎 or sweet-water trout in fact refers to *namazu* ナマズ or catfish, and thus people don’t realise that the “trout” referred to in lists of permitted and contra-indicated foods for sick people is ” catfish), or in his own case not knowing that an item of *materiamedica* he listed in a prescription (*Zhangliugen/Shôryûkon* 楓柳根) was a variant name for *Pokeberry root* (*Shanglu/Shôriku*, 商陸 *Radix phytolaccaceae*). Tomotoshi was sufficiently concerned by these issues that he compiled his *Honzô iroha shô* 本草色葉抄, that cross-referenced variant vocabulary and terminology to that appearing in the highly regarded Chinese work of 1108, the *Daguan bencao/ Taikan honzô* 大観本草). But, perhaps not surprisingly, Shōzen seems not to have had access to this work.

A third issue was the extent to which there might be indigenous substitutes for *materiamedica* noted in Chinese texts. Sometimes, of course, there might not be good substitutes, or (a slightly different point) the Chinese materia medica might be preferable. To cite Tomotoshi again, he was unsure to what the Japanese Mandarin peel (*Kippi* 橘皮) corresponded, but where Tangerine peel (*Chenpi/ Chinpi* 陳皮 *Pericarpium Citri Reticulatae*) or Mandarin peel (*Jupi/ Kippi*, 橘皮 also *Citri chachensis exocarpium*) are indicated in Chinese prescriptions it ought not be used; instead one should use the Tangerine peel brought into Japan by the Chinese (*Sôjin, Song people*). Still, even allowing that by the early fourteenth century both a greater quantity and wider variety of *materiamedica* were being commercially circulated in East Asia, and that the Japanese pharmaceutical regime had been enhanced accordingly, questions of the availability and cost of imported items were no doubt real ones.

Let us look at these issues.
Doseage and Measurements

The unwanted consequences of administering incorrect doseages of medicines—lack of effect for a weak dose, the excessive delivery of an ingredient efficacious in small doses but perhaps toxic in larger ones—hardly needs extended comment. We may also assume that as a general rule physicians would wish to be accurate when measuring their ingredients. The concern itself was hardly new in the 1300s. For example, the Chōsei ryōyōhō 長生療方 of the priest Renki 蓮基 written in the 1180s has a section dealing with various measurement standards and equivalences, noting such things as: the fact that, quoting the (classical) Bencaojing/Honzôkyô 本草經, whereas there used to be only [for weight] shu 銖 and ryô 両, now there was 10 sho 柔 for one shu, 6 shu to one bu 分, four bu to a ryô, and 16 ryô to a kin 斤; or the volume of a shô 升, the difference between small and large medicinal shô, what constitutes a shô for infusion (to 湯) and powder (san 散) medicines, and what systems are in use in the Yakuden 藥殿 and the Ten’yakuryô 典藥寮 respectively; and making his own observations on the dimensions of a shaku 尺 of katsura 桂 (Cinnamomum cassia). Renki was accurate in his understanding of the changes under the Tang, and is intriguing in his suggestion that there may not have been a standardised system of weights and measures in Japan. But he was apparently ignorant of the changes during the Song that had been taking place for well over a century before his time.

These restandardisations of units of measurement no doubt reflected the political authority of the respective dynasties, but they did present physicians and pharmacists with the exciting challenge of having to work with multiple systems—a prescription by itself would not tell you which standard was relevant in the prescription (unless perhaps a notation on the textual origin of the prescription would provide the necessary guide if one knew the text). Possibly many physicians continued to compound “in the old way,” but this was of little help when confronted, as was Shôzen, with the immense
corpus of printed medical works produced under the Song and the pharmaceutical and medical advances they represented.

On occasion we find Shōzen puzzling over apparent discrepancies in measurement for an individual prescription:

In the old prescriptions [for Sogokō-gan 蘇合香丸] one prescribes one gan, but in the newly arrived [Furen] Daquan Liangfang/ [Fujin] Taizen ryōhō it prescribes four gan 丸, [then, commenting upon another part of the original text] now eight, nine ryō are four sen 錢, one ryō is eighty gan, so is it that nine ryō is thus eight nines seventy-two seven hundred and twenty gan?;82) I say that with this medicine, apart from the jujube (zao/natsume 棗, Zizyphus jujuba), it should be 22 ryō. The reason for this is that in the Tang Zhengyao era the Tang court made four sen [jian] equivalent to one ryō [liang];83) I Shōzen say that there are 4 ryō of fresh ginger (Shengjiang/shōkyō 生薑, Zingiber officinale). Ten sen make one ryō, thus forty sen weighs at four ryō; and with the jujubes at forty-nine kin, since Japanese jujubes are smaller it will be 100–200 kin;84) I say that in all these ten sen constitute one ryō.85)

In another instance (following along from a section dealing with types of female stranguria and a recipe using Achyranthes) Shōzen addresses equivalences more generally, providing along the way a sense of both the precision required and frustration engendered in dealing with the matter—as well as indicating that he had to hand (it is not clear from the phrasing whether he was the author) a one-volume work on measurements.86)

"I say as to a little amount of musk (Shexiang/jakō 麝香, Moschus moschiferus), frankincense (Ruxiang/nyûkō 乳香, Boswellia carterii), the Yowyou Xinshu/Yōyō shinsho states that “one bu is insufficient, and I call this a small amount.” This is within one to two sen or three to four sen. Root of native Achyranthes (Du Niuxi/To Gôshitsu 杜牛膝, Achyranthis Aspera) is local Achyranthes grown in the wild. Fruit of Puncture-vine (Du Jili/To Shitsuri 杜蒺藜, [hamabishi], Tribulus terrestris L.), Spicebush] (Du Wuyao/To Uyaku 杜烏薑,
Strychifolia), and Fennel (Du Huixiang/To Uikyō 杜茴香, Foeniculum vulgare Miller) are all like this. For one gō the Bencao/Honzō gauging for shō and gō notes that “for shō the rule is that the top diameter is one sun, the bottom diameter six bu, and the depth is eight bu.” This is a gō. With this gō ten gō constitute one shō. However, this is the Tang court’s shō. The Song court’s shō takes three of the old gō and makes it now one gō, and takes three of the old shō and makes it now one shō. (These are the explanations from the Sanyinfang/San’inhō and the Youyou xinshu/Yōyō shinsho). Consequently now as to one gō of Achyranthes (Niuxi/Gōshitsu 牛膝, Achyranthes bidentata) this Bencao’s three gō constitute one gō. Further the Sanyin [fang]/San’in [hō] says that “one large sakazuki 袋 patterns on one shō, and one medium sakazuki patterns on five gō, one small sakazuki patterns on three gō.” As to this, further the Bencao’s three gō constitutes one gō, ten gō constitute one large sakazuki, etc. Shōzen has a one-volume work, Discourse on Shō and Gō 升合論, and one should look at that. One cannot memorise all this.”

One finds it difficult to disagree with this final assessment.

But even when measurements were correct, Shōzen was still confronted with the issue of whether doseages would be given as noted in the formula, or whether there may be some need to adjust them in light of his own clinical experiences. It is evident that Shōzen was aware of and sensitive to the matters of dosage and prescription, and made adjustments as necessary. Thus we find information such as the following: Instead of ten pills per dose, “I say” that one dose should be 30–50 pills;87) in a recipe that calls for 40 granules, “I say” that it ought to be 100 granules;88) with respect to the recipe for Tōki-san 当帰散 (used as a purgative for treating intestinal worms) “I add” 2–3 ryō of new shoots of morning glory (Qianniuizi/Kengoshi [Asagao] 牽牛子 [朝顔], Pharbitis nil Choisy), which is very good;89) with respect to Yuō-gan 雄黃丸 (used for treating chronic indigestion and dyspepsia [?]), “I say” that the
amount in this dosage is too small and does not have efficacy, one must give double the amount, and it must normally must be used at the rate of one dose every two or three days;\textsuperscript{90} with respect to the dosage of five cones for moxa treatment, “I say” that depending upon the size and age of the infant or child then one applies five to ten or twenty to thirty cones;\textsuperscript{91} and in a final example Shôzen suggests augmenting a prescription with another ingredient, but since he doesn’t see this theory at all in any Tang or Song prescriptions, he wonders whether Japanese physicians should take the import of his suggestion.\textsuperscript{92}

Nonetheless, Shôzen is confident in his general judgement on clinical matters. For example: when discussing Goshaku-san 五積散, he notes that in Japan (honchô) not everyone responds to it, and that Shôki-san 正氣散 is more efficacious in producing sweat and dispelling heat, so since Goshaku-san is inferior to Shôki-san it goes without saying that one uses Shôki-san.\textsuperscript{93} Or, when dealing with a prescription for treating pelvic pain caused by movement of the fetus between the second and third to eighth and ninth months, “I say” that one dose of the old prescription (kohô 古方) is strong, so patterning on the new prescription (shinpô 新方), masticate the [named ingredients] for each dose of four seni, and boil it with one seni and a half of water; when it is boiled down to one seni, then remove the dregs and administer it warm.\textsuperscript{94}

Identification and Recognition of Materia Medica

Challenges may have been posed by memorisation and the need for precision in dosage, but other challenges were posed by a different form of lack of knowledge, the misidentification of ingredients. It is clear that Shôzen found the issue of correct identification to be one that demanded considerable attention. Indeed, while we cannot know how much actual time Shôzen devoted to the matter in his lifetime or during the twelve year period in which the Man’anpô was compiled, it is worthy of note that, quite apart from comments
that appear *inter alia* throughout the *Man'anjō*, at least two chapters of the current work—chapters 59 and 60—appear to have originally been a separate and slightly later (1331) compilation on classifications and terminology of *materia medica*, under the self-explanatory title of *Collation of Materia Medica Terminology* (*Yakumei ruijū* 藥名類聚).\(^9\) And as will be apparent, Shōzen's skepticism regarding accepted identifications led him to a fairly wide-ranging interrogation of, or at least comparison of his knowledge with, the classic Japanese work on *materia medica* terminology, the *Wamyō honzō*.

The extent of Shōzen's concerns are not always immediately apparent, even when he is unmistakeably clarifying some information, providing us with what we might call a “positive identification,” or noting some differences between Chinese and Japanese common terminology. For example: noting that when using Gromwell root (*Zicao/Shisou* 紫草, *Radix Arnebiae seu Lithospermum*)\(^9\) it is possible to use both the root and the seedling (*nae*); placing Japanese readings besides the Chinese characters on lists of permitted and prohibited foods;\(^9\) remarking that the term *Fūnetsu* 風熱 denotes what is now called *Kigyakujō* 気逆上, and that it very prevalent;\(^9\) noting that for *Tandoku* 丹毒 (a type of transmittable ailment that arises from bacterial infection from a cut, tumor, or swelling) "the Japanese word is *hi* 火, also referred to as *moekusa* 燃草,"\(^9\) or that for this the *Wamyō* is *chirike* 散気, or *moegusa*, or *hi*;\(^9\) in Japan an item is called yellow lotus flower and is used by paper-makers;\(^\) Gastrodia (*Tianma/Tenma* 天麻, *Gastrodia tuber*) exists in Japan, and as in the *Wamyō* is *notochi* 乃土知, or alternatively *nusubito no ashi* 賊足 (thief's foot);\(^\) in the case of *Carpesium* (*Tianmingjing/Tenneisei* 天名精, *Carpesium abrotanoides*), Shōzen notes that what the Chinese refer to as Crane Lice (*Kakushitsu* 鵲蝨) is what Japanese call the fruit of Dog’s Bum (*inu no shiri* 犬の尻, later more commonly referred to as *yabu tabako*);\(^\) whereas a Chinese text will refer to tortoise chest (*Kiku* 亀胸), the *Wamyō*
notes that the Japanese equivalent reference is to pigeon chest (Hatomin 幽胸).\textsuperscript{104} And, bearing in mind some of the later terminology for syphilis (Ryûkyû kasa 琉球癰 or Ryûkyû sores, Tôkasa 唐癰 or Chinese sores), it is of interest to learn that in Shozen’s time one form of genital sores, termed Tsukushi byô 筑紫病, or the Kyûshû illness, seems to have been directly associated with overseas contact.\textsuperscript{105}

In a different vein, in a section dealing with the treatment of stranguria—which Shozen in at least two places notes is a condition that Japanese physicians have not sufficiently understood nor distinguished properly from diabetes (shôkachi 消渴)\textsuperscript{106} i.e. they have been misled by some shared symptoms—Shozen is highly critical of Japanese physicians for their uninformed assumptions about material equivalences:\textsuperscript{107}

[Following a section on treatment for female stranguria with “young staff root” 若杖根 [Jyakujôkon]; I Shozen say that this To names “trees and plants” 杜苑. To-en shitsuri [hamabishi] “Trees and plants” hamabishi, and likewise To shitsuri [hamabishi], To uyaku (Wuyao) [Spice-bush], To Uikyô (Huixiang) [Fennel], To Gôshitsu (Niuxi) [Achyranthes]. Further the Bencao lists To Gôshit-su [Achyranthes] (omitting the tree radical). The Daquan liangfang/ Taizen ryôhô 大全良方 volume eight notes that the Bencao says that Achyranthes treats pain in the stem [penis] (keichûtsû 茎中痛).\textsuperscript{108} Thusly Japanese medical people take the name “young staff” and mistakenly apply it to Giant knotweed itadori (Huzhang/kojô イタドリ, Polygonatum cuspidatum) [also kojôkon] 虎杖根. Most exceedingly, should one laugh at this or should one be saddened?\textsuperscript{109}

And in another example of earlier failure to identify something correctly, he goes into considerable detail about the origins of the name and type of rice known as Jinrin. While in another section of the Man’anpô his comments are terse—furuki kome 古き米, do not use it after three to four years have elapsed\textsuperscript{110}—in this portion he has an extensive, and learned, commentary that seeks to rectify a
mistaken interpretation (that can be traced back to the earliest reference texts, the Honzō wamyō 本草和名 and the Sukehito honzō 輔仁本草)\(^{111}\) that it is old, stored rice rather than recently harvested rice, a mistake that could have been rectified if people had bothered to read the [Tang] Annotated Bencao. In addition, he notes that the type of rice referred to is akin to that available in the Japanese provinces of Shinano and Kai, with the implication that for all medical purposes these are the ones to be used in any medication prescribing it.\(^{112}\)

These kind of extensive comments give us a clear sense of Shōzen’s frustrations, but more often the observation or clarification is brief and to the point. For 菊花 Kiku no hana, the Wamyō has Kawara yomogi カワラヨモギ 河原草;\(^{113}\) For 鱗, the Honzō wamyō has ayu アユ 鮎, but is this a major mistake? The Japanese and the Chinese are at odds;\(^{114}\) For 青魚 the [Honzō] wamyō has Saba サバ 鯖, which doesn’t suit, as in the Bencao this is a big fish;\(^{115}\) For 蟲蛭 Hamaguri, a big Hamaguri, this is a different type, and the Wamyō Honzō has Tagai タガイ 田貝;\(^{116}\) For 橙 Tō, コウジ 柑子 Kouji, the Honzō wamyō has Aetachihana アエタチハナ, which doesn’t suit;\(^{117}\) For 翰子 [read as] Hashibami ハシバミ, I say that this is Shibaguri 柴栗 (small chestnut), and the Japanese hashibami does not correspond to this;\(^{118}\) Regarding 芥子 Karashi, I say that in Japan currently 瞑栗子 Kuzokushi is called 白芥子 shirokarashi, and it is not this.\(^{119}\)

In another case we find that one Japanese term, Awabi kasa アサビカサ (abalone sores), had been applied to a number of Chinese terms: 瘡癬 read as Awabi kasa;\(^{120}\) 瘡瘍 Sensō (ringworm) - Awabi kasa;\(^{121}\) 瘡瘍 Kusō - mushikasa 虫カサ, Awabikasa アワビカサ, mushi no aru kasa 虫ノアル瘡.\(^{122}\)

Sometimes we are led around a little, as perhaps was Shōzen himself, as between fugu and sake: Regarding two fish characters, is this 鰤 the Japanese sake 鰤?, and in Japan this 鰤 is the fuku (fugu) フク [フグ];\(^{123}\) For 鰤鰤魚, the Honzō wamyō has fuku, one theory
has 鮭魚＝fuku, (for which) Honzô wa [myô] has sake サケ;¹²⁴ I say that this 河豚 is probably fuku; one name for this is 吹肚魚 suitouo, the character 吹 corresponds to fuku;¹²⁵ I think this 鰻 is probably sake.¹²⁶)

In another case the correct identification of a fish, as eel or moray eel, would seem to be very helpful, since the medicine involved was thought to be effective in treating one of the truly feared pre-modern afflictions, communicable pulmonary ailments (denshiyô 伝屍病);¹²⁷ For the 鰻, a large version of the tsuchikujiri ツチクジリ 土挟, a proven medicine for debilitation associated with denshi;¹²⁸ For 鰻, this is unagi ウナギ;¹²⁹ For 鰻, the Honzô wamyô has kome コメ 古女, or ebi エビ, which doesn’t suit;¹³⁰ For 鰻 the Honzô wamyô has hajikamiuo ハジカミウオ, another theory has unagi, but I say that it is tsuchikujiri ツチクジリ.¹³¹

Another example suggests even more obvious need for caution and precision: Shôzen notes that with respect to Shiô 雌黃, or yellow ochre, a karamono 唐物, in Japan people consider mercury 水銀 to be yellow ochre, which is a mistake, for it is extremely poisonous.¹³²)

Parenthetically, this reference to toxicity and death enables us to note Shôzen’s concern that names for medicines not be infelicitous. After a long entry on the drug Shien 柴円, used for treating infant febrile ailments, Shôzen, concerned that the original name sounds like “death pill,” announces that he has renamed it:

“I name this and call it Tangenshi 丹元子 (the reason for this is that the violet 紫 (shi) and death 死 (shi) character are homophones and in the world are avoided). As to croton (hazu 巴豆, Croton tiglium L.) and apricot (kyônin 杏仁, Prunus armeniaca L.) granules, there are both large and small, and further the Chinese and Japanese ones are not the same. It says in the Bencao that you strip off the husk, the heart and the membrane, and make one fun equivalent to sixteen granules. Thus Shôzen states that Hematite (Daizheshi/ Taisha [seki] 代赭石) and Halloysite (Chishizhi/Syakuseki [shi] 赤石脂) (each one ryô), powdered cotton seed [巴豆霜, semen crotonis
Taking a honey ball and making them like hemp-seeds and give one pill to infants who are more than thirty-days old, for [infants] from one year and up to two or three years you must give [respectively?] 2–3 pills and 6–7 pills.”

References


2) Man’anpô. Kagaku shoin edition, 1986. This is a reproduction of the edition held in the Naikaku bunko (Cabinet Library).

3) Ton’ishô. Kagaku shoin edition, 1986. This is a reproduction of the edition held in the Naikaku bunko (Cabinet Library).


7) Jôrakuki 常楽記, entry on 1337/1/22, in Hôniwa Hokiichi ed., Gunsho ruijû
8) Man'anpō (KS p. 1398), LII-134, 135.
13) See 1280/4/16 Ingo shojō, in Takeuchi Rizō 竹内理三 ed., Kamakura ibun 鎌倉遺文 (Tōkyōdō shuppan, 1971–1996), volume 18, document 13926. Hereafter, cited as KI, 18:13926. The document notes that during the night of 3/29 Ingo suddenly developed an illness of the genitals (inshitsu), the pain being unbearable, and after daybreak he could take no food or drink for a day; there were no doctors in the area and also no medicine (yakuji) available; through the present he had been unable to treat it.
14) Man'anpō (KS p. 622), XXII-81: While it is not stated in the passage whether this is a Chinese or a Japanese secret tradition, my sense is that it is a Chinese one.
17) Man'anpō (KS p. 621), XXII-79, 80.
19) Shōzen refers to this prescription for treating stomach ailments of adults and infants at least twice. First in Man'anpō (KS p. 576), XXI-39, where he notes that it is a secret prescription, that he has not seen the original text, but it appears in the Japanese work Chōsei ryōyō hō 長生療養方 (unfortunately the extant version of Renki's 蓮基 Chōsei ryōyō hō (Zoku gunsho ruijū, 31.1, 143–173) is apparently not as complete as the original work, and so the prescription to which Shōzen alludes is not included). Second, in Man'anpō (KS p. 1382), LII-71, noting it as secret.
20) Man'anpō (KS p. 1708), LXII-43.

23) *Man’anpō* (KS p. 274), XI-19. The *Bakka kusuri hangan* could be a reference to a physician in the service of the shogun. However, the term *bakka* did not exclusively denote the Kamakura shoguns, but could apply to Kyoto aristocrats also (see J. Mass, "What Can We Not Know About the Kamakura Bakufu," in Jeffrey Mass and William Hauser, *The Bakufu in Japanese History* [Stanford, Stanford University Press, 1985], 15), so any identification would be tentative.


26) *Man’anpō* (KS p. 822), XXX-21, 22.


28) See *Gyokuyō* 玉葉 (Kokusho kankōkai edition), entry for Angen 2 = 1176/10/11. Kujō Kanezane 九条兼実 (1149-1207) notes, after Tanba Norimoto had been accused (apparently wrongly) of participating in a murder prompted by a dispute over tax payments, that Norimoto was not the most talented of physicians, but he had not heard that the techniques for averting illness and promoting long life included the "way of wounding and murdering."


30) *Reiranshū* 霊蘭集, of Hosokawa Katsumoto 細川勝元 (1430-1473). Katsumoto notes at least five examples of an oral tradition (*kuden*) for medicines coming from members of the Wake and Tanba families: Wake Sadashige 定成 (fl. late 1100s), Tanba Tokinaga 時長 (fl. c. 1200), Tanba Naganobu 長宣 (fl. c. 1300), Wake Tsugunari 嗣成 (d. 1355), and Tanba Mitsuyoshi 光吉 (fl. c. 1350). For some information on these people, the reader is directed to Shinmura Taku, *Kodai iryō kanjin sei no kenkyū*.

31) See Koremune Tomotoshi’s 惟宗具俊 *Idanshō* 医談抄 (Fujikawa Yū et al
For a brief look at physicians mentioned in the Kamakura bakufu’s official history, the Azuma kagami, see Higuchi Seitaro 檜口誠太郎, “Azuma kagami wo chûshin toshite mita Kamakura no ishi,” 吾妻鏡を中心としてみた鎌倉の医師 Nihon ishigaku zasshi, 18 (1972), 246-257.

33) Man’anpō (KS p. 358), XIV-6. The phrase is “Wake suemago 末孫,” and may or may not have been written by Shôzen himself. I interpret this as a reference to Shôzen being in the lineage tradition of the Wake, but whether this indicates a formal association, or a general association by virtue of having in some measure been a beneficiary of medical knowledge transmitted by the Wake, is unclear.

34) For the first reference, see Man’anpō (KS p. 375), XIV-71. For the second, Man’anpō (KS p. 223), VIII-97. Note also Man’anpō (KS p. 16), M-63 (for chapter 25, section 7): ”What is commonly called kidney energy is in this category.”

35) Man’anpō (KS pp. 706-707), XXV-68, 69, 70, 71 headnote. Intriguingly, the Ton’ishô also lists this 13-variety Kariroku-gan, but without any comment on provenance, raising the question of when Shôzen knew of the Ishinpô connection (after the Ton’ishô began to circulate?—see below), and if so whether he saw the whole text or just that related to this particular Kariroku-gan [Ton’ishô (KS p. 71), III-50, 51, 52]. The recipes for the two prescriptions are identical (allowing for conversion of different measuring units, Ton’ishô listing in ryô and bu, the Man’anpô listing in bu), except for Kengoshi (asagao), which could be a transcription error (thirteen ryô versus thirteen bu).

36) Kosoto Hiroshi 小曾戸洋, Chûgoku igaku koten to Nihon 中国医学古典と日本 (Hanawa shobô, 1996), 446-447: Tanenari’s 種成 (1221-1288) son Naka-
kage 仲景 (?-1319) copies the Qianjinfang/Senkindō in 1277; in 1301 his son Hirokage 弘景 (?-1349) reads; another son, Hirokage's brother Otonari [?] 音成, reads it in 1309; and Nakakage's son Tsugunari (1275-1355) copies it in 1315, and in copying it checks it against the copy made in 1277 by Nakakage.

37) ibid, 164-165.

38) ibid, 167, 446.

39) See for example: Kokon chōmonjū, 4.124 (NKBT, 130-131), noting a Song merchant visiting the noted scholar Fujiwara Yorinaga 藤原頼長 in the early 1150's; or the Myōkaiki 妙恵記 (Shiryō taisei edition), entry for 1260/4/22, noting the visit of a Song bookseller to the mansion of the diary's author Kazan'in Morotsugu 花山院師藤.

40) See the example noted in the Gyokuyō, entry for Yōwa 2 = 1182/8/29 (2.572), and the telling entry for Shōan 3 = 1173/4/15 (1.294).

41) For a useful overview, see Shinmura Taku, Nihon iryō shakaishi no kenyū 日本医療社会史の研究 (Hōsei daigaku shuppankyoku, 1985), 274-281. But the extent of knowledge of the work is uncertain. The collection of the great bibliophile Fujiwara Michinori 藤原通憲 (see Tsūken nyūdō zōsho mokuuroku 通憲入道藏書目録, in Gunsho Ruijū, zatsu bu 3, 545-554) lists Honzō wamyō, Daguan bencao, and some other works, but not the Ishinpō. It is listed in the 1293 Honchō shojaku mokuuroku 本朝書籍目録 (Gunsho Ruijū, zatsu bu 3, 166-181) along with such Japanese works as Daidō ruijū hō 大同類聚方, Wamyō honzō 和名本草, Shōchū hō 掌中方. But Emperor Hanazono 花園 (1297-1348), who had access to these two collections, read widely and extensively, and who was very aware of the medical afflictions of himself and those around him, reveals no knowledge of it in his diary (for Hanazono's lists of his reading, see Hanazono tennō shinkō 花園天皇宸記 [Shiryō sanshō edition], 1324/12/last, 1325/12/last).

42) Eisei hyōshō 衛生秘要抄 (Zoku Gunsho Ruijū, 31.1, 205-218), was compiled at the request of Saionji Kinhira 西園寺公衡 (1249-1322).

43) Gyokuyō, Kaō 2 = 1170/3/2, noting that Tanba Norimoto brings a copy of chapter 28 of the Ishinpō for Kujō Kanezane's perusal.

44) Ishihara, “Kajiwara Shōzen,” KS 1743-1744. Shinmura Taku, Shussan to seishokukan no rekishi 出産と生殖観の歴史 (Hōsei daigaku shuppan kyoku, 1996), 144, suggests that the Sanshō ruijūshō 産生類聚抄 did not enjoy very wide circulation. Hattori Toshirō, Kamakura jidai igakushi no kenyū, 158-
suggests that it was read by people (1318/1/9 Junnin seikyō shakujō, *KI*, 34:26515), but he feels that Shōzen's writings had no impact on the work. However, it is quite likely that it was written earlier than the *Ton'ishō*.


46) The standard text is the Kokushi taikei edition. For one of the few studies of the work, see Gomi Fumihiko 五味文彦, *Azuma kagami hōhō* 吾妻鏡方法 (Yoshikawa kōbunkan, 1990). In the compilation of the work the editors seem to have had access to hard-to-come-by diaries and other records in the hands of Kyoto aristocrats.

47) For some discussion of the Nikaidō family’s involvement in international trade activity, see Yanagihara Yoshiaki 柳原俊昭, “Chūsei zenki minami Kyūshū no minato to Sōjin kyoryūchi ni kansuru ichi shikiron” 中世前期南九州の港と宋人居留地に関する一試論 *Nihonshiki kenkyū*, 448 (1999), 102–134.

48) For an introduction to this vast subject, see Martin Collcutt, *Five Mountains: The Rinzai Zen Monastic Institution in Medieval Japan* (Cambridge, Harvard University Press, 1981).

There reference to Yukifuji (1246-1302) is of interest here, since he had died prior to the completion of the *Ton'ishô* in 1304. Accordingly, if the Hokiron went into Yukifuji's library while he was still alive, then it cannot have been written after 1302. Alternately, if the reference to the library was to the collection previously owned by Yukifuji, or to a library based upon Yukifuji's collection, then this would not hold. In either case, reference to the library's existence is an important piece of information regarding Kamakura bureaucrat families and their bibliographical activity.

Sadahide died young, but apparently was a very well read individual.

57) Noted in Okanishi Tameto 岡西為人, *Honzô gai setsu* 本草概說 (*Osaka, Sôgensha*, 1977), 358. I have followed Shinmura Taku, *Nihon iryô shakai shi no kenkyû*, 331, who reads the first name as Rôgetsubô, or Liangyuefang, in contrast to Okanishi's reading of Rôgenbô 朗元房 or Liangyuanfang.
59) See Kyoto fu ishikai 京都府医師会 ed., *Kyoto no igakushi* 京都の医学史 (*Kyoto, Shibunkaku*, 1975), 149.
60) *Man'anpô* (*KS* p. 52), 1-87: The *Sôjin Dôkô* (Daoguang) did the clean copy; *Man'anpô* (*KS* p. 91), III-74: The *Sôjin Dôkô* did the clean copy; *Man'anpô* (*KS* p. 166), VI-188: *Sôjin Dôkô* did the copying; *Man'anpô* (*KS* p. 268), X-129: Note that the clean copy was by a *Sôjin*.
63) For the former figure, see the chart inserted at p. 150 of Hattori's *Kamakura jidai igakushi no kenkyû*, for the latter 122-124.
64) I have referred to the *Zôkô Taihei keimin wazai kyoku hô*, in volume 4 in the
Wakoku Kanseki isho shūsei 和刻漢籍医書集成 (Entapraizu, 1988) series.

65) As but one example, which illustrates both points, see the section on Yūhakuhi-san in Man’anpō (KS, p. 934), XXXVI-10, 11. Part of this is translated below.


67) According to the count in Kosoto Hiroshi and Guo Xiuping’s as yet unpublished Man’anpō in’yō shomei sakuin 万安方引用書名索引.


69) Man’anpō (KS p. 1295-1299), XLIX-101-118.


71) See the editions (with commentary by Kosoto Hiroshi) of the Furen daquan liangfang/Fujin taizen ryōhō and the Waike jingyao/Geka seiyō, in Volume 3 of the Wakoku Kanseki isho shūsei (Entapraizu, 1989) series.

72) Kosoto Hiroshi, Chūgoku igaku koten to Nihon, 20.

73) For a very detailed and exhaustive commentary and tabulation of these points, see Adachihara Akiko, “Man’anpō no shōnimon ni tsuite,” and ”「Manan’pō」shōnimon ni mirareru 「Shōkanron」no eikyō.”

74) See for example Watanabe Takeshi 渡辺武, Komai Hiroyuki 古米弘幸, and Nakajima Kōji 中島鉄二, “Ganjin Daiwajō no hihō Karirokugan no sagen to 「Ishinpō」 fūbyō hen, gendaiyaku no goyaku” 鑑真大和上の秘方詞 梨勒丸の再現と医心方風病篇現代訳の誤訳 Kanpō no rinshō, 35.6 (1988), 45-58.


76) See Shaken nichiroku 隼軒日録 (Dai Nihon Kokiroku edition), entry for Bunmei 18=1486/3/14, where Shaken notes that the Ming Chinese (Minjin) Jin Zixi Jin Zixi 金子西 brought to his attention the fact that Japanese mistakenly believed that kansho 甘蔗 or sugarcane is what is meant by satō 砂糖 or sugar, when in fact sugar is the liquid product from boiled sugarcane.

77) Idanmō, section on “yakumei bunbetsu subeki koto,” 215.
80) There is as yet no study that has determined fully which items mentioned in the Man'ansenō are ones not previously found in the Japanese corpus. However, some guide to this is provided by study of Yūrin's Fukudenpō of c. 1362. Of the 114 materia medica listed, it has been suggested that 28 (or around 25%) are recent additions to the pharmacopeia, and that 41 of the 114 are items not listed in other near-contemporary works (Okanishi Tameto, “Chūgoku honzō no torai to sono eikyō” 中國本草的渡来とその影響, 150-153, in Nihon gakushiim Nihon kagakushi kankōkai ed., Meiji zen Nihon yakubutsugaku shi, vol. 2, 1-265).

82) Man’ansenō (KS p. 449), XV-134, 135.
84) Man’ansenō (KS p. 339), XIII-168 (Small characters). Shōzen elsewhere reminds the reader that Chinese and Japanese jujubes are of different sizes, to be taken into account when compounding: Man’ansenō (KS p. 851), XXXI-62: Large jujube 12 granules, Japanese jujubes are small so use 34; Man’ansenō (KS p. 1409), LII-179: I say that the Japanese jujube is smaller and one should use a ryō and powder of three granules; now [heat in?] white powder of mercury, of purgative medicines this is the most powerfully effective; Man’ansenō (KS p. 1444), LIII-78: (Small characters) use 12 dried large jujubes, if Japanese jujubes does one use fifty?
86) Man’ansenō (KS p. 865, XXXI-115, 116, 117). A similar elaboration is made on another occasion also. Man’ansenō (KS p. 1081), XLII-56, 57, (respecting a prescription from the Huorensu/Katsujiensho活人書 and its prescription amounts), I say that four shō are four large sakazuki, a half shō is half a sakazuki; the introduction to the Bencao states that "In sum one shō is patterned on one large sakazuki, five gō are patterned on a medium sakazuki, and three gō are patterned on one small sakazuki.”
87) Man’ansenō (KS p. 262), X-103.
89) Man’ansenō (KS p. 1424), LII-238.
91) Man‘anpdo (KS p. 1063), XLI-89.
92) Man‘anpdo (KS p. 159), VI-129.
95) Ishihara Akira, “Kajiwara Shōzen no shōgai to sono chosho,” 1737.
96) Man‘anpdo (KS p. 584), XXI-70.
98) Man‘anpdo (KS p. 82), III-38.
100) Man‘anpdo (KS p. 1221), XLVII-6.
105) Man‘anpdo (KS p. 16), M-64.
108) I assume this meaning, even though the Man‘anpdo elsewhere provides two slightly different glosses on this: Man‘anpdo (KS, p. 420), XV-17 noting it as inkeichō 陰茎中 pain in the penis, and Man‘anpdo (KS, p. 865), XXXI-115 glossing as suidō 水道 or urinary tract pain.
109) A later entry for To Gōshitsu found in the originally-separate terminology section (Man‘anpdo (KS, p. 1599), LIX-38) is a fairly straightforward note that it is actually Gōshitsu with an extra part for the name, and in other texts is called Jyakujiō.
110) Man‘anpdo (KS p. 1663), LX-137.
111) The Wamyō honzō 和名本草 [kōrai honzō 康頼本草] (Zoku gunsho ruijō, 30.2, p. 453) reads this as hisashiki yone, while the Sukeyo honzō (Zoku gunsho ruijō, 30.2, p. 428) reads it as furuki yone.
114) Man‘anpdo (KS p. 1689), LXI-94.
118) Man'anpô (KS p. 1705), LXII-34.
119) Man'anpô (KS p. 1716), LXII-73.
120) Man'anpô (KS p. 78), III-23.
121) Man'anpô (KS p. 1284), XLIX-60.
123) Man'anpô (KS p. 1625), LIX-141.
125) Man'anpô (KS p. 1693), LXI-111.
126) Man'anpô (KS p. 1693), LXI-112.
127) Denshibyô were the focus of considerable attention. They are addressed in
volume nine of Ton'ishô (KS, 178-189); and were the focus of a work
written in 1334 by the priest Gahô 我家 in Denshibyô nijûgo hô 伝屍病廿五
方 (Zoku gunsho ruijû, 31.1, 264-275).
128) Man'anpô (KS p. 1625), LIX-139.
130) Man'anpô (KS p. 1689), LXI-95.
133) Man'anpô (KS p. 1406), LII-168.