CRITIQUE IN EARLY JAPAN: ISHINPŌ AS A CASE STUDY ON HOW TO READ A TEXT

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Early Japan is a period often termed ancient Japan and occasionally described as medieval Japan by non-specialists who opt for the terminology of the medieval period (ca. 500 – ca. 1500) rather than local expressions of periodization in an attempt at a global scale of study. The terminology to describe Japan can itself be an object of criticism, but for this article, early Japan will include Heian Japan (794-1185) and the focus will be on a text from the mid-Heian period as well as on how this text has been conceptualized in contemporary scholarship.

As with periodization, themes of intellectual history differ significantly based on the purpose and area of study. An investigation of the local development of customs in Japan versus an analysis of intercultural exchange of these customs could present a reader with two different conclusions regarding the same custom. It is often disciplinary boundaries or extant scholarship that distorts the nature of research and not the biases of individual researchers. For example, researching the history of a particular form of music in Japan might lead to an examination of music throughout East Asia or, alternately, draw attention to music and similar forms of artistic performance in Japan. The difference between these is the approach to the study. An oft-overlooked aspect of the late Edward Said’s criticism of scholarship is precisely how a concept or culture is situated (Said 1978, pp. 16-28). The task, and difficulty therein, of situating knowledge and intellectual traditions has been considered in regards to various traditions, including the problematization of this act of ‘situating’ in the Islamic and Korean intellectual traditions (Sabra 1996, Kim 2014).

The focus here is to understand the issues that arise when attempting to situate knowledge in early Japan. As a case study of both the development of knowledge and critique in early Japan, this article employs the early Japanese medical work Ishinpō 醫心方 (Essential Medical Methods, Ch. Yi xin fang).

Before an analysis of Ishinpō and critique is undertaken, the article’s first section examines critique and essentialization to better situate the discussion of Ishinpō. Essentialization plays an important role in the discussion as both what to critique and how a tradition is defined are often demarcated by the frame of reference a study employs. Therefore, various issues of essentialization will also be treated throughout the case study of Ishinpō.

Critique and Ishinpō

Ishinpō was compiled by Tanba no Yasuyori 丹波康顕 (912-995) and presented to the court in 984; it is the earliest extant Japanese medical work. At thirty volumes, it is a large, comprehensive work that covers various issues related to medicine, from traditional concepts of diseases to those of deontology and cultivation. Its content, however, is almost wholly composed of quotations from other works. The length of Ishinpō attests to its breadth and also the extent of Yasuyori’s familiarity with earlier texts containing medical content. The comprehensiveness of the text and the range of excerpts reveal a critique of continental Chinese medical literary tradition, but the emphasis here, though, is on how Ishinpō can be understood as a critique of earlier literature. How Yasuyori conceptualized medicine or understood these earlier sources reveals Yasuyori’s critique of the earlier continental medical literary tradition from which he drew approach and medical knowledge (Khan 2016). Moreover, Yasuyori’s compilation of Ishinpō as a collection of sources functions as the most explicit extant critique of the continental medical literary tradition from early Japan. However, the concept of critique needs to be better understood. Criticizing earlier works or providing a thorough overview of a tradition are various approaches to the concept, but how does critique work and how did it exist?
To understand this critique, the following subsections will address the concept of critique and issues of essentialization when examining any tradition, especially transcultural ones as in the case of the continental medical literary tradition.

Critique and Essentialization

Whereas the focus of this article is on critique in early Japan, it does not consist solely in an examination of direct criticism as traditionally imagined, but also as an exploration of how critique existed without explicit criticism. Geoffrey Lloyd (1996) has noted how approaches to criticism can vary between cultures. Lloyd’s case studies are the intellectual traditions of ancient Greece and China. The case of China is particularly important as early Japan’s intellectual heritage drew on the intellectual traditions of the continent. Lloyd argues that direct criticism was an integral aspect of scholarship in the Greek and Hellenistic worlds whereas, in China, for the very same purpose of establishing oneself, he alternatively notes that the practice was to incorporate one’s predecessors. In other words, in both Greece and China, the works of earlier scholars were manipulated for legitimizing oneself: through explicit criticism in the former and through ostensible subordination in the latter.

While an important facet of critique, criticism can also be applied to a far greater number of cases than simply formal analysis. Its negative connotation, often drawing on its colloquial usage, relegates the term to a context of disparagement rather than engagement. However, in both the case of the Greeks and Chinese, it was through engagement with earlier and contemporary intellectuals that scholars were able to achieve their status or argue their positions effectively. Although Lloyd’s analysis of early China and, through extension, the concept of criticism in early Japan identify a methodology of critique founded in engagement and appropriation of earlier sources, this does not indicate an absence of explicit criticism in early Japan, nor obviously in China. Lloyd’s argument should be understood as demonstrating that elaborate critique of a tradition does not require explicit criticism.

Large trends in a tradition and how we define a tradition develop from our attempts to better understand the nature of these trends and the individuals partaking in them. Therefore, investigating these critiques facilitates essentialization, which, in the case of Ishinpō, can result in distortions of the actual historical realities during the time of Yasuyori. At the same time, these aspects of essentialization are applicable to how Yasuyori conceptualized the continental tradition that he appropriated as a part of his compilation of Ishinpō.

In analyzing how individuals critiqued a native or foreign tradition, the complexity with which non-essential features to the study are investigated remains a decision of the researcher. These non-essential or non-central features are often essentialized for purposes of simplification. In the case of Ishinpō, this applies both to how Yasuyori compiled his work and how later observers have considered Yasuyori’s undertaking. Here, there are two easily essentialized aspects of this study: the continent and the continental medical literary tradition. On the former, China and ‘Chinese’ things will necessarily be contrasted with what is Japanese and, therefore, be significant only in the context of Japan.

Similarly, the latter case of the medical literary tradition presents a tradition that is continental to identify its overseas origins. However, unlike China as a region or source, the continental medical literary tradition existed in historical Japan under different names, including 漢方, a designation popular colloquially in contemporary Japan. In the study of Japan, there are, thus, two continental medical literary traditions: one that was understood and practiced in Japan, whereas the other was what was created and continued on the continent. The former functions as an actual historical reality, experienced by scholars in early Japan dealing with a local Sino-Japanese medical literary tradition whereas the latter is a perceived historical reality, whose accuracy is less important than what it conveys about how the continental tradition was understood at the time.

In particular, the main issue to be addressed is the reality Yasuyori faced. Historians can only use contemporary and later sources to reconstruct this reality, but to do so necessitates an exploration of various facts that inevitably lead to essentialization. Essentialization will be divided into two categories for ease of discussion: essentialization of the obscure and of culture. Both these categories and their subcategories are arbitrary divisions employed with the intent of providing a clear examination of various issues in the essentialization in the study of Ishinpō.

The essentialization of the obscure can be further divided into three subcategories: (a) anachronistic fantasies, (b) biased readings, and (c) creation fictions. The first simply describes presentism in the reading of the past, the second preconceived approaches influencing how the past is interpreted, and the third, instead of an essentialization of factors due to presentism or set biases, is the creation of explanations that are untenable based on sources. In this way, obscurity identifies not the obfuscation of the past, but the inadvertent act of rendering obscure issues relevant and essential aspects of the past. The difference between this form of essentialization and that of culture is simply that cultural aspects did exist in the past, but their essentialization distorts the reality, that is, the weight of their existence in a society at any given time.

These issues of essentialization will be considered as Ishinpō is examined as a text of Yasuyori and a product of early Japan in its critique of the continental medical literary tradition.
Ishinpō and Critique

Being Japan’s oldest extant medical work is one unique feature of Ishinpō, but, that it survives in a critically edited twelfth-century recension, provides its readers with information on earlier recensions of the text (Khan 2016). The critical nature of the Nakarai 半井 manuscript also sheds light on Yasuyori’s own critical approach to medicine.

Tanba no Yasuyori was a bureaucrat working in the Japanese medical bureaucracy of Heian Japan. He held the post of Erudite of Acupuncture 鍼博士 (Jp. hari hakase, Ch. zhēn bōshī) (Hattori 1955). This bureaucracy was modeled on Japan’s Sui and Tang neighbors from the continent (Hattori 1955). It is no surprise then that Yasuyori operated under a continental medical literary rubric. That is, the medical framework he utilized originated in the continent as did the textual sources he employed in his compilation. Ishinpō is therefore both a work of the continental literary tradition and one that is distinctly Japanese. This latter point has been expressed best as a ‘Japanese filter’ by Yamada Keiji (Yamada 1997) although others have described it varyingly (Khan 2016, pp. 162-98).

As a compilation almost entirely composed of excerpts, Ishinpō has faced an odd fate. On the one hand, its preservation of numerous excerpts from texts no longer extant or from those with only later edited versions extant has made the text a treasure trove for philologists, historians, and others (Ishinpō 1984). Preserving earlier continental texts has led scholars studying the continent to find interest in the work, but Yasuyori and his compilation are often considered only as a source for these earlier works. On the other hand, as a Japanese work, it seen as a source for Japanese medicine or Japanese ideas. Neither of these approaches, however, appropriately considers Yasuyori’s critique of the continental medical literary tradition. Kosoto Hiroshi’s examination of Ishinpō (1996), Yamada Keiji’s comments (1997), a recent article by Jen-der Lee (2004), and other work have shed light on this relationship between Yasuyori, Japan, and the continental medical literary tradition. This has led to a more nuanced treatment of Ishinpō and, as with Lee’s work (2004), its critique of the earlier continental medical literary tradition.

With a text compiled almost entirely of excerpts from earlier continental texts, how can critique be understood? Yasuyori faithfully excerpts from earlier texts in the tradition and, therefore, a study of his critique of the tradition cannot be understood as one of which quotations he chooses. Here, Jen-der Lee’s aforementioned work is a useful case study of the complicated nature of enlisting Yasuyori’s text as a work of critique. Lee’s article is largely an extension of earlier Japanese scholarship, but focuses on women’s medicine through an analysis of how Yasuyori addresses and, thereby, changes accepted standards in the continental medical literary tradition. However, if Ishinpō is compiled of excerpts, then how different from the continental medical literary tradition can it be? One problem of this approach, exemplified in Lee’s article, is that utilizing one text over another does not detract from Yasuyori’s participation in the continental medical literary tradition. The question then becomes how he participates within it and returns to the essentialization of certain writers or works. If Yasuyori chose a less-established text or recipe, this simply emphasizes a broader approach to textual selection and in no way identifies a move away from the continental medical literary tradition. However, as Lee’s analysis shows, it does demonstrate that Yasuyori did not follow what was found in what are now considered standards of the medical literary tradition. This, therefore, can be considered an essentialization of culture. How, and in what way, did the continental medical literary tradition exist in Japan is difficult to understand since, while Lee’s article is informative and important in conceptualizing Yasuyori’s approach to women’s medicine, it conflates the tradition as it existed on the continent with how it existed within Japan. If anything, Lee’s work articulates the active nature of Yasuyori as a collaborator of continental medical knowledge, reiterating the statements of Yamada Keiji and Kosoto Hiroshi.

Even so, Lee along with earlier scholarship, has shown that Ishinpō is an invaluable source for understanding the continental medical literary tradition as it existed in Japan and such a project has been undertaken elsewhere (Khan 2016). Since an examination of excerpts in Ishinpō provides evidence of how Yasuyori appropriated the tradition, it is possible to utilize these sources to reconstruct his critique of that tradition. Jen-der Lee’s study of women’s medicine and Yamada Keiji’s of acupuncture both demonstrate how Yasuyori conceptualized medical literature differently from standard texts of the period. Similarly, Kosoto Hiroshi details the wide range of sources that Yasuyori incorporated in his text (1996). The following subsections therefore examine explicit criticism within Ishinpō that demonstrates Yasuyori’s critique of the continental medical literary tradition.

Explicit Criticism

Recent research demonstrates that Yasuyori’s compilation was not only different from earlier texts in the continental medical literary tradition, but that his voice also exists within the text. This current study examines Yasuyori’s authorial voice as a form of criticism. His exhaustive exploration of the continental medical literary tradition is most evident in these examples of explicit criticism.

Ishinpō as a text is divided into different volumes, or scrolls as they exist in the Nakarai manuscript. Each volume consists in topical chapters, normally addressing a specific disease or condition, and it is within these sections that Yasuyori collated excerpts. The first example is an outstanding example of Yasuyori’s explicit engagement with the continental tradition. In volume three, on wind disease, Yasuyori excerpts
from numerous continental sources. In chapter 13, which deals with wind-choking, there is a note by Yasuyori that states:

今案病源論雑有五噎而无声噎風噎候 (Ishinpō vol.3 ch.13)

今案ズルニ病源論ハ五噎有リト難モ声噎風噎ノ
候无シ

Now, I have found that although Bingyuan contains five types of choking, there is nothing on voice-choking or wind-choking (Khan 2016, p. 109).

The Bingyuan cited here by Yasuyori is the well-known Sui-period nosological text compiled by Chao Yuanfang 嵇元方 (d. 630) Zhu bing yuan hou lun 諸病源候論 (Treatise on the Origin and Symptoms of Diseases, Jp. Shoby genkō ron). Most chapters in Ishinpō volume 3 utilize Bingyuan as a theoretical source. However, despite the text’s importance as a theoretical source and its historical significance in the medical literature tradition, Yasuyori envisaged medicine that was not confined to Chao Yuanfang’s organization of medical knowledge. This is further emphasized in that Yasuyori collates sources for medical recipes from the continental medical tradition in spite of Bingyuan not having a section related to the aforementioned issue of wind-choking. Besides the context of this issue, there are also other aspects of Ishinpō that evidence this explicit criticism such as the information Yasuyori chose to include in the text, both in terms of what he did include, as in this example, and what he excluded like pulse theory (Kosoto 1996).

Although these interlinear commentaries are limited in number, they are indicative of Yasuyori’s critical appraisal of the continental medical tradition. Unlike an explicit change in text, this commentary provides evidence of Yasuyori’s participation in the tradition which he critiques. Other examples of Yasuyori’s explicit criticism are also observable in Ishinpō. For example, Yamada Keiji’s study of acupuncture reveals how Yasuyori restructures the knowledge in volume 2 on acupuncture and moxibustion (1997, pp. 18-26). His emphasis on moxibustion over acupuncture reflects trends in Tang-period medicine (Vigouroux 2015, p. 107), but, at the beginning of this volume, Yasuyori includes a clear statement, in his voice, of why he chose the source and method that he did for organizing acupuncture and moxibustion (Goldschmidt 2001, p. 80).

Therefore, Yasuyori’s explicit criticism, in the form of statements and his use of information, reflects his critique of the medical literary tradition from the continent. His emphasis on certain issues demonstrates his own conceptual leanings, which at times is in opposition to accepted standards, such as with Bingyuan. How he structured the text also reveals his critique of the continental tradition, but, in both cases, his critique is a direct product of his use of and participation in the tradition. In other words, Yasuyori’s critique, observable is his collative methodology, is an engagement with the tradition and criticism an adjustment to it, or rather a corrective if considered from the perspective of medicine.

**Tradition and Critique**

The tradition within which Yasuyori participated was not the actual continental medical literary tradition. He must be associated with the tradition as it existed in Japan. His criticisms, while applicable to the actual tradition on the continent, are reflective of his own position within Japan as a medical scholar and participant within a received tradition. It is difficult to separate the actual tradition on the continent from its perception within early Japan, especially since what early Japan believed the former to be is what was appropriated and put into practice. The existence of that tradition is problematic, since any definition of the continental tradition would essentialize it in contrast to Japan or some other concept of boundary or difference. In the case of early Japan, the solution to this problem is easily found in that what writers and compilers believed the continental tradition to be is also to what they responded. Yasuyori’s critique of the tradition and his compilation of Ishinpō are simultaneously two different pursuits present within one enterprise. As the preceding section noted that his critique of the tradition is also an examination of the tradition in addition to a work of medicine, this means that Yasuyori was not free of bias or essentialization. Stated another way, it is precisely because of his bias and essentialization that he was able to produce a critique of the tradition that diverged from its accepted, standard texts. Rather than issues of presentism or biases against content, it is his sociocultural circumstances that provided this impetus for his alternate reading of the tradition. This fact is not limited to Yasuyori or an engagement with a foreign tradition; changes and developments within and between traditions equally result from these circumstances. The concept of tradition is itself the result of essentialization, since it is an inevitable aspect of how a tradition changes as tradition in the context of Ishinpō is a term for a collection of medical texts authored by different people from different periods.

Ishinpō is as much a product of scholarly analysis of the received continental medical literary tradition as is any contemporary study of Ishinpō. For this reason, essentialization is a part of how Ishinpō is contextualized within the history of East Asian medicine, but it does not necessitate a linear connection with the tradition. Chao Yuanfang’s Bingyuan and Yasuyori’s Ishinpō are not only texts within a tradition but also approaches to medicine. By essentializing the tradition of medicine, the focus diverges from the actual conceptualization of medicine. Like Yasuyori’s critique of medicine, Chao Yuanfang’s treatise can similarly be situated as a critique of medical knowledge that preceded him. Yasuyori’s critique is not only a product of the tradition but a reflection of the medical reality that he either perceived or envisaged. If this is the case
for Yasuyori and other medical compilers, how should Yasuyori’s Ishinpō be understood? As a critique of earlier medical works, the answer is clear, but what type of critique is it? Should Ishinpō be understood as Japanese? This question has been considered elsewhere (Khan 2016), but how the text should, or rather can, be situated gives further insights specifically into the nature of Yasuyori’s compilation and about the way in which critique should be understood.

Nature of the Text: How to Essentialize a Text

This final section of the article addresses what essentialization and contextualization mean for the study of a text. Through Ishinpō, it demonstrates the potential methods in a scholar’s repertoire for the investigation of a tradition. As the preceding sections have shown, Yasuyori’s Ishinpō is both a critique of the continental medical literary tradition and an independent undertaking of medicine. That is, as outlined earlier, Ishinpō can function as a Japanese text as described by Yamada Keiji’s ‘Japanese filter’ or in relation to the continental medical literary tradition like in Jen-der Lee’s work. In both cases, neither Japan nor the continent is excluded, but rather one is taken as the dominant trope in Ishinpō and the other understood within that context. To put it in another way, is Ishinpō’s Japaneseness observable in how Yasuyori diverges from the continental tradition? Or, is the continental influence over Yasuyori discernible in Ishinpō despite its Japanese origins? Both questions probe into similar issues, but the difference in their approach will produce very different narratives in response.

The essentialization of Ishinpō can be divided into three aspects: topical, tendencies, and the past. On topical considerations, Ishinpō’s history provides an example of how the interests of contemporary scholars have influenced the reception of the text. Whether this is an issue of its relationship with other medical texts of its period or the needs of contemporary scholarship. In the past century, the rediscovery of the Daoist medical classics encountered at the turn of the twentieth century (Rocha 2015) led to a labeling of Ishinpō as a work of sexual cultivation (Khan 2016). Even here, the question of ‘What is sex?’ should be contemplated, yet scholarly tendencies overshadow considerations of how to situate sex both within the pre-modern period and in the context of medicine.

Tendencies in scholarship engender the interpretation of texts in numerous ways. As the earliest extant and probably the first comprehensive medical work of Japan, Ishinpō can be considered the dawn of Japan’s medical literary tradition. However, the issue of transcultural exchange and Yasuyori’s appropriation of a distinctly continental tradition problematizes how to understand his approach to medicine within Ishinpō. Should these be understood as Japanese tendencies, a tradition set forth by medical writers, or simply the predilection of its compiler Yasuyori? Ishinpō is the work of Yasuyori, but how to situate the text affects how it is interpreted and thus contextualized.

Both the nature of the text and the nature of its tendencies can be linked to how its past is understood. Whereas labels and categories shaped how Ishinpō is interpreted within scholarship, the reconstruction of its past distorts how it is understood as a text. Its heritage in the continental tradition, or, rather, how it is often described, the Chinese tradition, creates a division between Japan and the foreign, but neither Japan nor the foreign are clear distinct entities. The difference exists only because of the terms. Without defining a difference between the two, these terms can only function as obfuscating Ishinpō’s actual past. For this reason, how a researcher conceptualizes the past then influences how Ishinpō is understood in the present.

These three aspects of essentialization occur at the level of researcher and do not exist prima facie. The reading of Ishinpō is therefore mired in its relationship with its interlocutors. This is also true of Yasuyori’s critique of the continental medical literary tradition in early Japan.

Conclusion

This article has primarily focused on two issues: Ishinpō and essentialization. It has utilized Ishinpō as a case study of critique to understand how essentialization exists in scholarship, both at the level of text and at that of researcher. In particular, it has demonstrated the inevitability of essentialization and how it can distort the understanding of a text. In its final content section, however, the article also problematized the issue of tradition. Tradition, critique, and essentialization are all inseparable aspects of interpreting any form of literature. Here, the tradition of Ishinpō was questioned. Critique is an integral part of scholarly production of any period. Yasuyori’s conceptualization of medicine and compilation of Ishinpō reflect this critique of his predecessors, but how to define those predecessors and where to situate his text, it is hoped, has been demonstrated to be largely a result of scholarly interest.

In the study of any tradition, labels and definitions are required. The uncritical acceptance of these labels, however, will lead to misconstrued symbolism. In the example of Ishinpō regarding Bingyuan, it was demonstrated that this uncritical attitude was not shared by Yasuyori. However, it is important to note that even in his departure from Bingyuan, Yasuyori still functioned as a part of the tradition of texts from which it is claimed he broke away. Examining Ishinpō as an individual text still requires a consideration of the various traditions, which often cross-pollinated one another, and cultural regions related to Yasuyori’s intellectual heritage.

Although Ishinpō is a product of early Japan, this discussion can be applied to issues related to the medieval through modern periods. The question is not whether a tradition exists or not, but how those participating in what may be termed a tradition identify themselves. In other words, in the study of any text, how it is situated is largely dependent on the range of sources one considers in...
its analysis. At the same time, rather than limiting a text’s essence, it is useful and instructive, instead, to provide an explicit frame of reference for its examination. Studies of Japan, therefore, need to be contextualized within both a transcultural framework and local arena, a fact already identified as a lacuna in scholarship (Kornicki 1999, p. 10).

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