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Koch, A.

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JAPANESE MEDICAL BOOKS IN THE KORNICKI COLLECTION: A BRIEF INTRODUCTION

BY ANGELIKA KOCH

With its emphasis on early woodblock-printed editions of Chinese (*makokubon* 和刻本) and Japanese medical books, the recently donated Kornicki Collection at the Bodleian Library transports us back to the advent of Japanese medicine in print and opens a window on a watershed period around 1600 that witnessed radical new developments in both Japanese medical and print history, with the ascendancy of Chinese Jin-Yuan model-based medicine pioneered by the Manase family of physicians, the introduction of movable-type (*kokatsujiban* 古活字版) printing and the subsequent birth of a commercial publishing industry.¹ As such, the collection extends an invitation to scholars of both medicine and print culture to explore the interplay between these two fields.

Medicine and the evolution of early publishing were, in fact, closely intertwined in Japan in the late sixteenth and early seventeenth centuries following the introduction of movable type from the Korean peninsula in the 1590s during Hideyoshi's military campaigns. Physicians such as Manase Gensaku 曲直瀬玄朔 (1594–1632), equipped with the necessary resources and connections with the ruling elite, were keen to exploit the new technology for disseminating knowledge, and medical works were accordingly among the earliest movable-type printed books.² According to medical historian Kosoto Hiroshi, at least 200 such type-set medical titles

¹ For early developments in print history, see P. Kornicki, *The Book in Japan: a Cultural History from the Beginnings to the Nineteenth Century* (Honolulu, 1998); K. Kawase, *Kokatsujiban no kenkyū* (Tokyo, 1967); H. Takagi, *Chūkinsei ikōki no bunka to kokatsujiban* (Tokyo, 2020).

² On early print and medicine, see T. Aoki, *Edo jidai no igaku. Meiitachi no sanbyakunen* (Tokyo, 2012), pp. 17–19; Kawase, *Kokatsujiban, jō*, pp. 329–36; H. Kosoto, *Chūgoku igaku koten to Nihon. Shoshi to denshō* (Tokyo, 1996); H. Kosoto, *Kanpō no rekishi. Chūgoku, Nihon no dentō igaku* (Tokyo, 1999), pp. 146–8; P. Kornicki, 'Fukun katsujibon Shoshitsu kinkōshū to Baiju no shuppan katsudō: Kokatsujiban shūen no kaimei ni mukete', *Biblia*, 144 (2015), pp. 1–17. For a discussion of the printing activities of the Manase family, see S. Machi, 'The Evolution of Learning in Early Modern Japanese Medicine', in A. Horiuchi and M. Hayek (eds), *Listen, Copy, Read: Popular Learning in Early Modern Japan* (Leiden, 2014), pp. 163–204.

were produced from the 1590s into the early Edo period (1600–1868),³ and within a century the booksellers' catalogues of 1693 contained nearly 500 medical works,⁴ spanning a wide range of medical literature, from expert treatises written in Sinitic (*kanbun*) and translations of the Chinese classics, to health guides and prescription books for non-specialist audiences written in the vernacular.

The majority of the earliest medical printed books in Japan were movable-type reprints of Chinese books.⁵ These are represented in the Kornicki Collection by early block-printed editions of Jin- and Ming-dynasty texts such as Liu Wansu's *Sumen xuanji yuan bing shi* (Jp. *Somon genki genbyōshiki* 素問玄機原病式; Kornicki Collection, 1630 edition), the acupuncture treatise *Shisijing fahui* (Jp. *Jūshikei hakki* 十四經發揮; Kornicki Collection, 1631 edition) and the Ming *Yixue zhengchuan* (Jp. *Igaku seiden* 医学正伝; Kornicki Collection, 1622 edition). China had long been considered a fount of advanced learning in Japan and the sixteenth century saw an influx of new medical knowledge from the continent, primarily in the form of printed books, arriving via the expanding networks of intra-Asian trade, travelling clerics returning from abroad and the looting of cultural goods during the Korean campaigns. In devising his own brand of medicine that was to become the mainstream in early Edo Japan, it was thus unsurprising that the progenitor of the Manase family, Manase Dōsan 曲直瀬道三 (1507–1594), turned to paradigms of Chinese medicine based on Jin-Yuan theories that he encountered when studying under monk-physicians who had trained in Ming China and from imported Ming and Joseon editions of Chinese medical works.⁶

The centrality of Chinese medical paradigms at the dawn of the Edo period – and also the obstacles to their acceptance in Japan – are vividly

3 Kosoto, *Kanpō no rekishi*, p. 148.

4 C. Nagatomo, *Edo jidai no shomotsu to dokusho* (Tokyo, 2001), pp. 31–7. For an (ongoing) bibliography of early modern medical books, see the online resource by M. Mayanagi, 日本の医薬・博物著述年表(所在・公開画像リンク増訂版) 'The Chronological Table of Japanese Writings on Medicine, Pharmaceuticals, and Natural History', <http://square.umin.ac.jp/mayanagi/papero1/ChronoTabJpMed.html>.

5 On the publication of Chinese medical books in Japan, see H. Kosoto et al., 'Wakokubon kanseki isho shuppan sōgō nenpyō', *Nihon ishigaku zasshi*, 36/4 (1990), pp. 459–94; Kosoto, *Chūgoku igaku koten*; M. Mayanagi, 'Edo-ki torai no Chūgoku isho to sono wakoku', in Y. Keiji and K. Shigehisa (eds), *Rekishi no naka no yamai to igaku* (Kyoto, 1997), pp. 301–40; M. Mayanagi, 'Nikkan'etsu no igaku to Chūgoku no isho', *Nihon ishigaku zasshi*, 56/2 (2010), pp. 151–9.

6 On Manase Dōsan and his role in Japanese medical history, see Kosoto, *Kanpō no rekishi*; Aoki, *Edo jidai no igaku*; Kinsei kindai Nihon kanbun han, *Kenkyū seika hōkokusho. Waakushoppu Manase Dōsan. Koisho no kanbun o yomu* (Tokyo, 2009).

captured in early Japanese print. The 1622 edition of *Igaku seiden* in the Kornicki Collection, for example, was the first Japanese woodblock-print edition of a title that was one of the most influential Chinese medical works in the early Edo period. Both Manase Dōsan and his successor Gensaku wrote postscripts to this work endorsing it as a key text of the Manase-style of medicine – and also providing us with a pointer as to how physicians may have encountered such texts at the time:

I have perused these eight volumes [of *Igaku seiden*] for over twenty years and they have given me profound insight into the essential teachings of our school (*tōryū* 当流) of medicine. Therefore, I have added my annotations to them. ... Eiroku 12 [1569], 5th intercalary month, 10th day, [Manase] Dōsan

The *Igaku seiden* is the most highly treasured book in our style of medicine. I have added Japanese readings and red reading marks and have lectured on it to my students.

Keichō 9 [1604], beginning of the 9th month, Enjuin [= Manase] Gensaku⁷

Early Japanese print provided a solution to the limited availability of Chinese imported texts by enabling reproduction in response to demand. As the postscripts imply, the Manase family was involved with the new technology in circulating the canonical works on which they lectured to their myriad of followers. Gensaku and his students had previously been instrumental in several of the earlier movable-type editions of the work, aiming to prepare a definitive, corrected text version by collating several Ming and Joseon editions.⁸

Errors in such imported editions and their Japanese reprints in fact appear to have presented a considerable challenge for the ardent student of continental medical books. Both the *Igaku seiden* and the Kornicki Collection's 1631 edition of *Jūshikei hakki* that was printed in Kyoto as a facsimile of an original Ming copy contain numerous handwritten corrections of typographic errors. Several of the Kornicki volumes indicate that readers routinely studied several copies of the same work and closely

⁷ A 1596 document written in Gensaku's own hand confirms that 'Dōsan was in the habit of studying this book [*Igaku seiden*] from his prime until he was more than seventy.' Cited in S. Machi, 'Kinsei Nihon no igaku ni miru "manabi" no tenkai', *Nihon kanbungaku kenkyū*, 7 (2012), p. 61.

⁸ This is clear from the two postscripts by Gensaku in the Keichō 10 (postscript dated Keichō 8) and Keichō 12 editions (postscript dated Keichō 9) of *Igaku seiden*. A useful bibliographic study of *Igaku seiden* and its postscripts can be found in S. Machi, 'Zaigai Nihon kanbun shiryō tanbō: Shanhai, Kōshū', *Nihon kanbungaku kenkyū*, 1 (2006), pp. 169–205.

compared their contents,⁹ most likely due to the unreliable nature of printed editions.

Perhaps the most significant barrier to the wider dissemination of such texts, however, was the translation of a system of medical thought into the Japanese context, both conceptually and linguistically. As Gensaku mentions in his postscript to *Igaku seiden*, he had added ‘Japanese readings’ and ‘red reading marks’ (i.e. *kunten*) to the work by hand, presumably to make it easier for his students to read and understand. Early Japanese printed editions of Chinese medical books were often mere facsimiles of Ming Chinese editions (*hakubun* 白文) without any further annotations to help Japanese readers tackle the complex foreign texts and their intricate theories. Several items in the Kornicki Collection bear witness to this difficulty in the form of handwritten reading marks and punctuation added by studious readers. The annotations in Manase Dōsan’s personal copies of his canonical works, which were passed down as a treasured legacy to his successors, likewise demonstrate their perceived value, even within a late sixteenth-century family of highly skilled physicians.¹⁰

However, the technological process of providing this additional layer of linguistic information was not without its pitfalls. Perhaps, as Takagi Hiroaki has recently suggested, early movable-type print was still beholden to traditional practices of medieval manuscript culture and secret transmission, which regarded such annotations as knowledge to be passed on personally by an expert, rather than committed to print.¹¹ In any case, the inclusion of reading marks when printing with movable type was a laborious process and hence rarely attempted. It required an impracticably large set of type with different readings directly attached to each character

⁹ The first opening of the Kornicki copy of *Igaku seiden*, for example, contains two handwritten notes in red ink that appear to compare the text to another version (or versions) that omitted certain characters and contained alternatives for others (一本刃之下無以字 and 已一本作矣). Similar notes can be found in the Kornicki copy of *Somon genki genbyōshiki*.

¹⁰ Machi, ‘Kinsei Nihon no igaku’, p. 61.

¹¹ Takagi rejects the traditional technological explanation for the scant use of reading aids in movable-type texts, claiming that this part of the reading process was assigned to oral and handwritten transmission; see Takagi, *Chūkinsei ikōki*, pp. 8, 626–7. From the perspective of medical texts, however, the notion that technology was irrelevant seems untenable in view of the significant number of block-printed editions with added reading aids that appeared from the late 1610s onwards, in many cases facsimiles of earlier unannotated type-set editions (see Kornicki, ‘Fukun katsujibon’, and Kawase, *Kokatsujiban*). Nevertheless, many early printed medical books reveal a link to orality, with postscripts such as Gensaku’s cited above often linking reading aids with lecturing as a form of personal transmission. Since books that were printed with such an educational setting in mind may have relied on oral elucidation, we must not assume that the addition of printed reading marks was an *a priori* goal for every printed book.

(*fukun katsujiban* 付訓活字版), or else the reading marks had to be printed separately from the main body of text as small interlinear glosses (*fukun shokujiban* 付訓植字版), in which case lining them up precisely was problematic. It was much simpler to incorporate reading marks in the case of block printing as they could be carved into the wooden blocks together with the main text. This comparable ease of annotation has often been cited as a factor in Japan's abandonment of type-set printing and return to woodblock printing, which dominated Edo-period publishing from the 1630s onwards.

In view of this, Peter Kornicki has recently turned his attention to the activities of the Kyoto physician Baiju 梅壽 (dates unknown), who was active in medical publishing between the early 1600s and 1630s. Baiju's print oeuvre suggests that demand for glossed versions of texts was a driving force in his return to woodblock printing. He printed only one type-set edition with additional reading aids – the only medical book identified so far printed with this technology – but the annotations are relatively sparse and inconsistent, and have been supplemented by an anonymous reader with handwritten notes in the only extant copy. Baiju increasingly used block printing in the 1620s and 1630s, at times reprinting the very same Chinese (and Japanese) works he had previously issued in movable type, and in these later editions (three of which are in the Kornicki Collection) the annotations are more elaborate and extensive.¹² We can surmise that this ability to incorporate detailed notes is likely to have been an important factor driving printers' choices, particularly in a practical field such as medicine, where a sound understanding of complex concepts might translate into hands-on action. It is certainly an area that warrants further research; for example, given the propensity for producing revised versions of medical works to correct errors, did the ease of correction by means of plugs (*ireki* 入れ木) in woodblocks affect the choice of print technology?

Reading aids were, however, just one practical means of gaining a broader reception and application of Chinese medical knowledge in a Japanese context. Towards this end, other methods and tools were developed to bridge geographic and conceptual differences, including encyclopedic dictionaries of potentially unfamiliar disease names and other medical terminology encountered in Chinese texts. For example, the *Wamyōshu* 和名集 (undated edition in the Kornicki Collection), a reference dictionary compiled by the Manase family that was often reprinted in the seventeenth century lists alternative names as well as Japanese

¹² Kornicki, 'Fukun katsujibon', pp. 1–17.

designations for Chinese materia medica in Japanese alphabetical (*iroha*) order, thus suggesting the need for equating Chinese terminology in imported herbals with the local Japanese flora. It also contains a vocabulary list of terms describing specific methods for processing materia medica, such as ‘putting them on a stick and roasting them over a fire’ and ‘wrapping them in moistened paper and burying them in hot ash’. By the late seventeenth century, abridged translations of popular Chinese medical works such as the *Ihō taiseiron magoshō* 医方大成論和語鈔 (Kornicki Collection, 1702 edition) also became available.¹³ This progressive vernacularization of medical knowledge gave rise to scholarly criticism deploring doctors’ lack of ability to read the original Chinese classics, with the Confucian polymath Kaibara Ekiken condemning ‘quacks’ who ‘had merely read two or three of those recent books that Japanese doctors have been publishing in the vernacular’.¹⁴

Early printed medical books in scholarly Chinese, as well as their accompanying reference works in the vernacular, were primarily aimed at (aspiring) medical experts. A number of learned Japanese physicians continued to use Sinitic throughout the early modern period as a scholarly lingua franca, including for translations of European medical books, but Japanese-language works soon came to constitute the bulk of medical literature and entered the repertory of printed books from an early stage – as did works in the vernacular aimed at a lay audience. Once again, it was the Manase family, particularly its second-generation head, Gensaku, who spearheaded this process in the early seventeenth century with his desire to compile, edit, simplify, condense and circulate knowledge of the Manase style of medicine that his predecessor had so successfully established.¹⁵ A letter written in 1596 from his temporary exile in Hitachi bears witness to his ambition to create ‘a single volume to slip into one’s medicine chest’, as Manase-style works were ‘too numerous’ and complex for easy reference in clinical situations.¹⁶ It is likely that editions of Chinese medical books such as the *Igaku seiden* were printed as textbooks for the many students at Keitekiin, the Manase school in Kyoto, but Gensaku also turned his attention to simple digests for lay readers, producing

¹³ On the Edo-period vernacularization of Japanese medicine, see D. Trambaiolo, ‘The Languages of Medical Knowledge in Tokugawa Japan’, in B. Elman (ed.), *Rethinking East Asian Languages, Vernaculars, and Literacies, 1000–1919* (Leiden, 2014), pp. 147–68.

¹⁴ E. Kaibara, *Yōjōkun. Wazoku dōjōkun*, ed. Ishikawa Ken (Tokyo, 1961), p. 129.

¹⁵ J. Endō and T. Nakamura, ‘Manase Gensaku no chosaku no shomondai. *Sankyō shiyō bassui*, *Saiminki wa Gensaku no chosaku ka*’, *Nihon ishigaku zasshi*, 50/4 (2004), pp. 547–68.

¹⁶ Cited in *ibid.*, p. 558.

vernacular guides to healthy living such as *Enju satsuyō* 延寿撮要 (1599) and dietary manuals outlining easy therapeutic measures.

One such work was *Nichiyō shokushō* 日用食性 (1631; Kornicki Collection, 1642 edition), which provides advice on the health benefits of ‘everyday foodstuffs’, albeit including some exotic ingredients that were not part of a standard Japanese diet, such as dog meat. Soft-boiled and reboiled rice topped the list of ‘excellent foods’, as it was ‘easy to digest when rinsed and steamed until no longer sticky’; other Japanese staple foods such as soba noodles, tofu and soy sauce were apparently more dubious and needed to be carefully avoided in certain circumstances. Each particular ailment required an appropriate diet: leeks, nuts and sea cucumber, for example, were highly recommended for people suffering from hair loss, whereas children with smallpox needed to avoid sugar, oil, aubergines and bamboo sprouts. Along with these detailed guidelines, the handy pocket-sized booklet offered tips on moxibustion, a common home remedy in early modern households, outlining the health benefits of the various moxa points on the body where mugwort was to be burned and explaining how to prepare the herbs and find the specific points on the

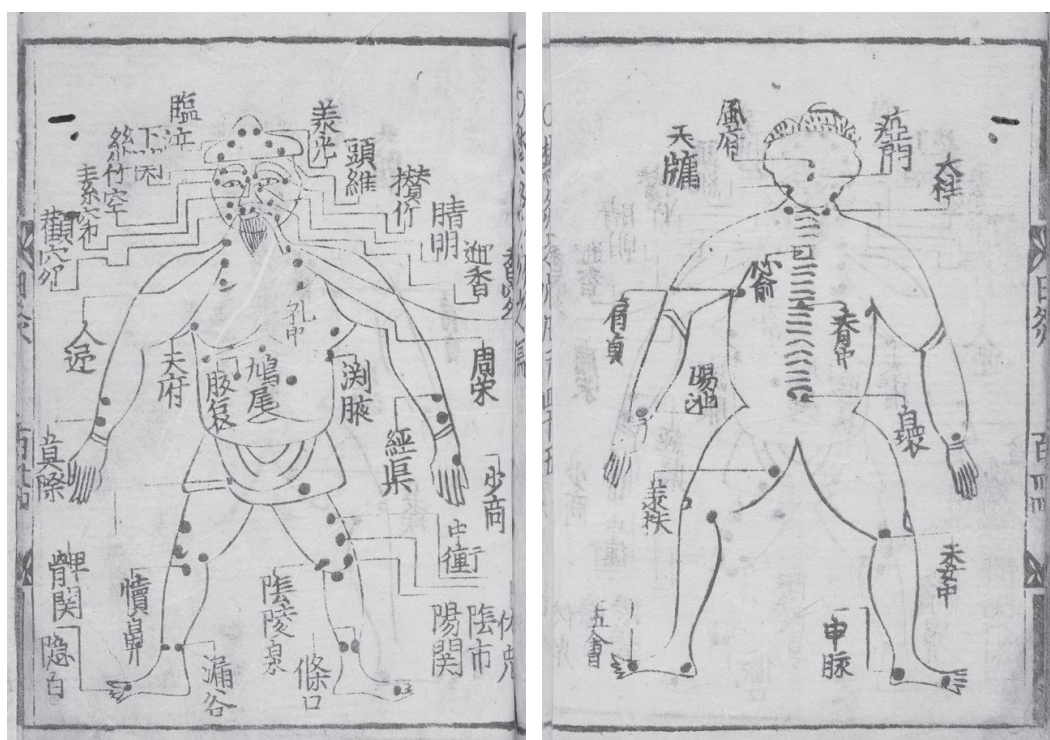


Fig. 1. A chart of moxa points that should be avoided, from Manase Gensaku's dietetic guide *Nichiyō shokushō* 日用食性 (1642), fols 134^r and 134^v.

Bodleian Library, Kornicki donation.

body using the length of the second phalange of one's middle finger – the side adjacent to the index finger of the left hand for men and the right hand for women (fig. 1).

Another medical publication for household use was *Kyūmin myōyaku* 救民妙薬 (1693; Kornicki Collection, 1695 edition), the result of an act of benevolence on the part of Tokugawa Mitsukuni 徳川光圀 (1628–1701), the daimyō of Mito, who ordered his physician to compile a list of prescriptions for people in remote areas with no access to professional medical advice. The resulting compendium of widely available, inexpensive formulae included remedies addressing the (perceived) problems of poor rural dwellers, such as snake and rat bites, abortion, the ingestion of raw meat and eye contact with rat urine. Making use of what would have been readily at hand, it recommended ground-up red cow's tooth against smallpox, gargling with alcohol (*shōchū*) for toothache, and children's dried faeces ingested with ginger juice for 'chest bugs'. Despite such dubious concoctions, it remained in print until the early nineteenth century.

In summary, the medical books in the Kornicki Collection capture the development and variety of printed medical literature in the seventeenth century, from its initial focus on reprints of specialist Chinese medical books to the increasing vernacularization of medical knowledge and access to a broader spectrum of readers that was the hallmark of the early modern period. Medical books are a genre closely linked to the dawn of printing that occurred around 1600 and, as such, hold untapped potential for tackling broader questions in the early history of printing and the circulation of knowledge. How did readers encounter newly imported knowledge? How did their specific needs – as well as those of editors – influence what was printed and the methods used? The Kornicki Collection is an invaluable resource for scholars wishing to explore such issues.