

Overt and Covert Treasures

Essays on the Sources for Chinese Women's History

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Ishinpo and Its Excerpts from *Chanjing*: A Japanese Medical Text as a Source for Chinese Women's History

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The extreme spring warmth fills my study
My heart like the plum blossom feels excited
Blame me not for enjoying the delicate scent
I am holding the thirty-volumed *Ishinpo* in my hand¹

COMPILATION AND TRANSMISSION OF *ISHINPO*

Ishinpo 醫心方, the oldest extant medical text in Japan, was compiled in the Heian 平安 period (794–1183) by the great imperial doctor Tanba Yasuyori 丹波康賴 (912–995) in 982 and submitted to the throne in 984. This thirty-volume text consisted of nearly eleven thousand entries, excerpted from over two hundred Chinese medical texts imported to Japan prior to Tanba's time, and ranged from medical canons, remedial recipes, texts on the bedchamber arts, life nourishment, materia medica, acupuncture and moxibustion and notes on religious healing.² Modern scholars attribute different reasons to Tanba's taking on this tremendous task at the age of seventy-three. Some say that his goal was to obtain a reward for his services to the imperial house and the citizens in the capital, while others suggest that his intention was to preserve the medical knowledge both of his family and traditional Japan.³ Be that as it may, the fact that Tanba submitted the compilation to the emperor right after its completion and his offspring presented another copy to one of the most powerful official families, the Fujiwara 藤原, shortly afterwards, suggests that the intended readers, and thus the chief beneficiaries of the text, were the upper class. The Fujiwara family built the famous Byōdōin villa 平等院 in Uji 宇治, and the copy preserved in this family was thus later known as the Uji version. It was

consulted by the imperial Erudites in 1145 when they were trying to produce a new annotated version for the imperial copy.⁴ After that, the imperial copy was secretly saved in the imperial library and could be read only by a few select imperial doctors. Those copies available outside the imperial circle were mostly reorganized editions published by Tanba's descendants under their own names. Not until 1573, when Emperor Ōgimachi 正親町 (r. 1557–1586) bestowed the imperial copy on Nakarai 半井, an imperial physician, did the precious compilation go into circulation outside the imperial palace.⁵ Among the thirty volumes, volume 22, which deals with childbirth, was circulated independently and passed through the hands of various collectors.⁶ Toward the end of the Edo period (1603–1867), the Tokugawa government, facing the challenge of Western medicine and culture, launched a campaign to collect and to publish traditional Japanese medical texts, and ordered the Nakarai family to submit their private copy to the official bureau so that a new edition could be published. It was then that the whole compilation of *Ishinpo* came to be known to the world.⁷ The poem cited at the beginning of this article vividly expresses the exuberant emotions of Mori Tachiyuki 森立之 (1807–1885), one of the most important official editors, when he first saw the whole piece. The Edo Bureau of Medical Learning proofread the whole compilation, made a copy of it and published a woodblock edition in 1860, the sixth year of the Ansei 安政 era of Emperor Kōmei 孝明 (r. 1846–1866). Therefore this final production, in both handwritten and woodblock forms, bears the name of the “Ansei edition” 安政版. The original copy from the Nakarai family was later obtained by the Japanese Culture Bureau in 1982 and designated as a national treasure in 1984, the one thousandth anniversary of its first composition.⁸

Taki Genken 多紀元堅, director of the Edo Bureau of Medical Learning and one of Tanba Yasuyori's descendants, wrote the preface for the Ansei edition:

The compilation is in the form of rolls, accurately preserving the traditional style of the Sui-Tang texts. It has thirty volumes, in accordance with the catalogue kept in the Ninna temple 仁和寺. The writings are not in one style and the qualities of the papers are also different. Some are eccentric and mature, in compliance with the stone inscription style. Some strokes are powerful, almost similar to the Jin-Tang calligraphy. Some are austere and with a wonderful flavor. They must have been either from [Tanba's] own handwriting or that of his

students. According to a note from the second year of the Ten'yō period 天養 (1145) in volume 8, this compilation is most likely collected and annotated according to contemporary versions. Even though there are some notes appended by later generations, they are still things from several hundred years ago. Each volume contains one category and is divided into sub-sections. The citations are from the earliest medical canons of Shen, Huang, Bian and Zhang up to the various schools of the Tang. What the text discusses ranges from the general guidelines for healing to the use of food. Each section includes diagnosis first and then remedial recipes, and commentaries if needed. Volume 2, which discusses acupuncture and moxibustion, has a preface of its own. This is exceptional and may have expressed the deepest concern of [Tanba] as an Erudite specialized in acu-moxi. My humble opinions are that Tanba's citations follow the principles of Wang Tao's 王燾 *Waitai miyao* 外臺秘要, but the breadth of his excerpts and the meticulousness of his arguments are even better.⁹

Chinese medical knowledge was first introduced into Japan by Korean Buddhist monks. It was not until 607 did the Japanese send delegates to learn ritual, legal, Buddhist and medical knowledge directly from China. The Japanese government appeared to have been able to understand the fast-changing political situation in China even during and after the An Lushan uprising in 755. Records show that both deputations and visiting monks delivered information back to Japan. In 894, more than a decade before the fall of the Tang dynasty (618–907), the Japanese government finally decided to stop sending embassies to China and thus ended the almost three-hundred-year-long interaction.¹⁰ That is why the Chinese medical texts quoted in *Ishinpo* are all from the Tang and before. When Tanba cited a text, he indicated clearly the source of the reference. This is different from medical authors prior to the Tang dynasty, but in accordance with the style of the mid-Tang medical author Wang Tao (670?–755). The time of *Ishinpo*'s re-emergence and its woodblock publication was a time when traditional Japanese doctors faced the challenge of *Rangaku* 蘭学 (the Dutch Learning), and their passion for this earliest extant Japanese medical text can be imagined. But Chinese scholars were ignorant of the text, and it was not until Yang Shoujing 楊守敬 (1839–1915) visited Japan that *Ishinpo* was introduced into China. Yang was a member of the Qing delegation to Japan and an avid book-collector. He had heard how the Japanese were preserving Chinese rare books before he went to take up his post, and started traveling around for his endeavor

once he arrived in Japan. Yang later became a friend of Mori Tachiyuki and acquired important information from the latter. Before Yang came back to China, he purchased thousands of volumes of texts through his connection with Mori, one of which was *Ishinpo*.¹¹

Ishinpo is a compilation based on Chinese medical knowledge but rearranged and completed by a Japanese doctor. It occupies a significant position in the medical history of both China and Japan. For Chinese historians, the interest lay in the fact that most of the medical recipes cited by Tanba had been long lost since the Song dynasty (960–1279). According to Yang Shoujing's *Riben fangshuzhi* 日本訪書誌, Tanba cited from a huge number of books, some of which were recorded neither in the monographs of books of various Chinese dynastic histories, nor in *Nihonkoku genzaisho mokuroku* 日本國見在書目錄 (*Catalogue of Contemporary Japanese Books*) of the Heian period. The *Catalogue* was composed in 896 by the Heian high official Fujiwara Sukeyo 藤原佑世 (847–897) and listed one hundred sixty entries in the section on “medical texts,” fewer than the number cited in *Ishinpo*.¹² Of course, Tanba quoted not only from medical texts but also from religious documents, but this is an indication of the size of Tanba's collection and his access to large numbers of books. Moreover, some of the texts cited in *Ishinpo* are not recorded in Chinese dynastic histories but only in the Japanese catalogue, which indicates that many of the pre-Tang documents had probably already been lost by the tenth century, when *Ishinpo* was compiled.¹³ Since the Northern Song government (960–1127), in its efforts to restore and annotate ancient documents, edited many of the pre-Tang texts, historians keen to discover the original form and content of early imperial Chinese medicine find *Ishinpo* an important point of reference.

For Japanese historians, *Ishinpo* is important because medical texts composed in Japan at the same time as *Ishinpo* were no longer extant. The first recorded Japanese medical text, the one-hundred-volume *Daidō ruijūhō* 大同類聚方, allegedly compiled in 808 to restore traditional Japanese recipes after the imperial house moved its capital from Nara to Kyoto, was long lost. Another fifty-volume text, *Kinranhō* 金蘭方, composed in 868, had also disappeared.¹⁴ As the earliest extant medical text in Japan, *Ishinpo* is not only considered as a treasure house of historical sources but also honored as the work that foretold the development of Japanese medicine.¹⁵ Japanese scholars have been working on it since the twentieth century and related publications came to a peak in 1984, the year of the compilation's millennium celebration.

My previous research on gender and medicine in early imperial China has also benefited tremendously from *Ishinpo*. Based on its excerpts from pre-Tang medical texts, together with archaeological excavation and traditional documents, I have been able to reconstruct and analyze the history of women as patients and as healers in early imperial China.¹⁶ In the search for sources, however, it is not difficult to get a sense that Tanba had his own perception of women's bodies, and his excerpts as well as categorizations of Chinese medical documents were not exactly the same as the original texts. In other words, *Ishinpo*, as the earliest Japanese medical compilation, is not only a treasure trove of lost Chinese texts but also a source to investigate Japanese medical ideas of the Heian period. The discussion on the female body, illness and remedies appears mostly in volumes 21 to 24. Volume 28, which focuses on the arts of the bedchamber, also involves women, but differs from the other four volumes in that its main concern is men's longevity and immortality. This article will focus on volumes 21 to 24, comparing Tanba's excerpts and their original contexts to investigate the ways in which Tanba chose and edited to express his perception of women's bodies and health as well as the similarities and differences between China and Japan on the issues of women's medicine. As for those quotations concerning women in volume 28, the “Arts of the Bedchamber,” these will be dealt with at the end of the article. Special attention will be paid to the most cited work in these four volumes—*Chanjing* 產經 to show the characteristics of Japanese medicine and to reflect on the distinctiveness of Chinese gynecology.

CHILDBIRTH AS THE ORIGIN OF WOMEN'S DISORDERS

Four of the thirty volumes of *Ishinpo* are dedicated to women's health issues. The hand-copied Ansei edition includes no titles for these four volumes, but the Nakarai family copy gives both volumes 21 and 22 the title “Section for Women”; volume 23 is “Section for Women in Childbirth,” and volume 24 is “Section on Infertility.”¹⁷ Since the Nakarai family version is the most ancient one, these titles may have been used since Tanba's compilation. However, we also know that in 1145 medical Erudites wrote some annotations based on the Uji version, and it is therefore hard to decide whether these section titles were originally inserted by Tanba or added by a later generation. Although the Ansei edition is based on the Nakarai family copy, it does not include the section titles in its publication, which indicates Taki

Genken's hesitation in confirming that the section titles were in the original. But if one reads through the four volumes on women's health, one can easily discern that the main subjects and the ways in which each volume approaches women are somewhat different. Volume 21 deals with gynecological problems and the recipes are targeted at *furen* 婦人 (women). Volume 22 discusses issues of pregnancy, and the recipients of the medication are addressed as *renfu* 任婦 (pregnant women). Volume 23 treats various ailments connected with childbirth, and the patients are referred to as *chanfu* 產婦 (women in labor). Volume 24 handles reproductive difficulties and predicts the sex and future of newborn babies through divination; in this volume, those who are treated for fertility problems are referred to as "women," while those with newborn babies are identified as *mu* 母 (mothers). In volume 28, in which readers are instructed how to obtain health and longevity through the sexual arts, the female sex is addressed mostly as *nü* 女, *nüzi* 女子, or *nüren* 女人, and, on a few occasions, as *furen* 婦人. In view of this, it may be fair to say that the females treated in *Ishinpo* can be divided into two categories, depending on whether they are currently going through the process of childbirth or not. But for Tanba, whichever situation women were in, the most crucial issue for women's health was reproduction.

The first chapter in volume 21, entitled "Origins of Women's Disorders," sets out the reasons why women should have an independent and separate field of medicine. In this chapter, Tanba included only three entries: two from Sun Simiao's 孫思邈 (581?-682) *Beiji qianjin yaofang* 備急千金要方 (hereafter cited as *Qianjinfang* 千金方) and one from Chen Yanzhi's 陳延之 *Xiaopinfang* 小品方, of the fifth century. Through the first entry, Tanba claimed that women needed to have an independent and separate section in a medical book because their blood and *qi* were prompt to irregularity and they were easily injured in the reproductive process. In the third entry, he suggested that women should marry late and have fewer children. In between these two, Tanba analyzed women's emotions and characters, both of which he believed would influence their bodies, and reminded those responsible for caring for women to pay special attention to the connection. All three entries are quoted here.

Ishinpo, volume 21, chapter 1 "Origins of Women's Disorders":

Qianjinfang says, thesis: the reason for women to have separate recipes is their irregularity of blood and *qi* and the damage caused to them by pregnancy and childbirth. That is why women's disorders are ten

times more difficult to cure than men's. If it is a disorder caused by seasonal changes or brought about by temperature difference, [the remedies] are the same as those for men. Only toxic medicines are to be avoided if they fall ill because of these when pregnant. [*Qianjinfang*] says again: women have more desires than men and they are twice as likely to fall ill. In addition, their compassion, admiration, love, hatred, jealousy and anxiety are especially stubborn and deep-seated. They cannot themselves control these emotions and from this the roots of their illness are deep, and their cure is difficult. Therefore, those who are responsible for their care should also study this. *Xiaopinfang* says: it was easier to treat women's disorders in ancient times because they married late, their kidney *qi* was already established and they hardly ever fell ill and rarely suffered from injury. Today, women marry early, the base of their kidneys is not established, and childbirth harms their kidneys. That is why young ladies who fall ill nowadays are hard to cure. Those who marry early and go through childbirth early will be ruined even if they suffer no illness.¹⁸

Here, Tanba cited *Qianjinfang* first to explain the reasons why women should have an independent section in medicine. Even though he put the issues of blood/*qi* and reproduction side by side here, in the following chapters on women's disorders, one finds only a few entries and recipes concerning the blood/*qi* issue, such as black spots on the face, stagnation of breast-milk, damage to the vagina and some menstrual complaints, while the overwhelming majority of entries and recipes are targeted at reproductive problems (see discussions below).¹⁹ The entry cited from *Xiaopinfang* in this chapter focuses on the damage done to women's bodies by childbirth, which resonates nicely with the first entry but makes the second one, concerning women's emotions, somewhat awkward. In fact, if one checks the original text in *Qianjinfang*, one finds that Sun Simiao's argument for women to have an independent section includes four aspects. In addition to childbirth, he also talked about menstruation, physicality and emotions. The full quotation from Sun's work is as follows.

Qianjinfang, volume 2 "Recipes for Women," chapter 1: "Begetting a Son," thesis: the reason for women to have separate recipes is the damage caused to them by pregnancy and childbirth. That is why women's disorders are ten times more difficult to cure than men's. The Canon says: Women are a gathering place of the *yin* influence and are inhabited by dampness. From the age of fourteen on, their *yin qi*

wells up and a hundred thoughts run through their minds, damaging their organ systems within and ruining their complexion without. The retention and discharge of menstrual fluids is either early or delayed, obstructed blood lodges and congeals, and the central pathways are interrupted. The injuries from this cannot be enumerated in words. The internal organs are now depleted, now replete. Malign blood leaks internally, and the *qi* vessels are injured and exhausted. Sometimes they have an immoderate diet, causing damage of more than one kind. Sometimes they have sexual intercourse before their [vaginal] wounds and sores are healed. Sometimes they relieve themselves at the privy above, and wind from below enters, causing the twelve chronic illnesses. All of this is why women have their separate recipes. If it is a disorder caused by seasonal changes or brought about by temperature difference, [the remedies] are the same as those for men. Only toxic medicines are to be avoided if they fall ill because of these when pregnant. For miscellaneous disorders that are the same in women and men, one can consult various volumes throughout this work. Nonetheless, women have more desires than men and they are twice as likely to fall ill. In addition, their compassion, admiration, love, hatred, jealousy and anxiety are especially stubborn and deep-seated. They cannot themselves control these emotions and from this the roots of their illness are deep, and their cure is difficult. Therefore, those who specialize in life-nourishment should particularly instruct their sons and daughters to study these three volumes of "Recipes for Women" until they thoroughly comprehend them, so that there will be no worry and fear when facing alarming situations. Now the four virtues are the pivot around which a female sets up her life and childbirth is the most significant task a woman has. If she does not understand this clearly, how can she prevent premature and wrongful death? Therefore, those who are responsible for caring for them should also study this, make a hand-written copy and carry it at all times, to guard against unexpected dangers.²⁰

According to Sun, the primary reason that women should have their own field of medicine was, understandably, owing to their experiences of pregnancy and childbirth. Such experiences brought them diseases and afflictions that differed from men's and created ten times as many problems as men faced. But it was not only childbirth per se. Menstruation, the most important indicator of a woman's reproductive power, was the major cause of fatigue and discomfort no matter whether it was regular or not. In addition, the way a woman relieved herself, by squatting over the toilet, made her subject to various ailments

brought about by "winds." Women who had sexual intercourse during recuperation would make the situation even worse. To elaborate his ideas, however, instead of stopping at this point of physicality, Sun went on to address women's emotional character. He concluded that women require separate treatment also because they were prone to strong feelings of love and hatred, jealousy and anxiety. In short, their excessive desires, which far surpassed men's, made them all the more difficult to cure.

Sun Simiao's emphasis on ailments associated with childbirth in a way continued the heritage of his predecessors, such as Chen Yanzhi's statements quoted by Tanba. Unlike his predecessors, however, Sun's remarks did not focus on social practices, such as marriage age, frequency of intercourse, and fertility rate, nor on psychosomatic problems that women might encounter in their daily lives. Instead, Sun's blunt statements about women's nature seem to suggest that an independent category of women's medicine was needed precisely because women were different from men. They were, in a word, weak, both physically and psychologically. This gendered view of the body thus served as the foundation for the birth of gynecology in Tang times.²¹

In addition to the above quotation from "Recipes for Women," Sun Simiao also mentioned menstruation as the criterion for separating women and men with regard to their disorders and related treatments in the "Preface" of *Qianjinfang*:

Qianjinfang, volume 1, chapter 3 "Preface: Treatment Guidelines": men are a gathering place of all *yang* and they are inhabited by dryness. Their *yang qi* floats, and if [they] ejaculate strongly, it will cause fatigue and harm of many kinds. But compared to women, [men's disorders] are ten times easier to cure. A woman over fourteen will menstruate. If she catches wind cold, damp heat and suffers from seasonal disorders while she menstruates, she should tell [the doctor about her condition]. If not and the doctor treats her wrongly [i.e., without knowing that she is menstruating], it will add more problems to her disorders.²²

In the nearly three hundred books excerpted in *Ishinpo*, *Qianjinfang* is the most frequently quoted; it provides over one-tenth of the eleven thousand entries.²³ In the title thesis of "Recipes for Women" in *Qianjinfang*, Sun Simiao, like Tanba, discussed pregnancy and childbirth first. However, a difference between the two is also detectable. In the preface of *Qianjinfang*, Sun used menstruation as an

index to distinguish women from men both in their physicality and in their disorders, and asked women to make known their menstruating condition in order to assist their doctor's assessment and prescription. But Tanba did not cite this statement. Moreover, if one compares Sun's original thesis with Tanba's entry, one finds that the latter only quoted the part on childbirth ailments and women's desires, and neglected the emphasis on women as a gathering place of all *yin* and therefore the fact that they are often accompanied by dampness. Tanba also ignored Sun's warning on menstrual irregularities and stagnation of blocked blood, as well as various wind-disorders caused by women's life-styles and living conditions. Most interestingly, Tanba used the phrases "*Qianjinfang* says" and "says again" to link his two excerpts and bypassed the word "nonetheless" that began the original arguments on women's emotions and desire. By doing so, he missed the step-by-step arguments on women's distinctiveness set out by Sun Simiao, thereby implying that the reason for women to have independent recipes related mainly to their reproductive function and ignoring any discourse on women's essentiality. Finally, Tanba added only one citation concerning marriage and childbirth from *Xiaopinfang* to end his first chapter on "Origins of Women's Disorders," thereby placing more emphasis on childbirth than menstruation in his perceptions about women's health problems.

If one turns to *Xiaopinfang*, the text on which Tanba relied so heavily, one also finds that Tanba's concerns on women's health issues were different from Chen Yanzhi's. The twelve-volume *Xiaopinfang* was required reading for medical training at the Tang court. According to Japanese legal statutes issued in 718, it was also listed as one of the two essential texts for medical students.²⁴ The fact that Tanba cited over five hundred entries from *Xiaopinfang* shows that he was working on his compilation in an environment that attached a great deal of importance to the medical knowledge contained in *Xiaopinfang*.²⁵ Since *Xiaopinfang* was lost after the Tang, for centuries historians with an interest in it were only able to find information about it from the excerpts in *Waitai miyao* and *Ishinpo*. Fortunately, in 1984 Japanese scholars found a manuscript copy from the Kamakura 鎌倉 period (1183–1333) in a private library in Tokyo. Although only the first of the twelve volumes is still extant, scholars are able to at least glimpse the purport and contents of this precious book.²⁶ In the preface, Chen Yanzhi discussed the principles of diagnosis and prescription, and claimed that the young and the old should be treated differently, and "women and girls also have different *qi* and blood."²⁷ Therefore, even if

patients had similar disorders doctors should have given them different medication. As for women and girls, the difference lay in menstruation:

Girls and women should be treated differently. A girl over sixteen will have her monthly disorders. If she suffers from wind chills, and other seasonal diseases during her monthly disorder, she should tell [the doctor about her condition]. If she does not, and the doctor treats her wrongly [i.e., without knowing that she is menstruating], it will add more problems to her diseases. Those who prescribe should also ask whether she is having her monthly disorder. Recipes for other diseases are recorded in the first half of the volume on "Recipes for Women." If she falls ill on an ordinary day, the recipes will be the same as for other people.²⁸

This statement from *Xiaopinfang* is very similar to what Sun Simiao put in his guidelines quoted above, but with more emphasis on the importance of menstruation. A tiny discrepancy is that Sun fixed the menarche at the age of fourteen, in accordance with the ancient medical canon, while Chen claimed sixteen as the year of first menstruation, when a woman should be treated differently from a girl.²⁹ In Chen's guidelines, menstrual flow was seen as a kind of disorder (*bing* 病); if a woman fell ill while menstruating, she should be ministered to according to the "Recipes for Women." Since the days of "monthly disorder" are different from "ordinary days," a woman should make her condition clear to the doctor to avoid further problems. Chen Yanzhi's emphasis on menstruation as the key point of women's health issues cannot be overlooked. In comparison, Tanba's excerpts, which focused only on late marriage and fewer deliveries, appeared to have missed the essential argument of *Xiaopinfang*. In other words, for Chen the two categories of the female sex were girls and women, while for Tanba, they were those who were undergoing the process of childbirth and those who were not.

Evidence that *Ishinpo* pays less attention to menstruation as the key issue of women's health can also be found in other chapters in volume 21. There are altogether thirty chapters in this volume and the various disorders recorded in it fall roughly into the category of "Women's Miscellaneous Disorders" in a Chinese medical text. After the first chapter on the "Origins of Women's Disorders," Tanba cited various recipes to treat freckles and pimples, breast stagnation and ulcers, and devoted eleven chapters to detailed instructions on the treatments of itchiness, pain, swelling, injuries, polyps, coldness, disagreeable odor

and prolapse of the vagina as well as problems caused by its size—whether it was too large for a man to feel satisfied or too small to avoid injury during intercourse. Only after thorough discussions of these conditions of the vagina did Tanba devote four chapters to the ailments associated with various menstrual disorders, such as irregularity, abdominal pain, and hemorrhage, and then ended the volume with three chapters on “Recipes for Women Who Desire Men,” “Recipes for Women Who Have Intercourse with Ghosts,” and “Recipes for Women Who Require Abortion and Sterilization.” In all of these chapters, Tanba briefly quoted Chao Yuanfang’s 巢元方 *Zhubing yuanhou lun* 諸病源候論 (ca. 610, hereafter cited as *Bingyuanlun*) to explain the reason for a disorder, and then provided his prescriptions and recipes. But if one examines his excerpts from this work, one finds that the way he cited this first Chinese etiological work was not very different from the way in which he cited Chen Yanzhi and Sun Simiao.

The fifty-volume *Bingyuanlun* was also a very important resource for Tanba when he compiled *Ishinpo*—nearly seven hundred entries among the eleven thousand were quotations from it.³⁰ Chao used eight of the fifty volumes—volumes 37 to 44—to deal with women’s disorders, and focused on wind, depletion, fatigue and coldness to begin his diagnosis of various women’s diseases.³¹ But as noted above, in his thesis on the “Origins of Women’s Disorders,” Tanba focused on childbirth and did not cite *Bingyuanlun* at all, let alone any of the wind-cold depletion arguments from that work. Although Tanba briefly cited *Bingyuanlun* in almost every disorder treated in volume 21, he did not analyze the female body from the blood/*qi* essentials to various organs and body parts. Rather, he arranged his recipes in such an order that they related first to a woman’s face, then her breasts and then her vagina, and he paid extensive attention to various vaginal complaints rather than the conditions of menstruation.

Volumes 37 to 40 of *Bingyuanlun* are entitled “Symptoms of Women’s Miscellaneous Disorders.” In volume 37, Chao began with wind-cold diseases, abdominal pains, menstrual irregularities and abnormal vaginal discharges. He then went on, in volume 38, to discuss various maladies caused by fatigue of the blood and wind affecting the viscera, including hemorrhage and abdominal masses as well as the “thirty-six vaginal discharges,” which may have caused infertility. Infertility is the issue that concludes volume 38 and leads to volume 39, which focuses on women’s reproductive disorders caused by menstrual irregularities. Not until the latter half of volume 39 and

volume 40 did Chao talk about conditions of the face, skin, vagina and breasts in women, and only in volumes 41 and 42 did he handle pregnancy, childbirth and postpartum problems. In his arrangement, Chao discussed menstruation and vaginal discharges before dealing with childbirth; he considered blood/*qi* the key issue of women’s health and menstruation the precursor to reproductive problems. The perception of women’s disorders in *Bingyuanlun* appears to have been in line with *Xiaopinfang*, which pre-dated it, and with *Qianjinfang*, which came after it, and has a similar layout, in terms of content, to the thirteenth-century *Furen daquan liangfang* 婦人大全良方, the first independent gynecological book of Chinese medicine.³²

But *Ishinpo* was different. As noted above, when Tanba cited *Qianjinfang*, he ignored Sun Simiao’s arguments on women’s physiological and psychological distinctions, and focused instead on the damage caused by childbirth. Similarly, when he cited *Bingyuanlun* for brief etiological information, Tanba had his own emphasis. The most obvious difference lies in the fact that Tanba paid much less attention to wind-cold influences on problems with menstruation, which Chinese medical authors seemed to have considered as the origin of women’s disorders. This can be seen from a comparison of the texts of *Ishinpo* and *Bingyuanlun* when the former cited the latter on the issue of menstrual irregularities.

Ishinpo, volume 21, chapter 19, “Recipes to Cure Women’s Menstrual Irregularities.” *Bingyuanlun* says: the two vessels of *chong* 衝 and *ren* 任 [produces] milk in the upper body and menstruation in the lower. If cold and heat are in harmony, the blood will come at the right time. If chill and fever are in disagreement, the menstruation will be too much or too little and it becomes irregular.³³

In this chapter, Tanba, as he often did, first cited *Bingyuanlun* to give etiological explanations for a certain disorder, and then provided relevant recipes to regulate the menstrual cycle. But if one reads the original *Bingyuanlun* statement, it is easy to see that Tanba deleted a large quantity of information and many arguments, and this shows how much less interest he had in the topic of menstruation. (The parts in brackets are those cited in *Ishinpo*.)

[*Bingyuanlun*,] volume 37, chapter 19, “On menstrual irregularities.” A woman’s menstrual irregularities are caused by fatigue that hurts the blood/*qi*, which leads to the body’s depletion and [a state] subject

to wind-cold. The wind-cold resides in the womb (*bao* 胞) and hurts the vessels of *chong*, *ren*, *shoutaiyang* 手太陽 and *shaoyin* 少陰. Both *ren* and *chong* start from the womb and serve as the sea of vessels. *Shoushaoyang* 手少陽, the small intestine vessel and *shaoyin*, the heart vessel serve as an inner-outer pair for each other [and produces milk in the upper body and menstruation in the lower.] But menstruation is the excess of the vessels. [If cold and heat are in harmony,] the *qi* of *chong* and *ren* is strong, [the blood of] *taiyang* and *shaoyin* [will come at the right time. If chill and fever are in disagreement,] the vessels will be depleted and the wind-cold will take advantage of them. The disorders fight with the blood and cause chill or fever. With chill, the blood will stagnate, and with fever, the blood will resolve. Therefore, [the menstruation will be too much or too little and it becomes irregular. . .] (This is followed by a detailed discussion on the connections between vessel conditions, pulses, physical reactions and disorders related to various menstrual irregularities.)³⁴

Chao Yuanfang started his discussion on menstrual irregularities from wind depletion and damage caused by fatigue, just as he did in the first chapter on “Women’s Miscellaneous Disorders.” In this entry, he described various types of menstrual irregularity, including different quantities and frequencies, as well as the impacts on appetite, digestion, the functions of the limbs and the whole body. The examination is based on pulse-reading. In contrast, Tanba chose only a very short discussion on the influence of wind-cold on menstruation and ignored most of the descriptions of menstrual disorders. Most importantly, Tanba omitted the whole etiological argument on pulse analysis. Even the two basic vessels, the small intestine vessel of *shoutaiyang* and the heart vessel of *shaoyin* were overlooked, and only *ren* and *chong* were mentioned briefly. Many entries on menstrual disorders recorded in *Bingyuanlun* consisted of over one hundred Chinese characters, but in Tanba’s citations most were reduced to a dozen or so. Tanba also deleted phrases that made connections between menstrual disorders and infertility, such as *Bingyuanlun*’s claim that “intercourse during menstrual disorders will cause infertility.”³⁵

Actually, Tanba did not totally ignore the influence of menstrual disorders on women’s fertility. In volume 24, chapter 1 “Recipes to Cure Infertility,” Tanba cited *Bingyuanlun* and said:

A sick woman will have no son because fatigue damages her blood and *qi*, which causes the disagreement of cold and heat. The wind enters the

womb and creates illness in the womb. [She will suffer from] scantiness or stagnation of menstruation or hemorrhage and vaginal discharges, which lead to disharmony of the *qi* of *yin* and *yang* and the menstrual flow is disrupted and she will have no sons.³⁶

However, he did not talk about menstrual problems in the “Origins of Women’s Disorders,” nor did he discuss infertility with a focus on various menstrual irregularities. He only mentioned the damage to blood/*qi* disharmony while dealing with infertility issues. From this, one can easily see that when Tanba discussed women’s health and disorders, his main concern was childbirth, and problems with blood/*qi* were regarded merely as a kind of disease and not as the origin of women’s health problems.

Modern Japanese scholars notice that *Ishinpo* records no discussions on the vessel systems when citing *Bingyuanlun*, and point out that Tanba omitted the description of the routes and directions of the vessels even in volume 2, which focuses on acu-moxi treatment. Scholars agree that the ways in which Tanba deleted some of the theoretical arguments in *Bingyuanlun* and supplemented them with other medical recipes indicate that his goal was to compile a clinical guidebook rather than an etiological scheme. As a practical text, *Ishinpo* ignored theories about vessel systems and related descriptions of symptoms in its treatment of menstrual irregularities, and this application is in accordance with the principle of simplification that runs through the whole text.³⁷ However, if one reads on to volume 22, in which Tanba dealt with pregnancy and childbirth, one finds that his detailed and careful approach to treating ailments related to these was impressively different from his attitude towards menstruation. One of the most important features may have been his excerpts from *Chanjing* 產經, the birth canon, and its ten images of “Monthly taboo points for pregnant women.”

ISHINPO’S EXCERPTS FROM CHANJING AND ITS “IMAGES OF TABOO POINTS”

Medical historians have noted that when Tanba cited *Bingyuanlun* he made it a rule to omit any discussion about vessel theories, even in volume 2, which focuses on acu-moxi treatment. Since *Ishinpo* contains no forewords or editorial guidelines, modern scholars can only speculate on Tanba’s ideas through his method of compilation. Yamada Keiji 山田慶兒 explains that in traditional Chinese vessel systems, acupuncture

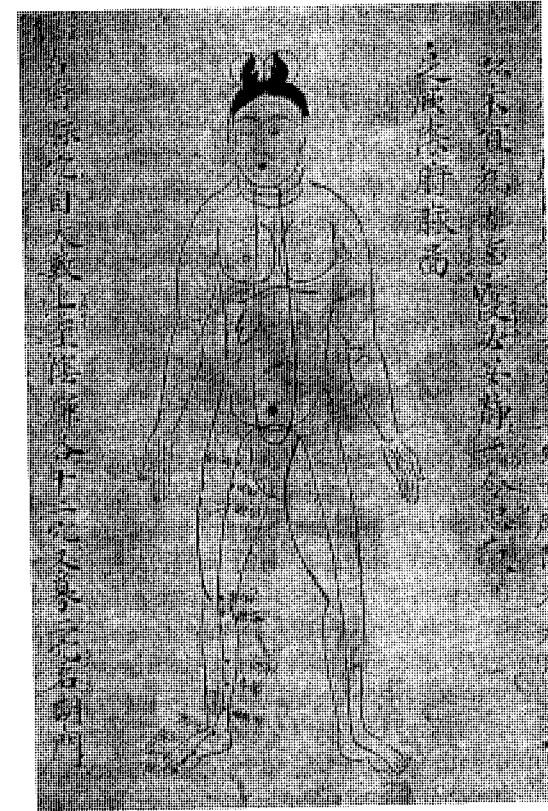
points are the points where the progression of the *qi* in various vessels can be detected, and therefore acu-moxi texts are often accompanied with charts and images to display the route of a certain vessel and its acu-moxi points. But in Tanba's compilation, both theories and routes of the vessels were omitted, leaving the acupuncture points simply as a collection of sites on the body instead of interconnected points that give a complete picture of the system. Yamada claims that in volume 2, "Acu-moxi treatment", Tanba arranged acupuncture points according to their locations on the torso and limbs instead of the position of those on the vessels, which testifies to Tanba's choices and changes in medical conceptions of the body.³⁸ But the interesting aspect of this is that although Tanba bypassed charts and images in volume 2, he still included a set of images with acupuncture points in his compilation, and that is presented in volume 22, which deals with points that are taboo in pregnancy.

Volumes 22 to 24 deal with pregnancy and childbirth, for which the most important source for Tanba was neither *Bingyuanlun* nor *Qianjingfang*, but *Chanjing* 產經 (*The Birth Canon*), a text presumed to have been written by De Zhenchang 德貞常 of the Sui dynasty (581–618). Volume 22 provides recipes to calm, to nourish and to educate the fetus and finishes with several abortifacients. Volume 23 discusses various childbirth taboos, medication for complications and information on postpartum care. Volume 24 focuses on infertility and makes predictions about the lives of newborn babies via divination methods. Most of the entries in these three volumes come from *Chanjing*, a text long lost in China and only partially preserved in *Ishinpo*. In volume 22, chapter 1, "Monthly Vessel Images and Taboo Methods for Pregnant Women," Tanba cited *Chanjing* to explain the development of the fetus, showing that the woman's body was governed by a different vessel in each of the ten months of pregnancy and warning against acu-moxi practices on the relevant monthly vessel so that both the fetus and the mother could be protected from reckless treatment. For instance, in the first month of pregnancy, *Ishinpo* forbids acu-moxi practices on the liver vessel. The whole section reads as follows:

In the first month of pregnancy, it is called [the stage of] beginning to form (*shixing* 始形). Her diet should be delicate, well-done, vinegary and sweet. She should not have intercourse and eat nothing bitter or pungent. It is called [the stage of] beginning to support. (*Bingyuanlun* says: she should eat barley.)

The first month is governed by the *zujueyin* 足厥陰 vessel, and one should not do acu-moxi on this vessel. The *zujueyin* vessel is liver and liver governs the muscle, therefore, she should not engage in hard labor. She should sleep in quietness and not be frightened.

Liver Vessel of *zujueyin*



The above Liver Vessel starts from the point *dadun* 大敦, goes up to *yinlian* 陰廉, and has altogether twelve acupuncture points. Also two front points (*muxue* 募穴) named *jimen* 期門. Also two back points (*shuxue* 輸穴) on each side of the ninth spinal bone at a distance of one and a half *cun* 寸 [away from the spinal bone]. Do not do acu-moxi on any of the above points or it will cause danger.³⁹

Since *Chanjing* is no longer extant, whether these figures of pregnant women in *Ishinpo* were copied from the original or were drawn by Tanba to illustrate his arguments when compiling the text is difficult to decide. However, a thorough reading of the words and images gives a sense of fluent continuity that seems to suggest an original combination of the two. Moreover, if one compares the most ancient version, that of the Nakarai family, with later versions such as the Ninna temple version, one notices that the pregnant women were presented in different ways. In the Nakarai-family version, which bears the original Tanba fingerprints, the women have two hair-coils, a hair-style popular in China from the Northern Dynasties to the Tang, and no pubic hair is shown. In later versions, however, the women have long, flowing hair, typical of the Heian period and the pubic hair is clearly displayed. Scholars who study the transmission of different versions of *Ishinpo* therefore agree that the women's images in the Nakarai family version were most likely copied from *Chanjing* when Tanba cited information from it.⁴⁰

Since Tanba omitted the vessel theories and their routes and directions, why did he retain these images with partial vessel lines and their acu-moxi points in volume 22? What are the similarities and discrepancies between these images when compared with other vessel charts? As the only images found in *Ishinpo*, and perhaps the earliest extant images of the vessel system, these illustrations attract the attention of both historians and medical practitioners.

If one compares these images with other charts, one soon finds that the lines that represent various vessels in *Ishinpo* are somewhat different. Take the above image for example: most often the images that show the vessels' routes include lines that traverse the whole body, not only from foot to leg but also extending to the torso. But the above image of the Liver Vessel *zujueyin* shows only the acu-moxi points of the lower limb, without continuing to the upper limb or the torso. Moreover, a red line that is not seen in any other charts appears in the above image to link the woman's neck, fetus and the Liver Vessel into one virtual composite.⁴¹

In addition, the acu-moxi points displayed on the above Liver Vessel are not exactly the same as those recorded in *Huangdi mingtangjing* 黃帝明堂經 or *Zhenjiu jiyijing* 針灸甲乙經, nor those in *Qianjinfang*. For instance, the above image shows that there are altogether twelve points from *dadun* to *yinlian*, one more than in all the other medical texts. This is because *Ishinpo* enlists the acu-moxi point *sanyinjiao* 三陰交 as the

intersection of the Liver Vessel *zujueyin* and the Spleen Vessel *zutaiyin* 足太陰脾脈 and marks this point in both images.⁴² Actually, early Chinese medical authorities had different opinions about the location of *sanyinjiao*. Some suggested that it should be "three *cun* up from the inner ankle" while others suggested "eight *cun* up from the inner ankle." *Waitai miyao* and most acu-moxi texts today follow the former, while *Qianjinfang*, *Qianjinyifang* 千金翼方, *Taiping shenghuifang* 太平聖惠方 and *Ishinpo* follow the latter.⁴³ In fact, *Waitai miyao* alone records three different locations for the *sanyinjiao* acu-moxi point; along with the three-*cun* and the eight-*cun* spots, it also cites a sixth-century text, *Jiyanfang* 集驗方, and proposes a spot "one *cun* up from the inner ankle."⁴⁴ It appears that medical authorities of early imperial China held different opinions as to the location of *sanyinjiao* and since these texts were all quoted in *Ishinpo*, Tanba probably elected to show his own opinion by pointing it out on the images.

In addition to *sanyinjiao*, *Ishinpo* also shows several acu-moxi points on the Spleen Vessel *zutaiyin* that are different from those shown in other medical canons. For instance, points such as *dadu* 大都, *gongsun* 公孫, *taibai* 太白, and *shangqiu* 商丘 are marked on different spots in *Ishinpo* and in *Huangdi mingtangjing*. Several other points, such as *yingchi* 營池 and *taiyin* 太陰 on the Spleen Vessel and the point *quchi* 曲尺 on the Stomach Vessel of *zuyangming* 足陽明胃脈 are seen only in *Ishinpo* but not in extant medical texts such as *Mingtangjing* 明堂經. (See Appendix 1 for the different locations of various acu-moxi points in different texts.) This shows that pre-Tang medical authors had more than one opinion on the vessel systems and the acu-moxi points on those systems. Tanba, as a recipient of all this medical knowledge, had to make his own decisions clear and images may have been the best way to present his ideas. Moreover, these images included in volume 22 not only demonstrate Tanba's judgment on the locations of various acu-moxi points but also exemplify the great attention he paid to childbirth as well as his trust in *Chanjing*.

Tanba considered damage caused by childbirth to have the most serious impact on women's health, and he saw it as the origin of women's disorders. So much so that even when he omitted the vessel theories in etiological discussions, he retained vessel images and related acu-moxi points in volume 22 in order to help pregnant women. In addition, he cited numerous childbirth instructions and taboos from *Chanjing* in volume 23, to inform the family about preparing the birthing tent, placenta burial, various treatments for complications

and postpartum care. In volume 24 Tanba cited *Bingyuanlun* and *Qianjinfang* as the beginning of his discussion on infertility and explained that this was most often caused by injury or illness affecting the couple. He then quoted from various medical texts to provide herbal medicine, acu-moxi remedies, instruction in the sexual arts and religious practices so that a woman could conceive, her doctor could confirm the pregnancy and, working together, they could transform the fetus from female to male. Following this, Tanba spent two-thirds of volume 24 citing divinatory methods from *Chanjing*, using the times and geomantic directions of childbirth to predict the newborn's sex, life expectancy, fortune and its relations with its parents. He then concluded volume 24 with facial and bodily evaluations of men and women to provide references for marital decisions. This was to be followed by volume 25, on pediatrics. It was through the contents and arrangement of *Ishinpo* that Tanba revealed his focus on childbirth as the origin of women's disorders, and his most important source on women's health was *Chanjing*, the Birth Canon.

Chanjing is not a general medical text but a specialized book on childbirth. Its significance in *Ishinpo* needs further exploration. Modern scholars have attempted to figure out the "most-quoted books in *Ishinpo*" and have come up with some "top ten" lists. Of the works on these lists, Sun Simiao's *Qianjinfang*, Ge Hong's 葛洪 *Zhouhoufang* 肘后方, Su Jing's 蘇敬 *Xinxiu bencao* 新修本草, and Chao Yuanfang's *Bingyuanlun* were all important medical texts in early imperial China. Other texts, such as *Bencaojing* 本草經, *Mingtang* and *Xiaopinfang* were required reading in the recruitment of imperial doctors both in China and Japan. Among these most-quoted texts, *Mingtang* was cited mostly in volume 2 (which discussed the acu-moxi treatments), and the others were spread somewhat equally through different volumes of *Ishinpo*. In contrast to this, in volumes 21 to 24, none of the above texts were quoted very frequently. For instance, *Bingyuanlun*, which supplied the etiological and theoretical position in *Ishinpo*, was not often quoted in these four volumes; and when it was quoted, the original wordings appear to have been significantly omitted, as we have discussed earlier. On the other hand, Tanba cited *Chanjing* with such unprecedented frequency that the text was pushed up to the sixth most-quoted on the top tens according to one of the lists.⁴⁵ The content of *Chanjing* includes pulse-taking to confirm pregnancy, transformation of the sex of a fetus, recipes and instructions for easy delivery and predictions about the newborn's life, i.e., almost everything necessary concerning

childbirth. The ninth-century *Nihonkoku genzaisho mokuroku* put it in the category of "Medical Recipes," but in the "Monograph of Books" (*Jingjizhi* 經籍志) in *Suishu* 隋書, it was catalogued under the "Five Elements" (*Wuxing* 五行).⁴⁶ In one way this testifies to the shifting nature of "Recipes and Techniques" (*Fangshu* 方術) scholarship, but in another way, it also displays vividly the socially inclusive nature of knowledge surrounding childbirth.

Since there is no preface in *Ishinpo*, it is hard to confirm Tanba's criteria for selecting texts and recipes. Except in volume 2, "On Acu-moxi Treatment," where Tanba gave a very short introduction at the beginning, we find no other volumes starting with the compiler's own words. Noting the exception in volume 2, Taki Genken remarked that it "may have expressed the deepest concern of [Tanba] as an Erudite specializing in acu-moxi." However, with regard to the whole compilation, Tanba provided no explicit information whatsoever as to his intention, and modern scholars can only speculate on his ideas through comparing the excerpts in *Ishinpo* with their original Chinese contexts. Such comparisons have brought some success in understanding Tanba's view on medicine, which Japanese historians refer to as "the Japanization of Chinese medicine." This view can be detected when scholars study Tanba's handling of acu-moxi treatment, materia medica, and dietary instructions as well as the arrangement of the whole text. From this present research, it can also be seen in the field of women's health.

THE JAPANIZATION OF CHINESE MEDICINE: CHILDBIRTH AS THE FOCUS OF "RECIPES FOR WOMEN"

Ishinpo was published in the late Edo period, a time when Japanese traditional doctors were facing the challenge of Dutch medicine. One can imagine the joy and sensation this first Japanese medical text caused, by simply reading Mori's poem cited above. But before long, the Tokugawa Bakufu fell from power and the Meiji government (1868–1912) upheld Western learning. The significance of *Ishinpo* was eclipsed somewhat, and volume 28, "On the Arts of the Bedchamber," was once banned by the government due to its sex-related content.⁴⁷ However, since the beginning of the twentieth century, Japanese scholars interested in Heian-period medicine, and hoping to understand the introduction of Chinese knowledge to Japan, have found no better avenue to this than studying *Ishinpo*. The prestigious Japanese monk Kūkai 空海 (773–

835) once used medicine as an example to explain to the emperor the purport of esoteric Buddhism, which is an interesting insight into Heian attitudes and preferences at a time when so much Chinese culture was being absorbed into Japan.

Kūkai presents a memorial to the throne, saying “Kūkai hears that there are two purports when Sakyamuni preaches. One is explicit and the other is secret. Among all the canons, the prose and the poems (gatha) are explicit while the incantations (dharani) are secret. The explicit are like the canons of *Taisu* 太素 and the *Bencao*, which discuss the origins of disorders and distinguish the characteristics of medicine. The secret incantations are like preparing medicine according to the recipes and removing illness by swallowing it. There is no way to cure diseases through discussing recipes and canons with the patients. One must confront the disease and prepare medicine according to the recipes to get rid of maladies and to preserve one’s life.”⁴⁸

In the early twentieth century, when Fujikawa Yū 富士川游 was introducing the medical developments of the Heian period, he quoted the above memorial and suggested a contemporary distinction between theoretical and clinical medicine.⁴⁹ Indeed, in his memorial, Kūkai not only used this distinction as a metaphor but also listed herbal recipes ahead of medical canons in order to promote his belief in esoteric Buddhism. Apparently, the significance of etiological theories occupied quite a different position in the minds of the Heian literati than in those of their Chinese counterparts.⁵⁰ *Ishinpo* was compiled within such atmosphere, and its practical characteristics inspire modern Japanese scholars who see in its compilation the commencement of the Japanization of Chinese medicine. For instance, Hattori Toshirō 服部敏良, who wrote prolifically after World War II to try and preserve the Japanese tradition, was the first to point out Tanba’s rearrangement of excerpts from Chinese materia medica to accord with local production and needs.⁵¹ Mayanagi Makoto 真柳誠, who has published several articles on *Ishinpo*, confirmed that Tanba expressed his medical concepts and developed an alternative Japanese system through omitting theoretical arguments, evaluating different herbs and recategorizing recipes excerpted from Chinese texts.⁵² By the same token, Kosoto Hiroshi 小曾戸洋 has noticed Tanba’s deletion of both the vessel theories and the detailed descriptions of ailments, while Yamada Keiji remarks on the disconnection between a vessel and its points in *Ishinpo*. All these suggest that, whether aware of it or not, Tanba was breaking away

from the Chinese authors he quoted and was forming his own ideas of medicine.

This article examines the discussion on women’s health in *Ishinpo* and points out that Tanba considered childbirth the main focus, thereby deviating from the Chinese texts he quoted, in which much more weight was given to menstrual irregularities. Although Tanba cited *Qianjinfang* in volume 21 to validate the independent “Recipes for Women,” he ignored Sun Simiao’s arguments on the distinctiveness of women’s physicality and emotionality due to the fact that their bodies were a gathering place of all *yin*, and focused mainly on childbirth injuries. In volume 22, in order to protect pregnant women, Tanba broke with his own pattern of omitting vessel elaborations and charts, and provided ten images to pin down the exact taboo points. Moreover, he cited unprecedentedly detailed information from *Chanjing* to establish a web of protection for women in pregnancy, childbirth and postpartum care in the following three volumes. Then, in the second half of volume 24, Tanba alluded to *Chanjing* in connection with predictions about the life of the newborn and the fortune of its mother, and this is followed by volume 25 on pediatrics. In this manner, he linked a woman’s health in particular, and her life in general, with childbirth.

In addition to volumes 21 to 24, *Ishinpo* also mentions women’s bodies in volume 28, in its discussion on life-nourishment through sexual arts. But the concerns here are different and the readers targeted are men, who are taught to select youthful women as sexual partners in order to enhance their own health and longevity.⁵³ Although in chapter 3, “Nourishing the *yin*,” of volume 28, the Queen Mother of the West is recorded as having used young boys in intercourse in order to achieve immortality, her example is condemned as disreputable and not to be followed.⁵⁴ In chapter 21, “Begetting a Son,” the intended readers are also men, who are advised to conduct intercourse in a correct way so that they can father good, healthy sons, an overtone very different from the infertility issues discussed in volume 24.⁵⁵ Likewise, although in chapter 25, “Recipes for Women Who Have Intercourse with Ghosts,” Tanba admitted that intercourse with ghosts could be a disorder afflicting both men and women, he provided only limited recipes and advised the readers to go back to “Recipes for Women” in volume 21 for more information.⁵⁶ Finally, at the end of volume 28, Tanba devoted three chapters to the treatment of various complaints involving looseness, pain and injuries to the vagina. The contents not only repeat some of the treatments already presented in volume 21 but

also pay more attention to tightening the vagina to enhance a man's pleasure rather than for the sake of the woman's health.⁵⁷ Although a separate volume on sexual arts demonstrates the different degrees of interest in the topic between Tanba and his Chinese predecessors, the rationale behind the recipes reveals no discrepancy at all. The intention is to enhance the health and longevity of men, rather than women.

Altogether Tanba included four volumes (146 pages) on women's health issues in *Ishinpo*, of which three volumes (117 pages) were on childbirth, and only one volume (with fewer than 30 pages) was about women's miscellaneous disorders, including menstrual irregularities. The principle of practicality, such as omitting theories and simplifying quotations, can be seen in these four volumes as in the rest of the compilation. With regard to women's health, however, *Ishinpo* shows a much greater concern with childbirth, an attitude which sometimes allows Tanba to break away from the general principles of his compilation. While both traditional societies valued childbirth and saw mothering as a woman's vocation, the medical authorities in Japan and China approached the issue with different discourses. The fifth-century *Xiaopinfang* warns against early pregnancy and frequent deliveries, which may harm a woman's health in her youth, but in his discourses on women's disorders, its author Chen Yanzhi first distinguishes girls and women by the menarche and sets out his argument on the basis of the regularity of menstruation. In line with this, *Bingyuanlun* begins the volumes on women's diseases with menstrual disorders while *Qianjinfang* makes its case for independent "Recipes for Women" through a step-by-step argument from a woman's reproductive function to her physical and emotional distinctiveness, a gendered body view based on her "being inhabited by dampness since the age of fourteen." This continuous emphasis on menstruation as the origin of women's health problems led to the establishment of Chinese gynecology in the thirteenth century and a standardized format in medical texts in this field, i.e., menstruation, vaginal discharges, pregnancy and childbirth.

Ishinpo is the oldest extant medical text in Japan. The second-oldest medical text is the 1081 *Iryakushō* 醫略抄 composed by one of Tanba's descendants. This book contains no section on gynecology and includes only seven chapters of recipes to protect the fetus, the content of which is no different from that of *Ishinpo*. After that, in 1312 the first Japanese text on obstetrics, *Sansei Ruijushō* 產生類聚抄, was published and in 1315 Kajiwarra Seizen 梶原性全 published his 62-volume *Mananbō* 萬安方, which covered disorders during pregnancy, childbirth

and postpartum care, but included nothing on women's miscellaneous diseases such as menstrual irregularities. In the 1360s, a Buddhist monk named Kitano Yurin 北野有隣 composed *Fukudenhō* 福田方, in which he quoted from *Qianjinfang*, claiming that "women are a gathering place of the *yin* influence and are inhabited by dampness" and "women's disorders are ten times more difficult to cure than men's." But immediately after these two quotations, the author moved straight on into discussion of pregnancy, childbirth complications and post-partum care, with no further elaboration on the blood/*qi* theory and nothing on menstrual problems.⁵⁸ Not long afterwards, Aki Shutei 安芸守定 was appointed as "women's physician" in the imperial court and became the first specialized gynecology doctor in Japan. However, his fame was still based on childbirth care rather than etiological theories and he received the post because of his obstetric services for General Ashikaga Yoshimitsu's 足利義滿 family. It was not until 1546, when Nanjō Sōkan 南条宗鑑 was inspired by Chen Zhiming's *Furen daquan liangfang* and published his own compilation of the three-volume *Senshu fujinhō* 撰聚婦人方, that Japan acquired its first "Recipes for Women" and Japanese doctors started to list women's health problems in the order of menstruation, pregnancy, childbirth and postpartum care. But Nanjō, similar to Tanba in his handling of the Chinese originals, claimed that Chen Zhiming's book was "too copious and hard to follow in practical application" and therefore decided to excerpt mostly the useful recipes instead of detailed discussion on etiological theories.⁵⁹

Even though from the mid-sixteenth century on, Japan had its first specialized "Recipes for Women," which commenced its discussion of women's health with menstruation, after Emperor Ōgimachi bestowed the imperial copy of *Ishinpo* on the Nakarai family in 1573, the part which was most circulated was still volume 22, the one dealing with childbirth. It is also worth noting that there are more copies of volume 22 preserved than of any other volume, and many of the other versions are not complete, a fact that seems to point to a Japanese uniqueness with regard to its focus and the development of women's medicine. In the end, this investigation into the difference in the handling of women's health and disorders in *Ishinpo* and its Chinese sources has not only provided us with another example to help in our understanding of the Japanization of Chinese learning but also reminded us, as Chinese historians, of the constructed, rather than innate, characteristics of Chinese women's medicine.⁶⁰

APPENDIX: DIFFERENT ORDERS OF ACU-MOXI POINTS ON THE SPLEEN VESSEL OF ZUTAIYIN AS SEEN IN DIFFERENT MEDICAL TEXTS

<i>Ishinpo</i> 《醫心方》 vol. 22 image	<i>Huangdi mingtangjing</i> 《黃帝明堂經》	<i>Huangdi zhenjiu jiyijing</i> 《黃帝針灸甲乙經》	<i>Qianjinfang</i> 《千金方》	Modern <i>Acu-moxi Text and Chart</i> 今本《針灸胸穴圖譜》
Yinbai 隱白	Yinbai	Yinbai	Yinbai	Yinbai
Dadu 大都	Dadu	Dadu	Dadu	Dadu
Kongsun 孔孫 (Gongsun) (公孫)	Taibai 太白	Taibai	Taibai	Taibai
Dabai 大白	Gongsun	Gongsun	Gongsun	Gongsun
Shangqiu 商丘	Shangqiu	Lougu	Shangqiu	Shangqiu
Yingchi 營池	None	None	None	None
Taiyin 太陰	None	None	None	None
Lougu 漏谷	Lougu	Yinlingquan	Sanyinjiao	Sanyinjiao
Yinjiao 陰交	Sanyinjiao 三陰交	Diji	Lougu	Lougu
Diji 地機	Diji	Shangqiu	Diji	Diji
Yinlingquan 陰陵泉	Yinlingquan	Sanyinjiao	Yinlingquan	Yinlingquan
Xuehai 血海	Xuehai	Xuehai	Xuehai	Xuehai
Jimen 箕門	Jimen	Jimen	Jimen	Jimen

ENDNOTES

- Mori Tachiyuki 森立之 (1807–1885), *Ishinpo teiyō* 醫心方提要, in *Dainihon shiryō* 大日本史料, comp. 1, vol. 21 (Tokyo: Tokyo University Press, 1968), p. 208.
- Ma Jixing 馬繼興, “Yixinfang zhong de guyixue wenxian chutan” 醫心方中的古醫學文獻初探, *Nihon ishigaku zasshi* 日本醫史學雜誌 31, no. 3 (1985): pp. 326–371.
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- Mori, *Ishinpo teiyō*, comp. 1, vol. 21, p. 164.
- Mori, *Ishinpo teiyō*, comp. 1, vol. 21, pp. 167, 231. Also, Kosoto Hiroshi 小曾戸洋, *Chūgoku igaku koten to Nihon* 中國醫學古典と日本 (Tokyo: Kakushobō, 1996), pp. 570, 585.
- Sugitatsu, *Ishinpo no denrai*, pp. 112–119.
- Kosoto, *Chūgoku igaku koten to Nihon*, pp. 532–585.
- Sugitatsu provides a chart to illustrate the transmission of various editions of *Ishinpo* in the thousand years after its compilation. See Sugitatsu, *Ishinpo no denrai*, p. 290.
- Taki Genken 多紀元堅, preface to the Ansei version of *Ishinpo* (Taipei: Xinwenfeng chubanshe, 1982).
- The famous visiting monk Ennin 円仁 (794–864) provided detailed descriptions of Tang-dynasty China in his diary. See Edwin O. Reischauer, trans., *The Record of a Pilgrimage to China in Search of the Law* (New York: Ronald Press Company, 1955). One of the latest studies covers Ennin's encounters with and impressions of the local administration. See Huang Ching-lian 黃清連, “Yuanren yu Tangdai xunjian” 圓仁與唐代巡檢, *Bulletin of the Institute of History and Philology, Academia Sinica* 68, no. 4 (1997): pp. 899–942.
- Yang's collection was later donated to and kept in the National Palace Museum in Taipei. For recent research on the scholarship of Mori and his friendship with Yang, see Wei Xiumei 魏秀梅, “Jianghu kaozheng yixue chukao—Senlizhi de shengping yu zhuzuo” 江戶考證醫學初考——森立之的生平與著作, *Xin shixue* 新史學 14, no. 4 (2003): pp. 121–156.
- Fujiwara Sukeyo 藤原佑世 (847–897), *Nihonkoku genzaisho mokuroku* 日本國見在書目錄 (Taipei: Xinwenfeng chubanshe, 1875–1907). This version is a reprint of the Guyi collection from the Guangxu era.
- Yang Shoujing 楊守敬, *Riben fangshuzhi* 日本訪書誌 (Beijing: Beijing tushuguan chubanshe, 2002).
- See Fujikawa Yū 富士川游, *Nihon igakushi* 日本醫學史 (Tokyo: Shokabō, 1904), pp. 73–78; Hattori Toshiro, *Heian jidai igakushi no kenkyū*, pp. 134–137; and the unfinished manuscript of Kaji Kanji 梶完次, prepared for

- publication by Fujii Naohisa 藤井尚久 ed., *Meijizen Nihon sanfujin kashi* 明治前日本婦人科史, in *Meijizen Nihon igakushi* 明治前日本醫學史, vol. 4 (Tokyo: Japan Academy, 1964), p. 42.
- 15 Yamada Keiji 山田慶兒, "Nihon igakujishi—yokoku no sho toshite no Ishinpo" 日本醫學事始—預告の書としての醫學方, in *Rekishi no naka no yamai to igaku* 歴史の中の病と醫學, eds. Yamada Keiji and Kuriyama Shigehisa 栗山茂久 (Kyoto: Shibunkaku, 1997), pp. 1–33.
- 16 For instance, see Lee Jen-der, "Gender and Medicine in Tang China," *Asia Major* 16, no. 2 (2003): pp. 1–32. Also, Lee Jen-der 李貞德, *Nüren de Zhongguo yiliaoshi: Han-Tang zhijian de jiankang zhaogu yu xingbie* 女人的中國醫療史—漢唐之間的健康照顧與性別 (Taipei: Sanmin shuju, 2008).
- 17 For the Nakarai version, see *Kokuhō Nakaraikepon Ishinpo* 國寶半井家本醫心方 (Osaka: Oriento shubanshya, 1991).
- 18 *Ishinpo*, vol. 21, 2a. All the page numbers in this article are based on the Ansei edition unless otherwise indicated.
- 19 When introducing the medical developments of the Heian period, Fujikawa Yū cites this paragraph to comment on the "narrowness of contemporary gynecology." See Fujikawa, *Nihon igakushi*, p. 101.
- 20 Sun Simiao 孫思邈, *Beiji qianjin yaofang* 備急千金要方, vol. 6 (Taipei: Hongye shuju), vol. 2, p. 16. This version is a reprint of the Edo copy of the Song edition.
- 21 For a detailed discussion, see Lee Jen-der 李貞德, "Han-Tang zhijian qiuzi yifang shitan—jianlun fuke lanshang yu xingbie lunshu" 漢唐之間求子醫方試探—兼論婦科濫觴與性別論述, *Bulletin of the Institute of History and Philology, Academia Sinica* 68, no. 2 (1998): pp. 283–367, especially 313–317. Charlotte Furth's work further documents the establishment of Chinese gynecology in the thirteenth century, when the renowned Song doctor Chen Ziming 陳自明 elaborated on Sun Simiao's arguments. See Furth, *A Flourishing Yin: Gender in China's Medical History, 960–1665* (Los Angeles and Berkeley: University of California Press, 1999), especially chapter 2, "The Development of *Fuke* in the Song Dynasty."
- 22 Sun, *Qianjinfang*, vol. 1, p. 2.
- 23 According to Ma Jixing, "Yixinfang zhong de guyixue wenxian chutan," p. 364, of the 10,877 entries in *Ishinpo*, 1,273 are excerpted from *Qianjinfang*.
- 24 Isō Inryō 惟宗允亮, *Seiji yōryaku* 政事要略, collected in ed., *Shintei zōho kokushi daikei* 新訂增補國史大系, ed. Kurohan Katsubi 黑板勝美 vol. 28 (Tokyo: Yoshikawa kōbunkan, 1964), p. 698.
- 25 According to Ma Jixing, "Yixinfang zhong de guyixue wenxian chutan," p. 362, 541 of the 10,877 entries come from *Xiaopinfang*, which is the seventh most quoted book in the whole compilation.
- 26 Kosoto Hiroshi 小曾戸洋, "Shōhinbō shoshi kenkyū" 小品方書誌研究, in *Zaidanhōjin maeda ikutokukai sonkeikaku bunko zō shōhinbō: Kōtēnaikyō mēdō koshōhon zankan* 財團法人前田育徳會尊經閣文庫藏小品方·黃帝內經明堂古鈔本殘卷, ed. Kitasato kenkyūjo fuzoku tōyō igaku sōgōkenkyūjo ishibunken kenkyūshitsu 北里研究所附屬東洋醫學総合研究所醫史文獻研究室, hereafter cited as *Shōhinbō koshōhon zankan* 小品方古鈔本殘卷 (Tokyo: Kitasato kenkyūjo fuzoku tōyō igaku sōgōkenkyūjo, 1992), pp. 63–80.
- 27 *Shōhinbō koshōhon zankan*, p. 5.
- 28 *Shōhinbō koshōhon zankan*, pp. 14–15.
- 29 Medical canons such as *Huangdi neijing* (*The Yellow Emperor's Canon*) sets menarche at the age of fourteen. See Guo Aichun 郭靄春, ed., *Huangdi neijing suwen jiaozhu* 黃帝內經素問校注, vol. 1 (Beijing: Renmin weisheng chubanshe, 1992), p. 9.
- 30 According to Ma Jixing, "Yixinfang zhong de guyixue wenxian chutan," p. 360, 668 of the 10,877 entries are from *Bingyuanlun*, which is the fourth most quoted book, following *Qianjinfang*, *Geshifang* 葛氏方 and *Xinxiu bencao* 新修本草. But according to Kosoto Hiroshi's calculation, *Bingyuanlun* is the most quoted book in *Ishinpo*. See Kosoto, *Chūgoku igaku koten to Nihon*, pp. 532–585. Different calculations arise from different interpretations of the characters *yun* 云 (says), *you yun* 又云 (says again) and *an* 案 (notes) in various entries. While Ma Jixing counts each occurrence of "says" independently as one entry, Kosoto counts the "says again" and "notes" after each "says" as the same entry excerpted from a book.
- 31 Chao Yuanfang 巢元方, *Zhubing yuanhou zonglun* 諸病源候總論, vol. 37 (Beijing: Renmin weisheng chubanshe, 1991), p. 1069. Work hereafter cited as *Bingyuanlun*.
- 32 Scholars pay great attention to the order of women's health issues laid out in medical texts, from menstruation, vaginal discharge and pregnancy to childbirth, and discuss its significance in understanding the development of Chinese women's medicine. See, for instance, Ma Dazheng 馬大正, *Zhongguo fuchanke fazhanshi* 中國婦產科發展史 (Taiyuan: Shanxi kexue jiaoyu chubanshe, 1991), pp. 153–154; Lee, "Han-Tang zhijian qiuzi yifang shitan": pp. 313–317; Furth, *A Flourishing Yin*, pp. 59–93.
- 33 *Ishinpo*, vol. 21, 17b–18a.
- 34 *Bingyuanlun*, vol. 37, pp. 1082–1084.
- 35 *Bingyuanlun*, vol. 37, pp. 1086–1087.
- 36 *Ishinpo*, vol. 24, 2a.
- 37 Hiramata Naoki 平馬直樹 and Kosoto Hiroshi, "Ishinpo nihiku shobyō genkōron no jōbun kentō—sono shusha sentaku hōshin shotan 醫心方に引く諸病源候論の條文檢討—その取舍選擇方針初探," *Nihon ishigaku zasshi* 日本醫史學雜誌 31, no. 2 (1985): pp. 255–257.
- 38 Yamada, "Nihon igakujishi—yokoku no sho toshite no Ishinpo," pp. 18–26.
- 39 *Ishinpo*, vol. 22, 3a.
- 40 Sugitatsu, *Ishinpo no denrai*, pp. 190–196.
- 41 Yamada, "Nihon igakujishi—yokoku no sho toshite no Ishinpo," pp. 24–25.
- 42 *Ishinpo*, vol. 2, 35a.
- 43 For discussion on different opinions of the three *cun* and the eight *cun*, see Sun Yongxian 孫永顯, "Yixinfang zhong de jingmaitu" 醫心方中的經脈圖, *Zhonghua yishi zazhi* 中華醫史雜誌 31, no. 3 (2001): pp. 175–177.

- 44 *Waitai miyao* records three different spots. For the one-*cun* opinion, see vol. 16, 456b, citing *Jiyanfang* 集驗方. For the three-*cun* opinion, see vol. 6, 181b, citing *Qianjinfang*, *Zhouhoufang* 肘後方, *Gujin luyanfang* 古今錄驗方 and vol. 19, p. 532b, vol. 39, 1095a. For the eight-*cun* opinion, see vol. 26, 712b, citing *Qianjinfang*.
- 45 This is according to Ma Jixing's calculation. See Ma Jixing, "Yixinfang zhong de guyixue wenxian chutan," pp. 326–371.
- 46 Fujiwara Sukeyo, *Nihonkoku genzaisho mokuroku*, pp. 71, 80; Wei Zheng 魏徵 (580–643), Linghu Defen 令狐德棻 (583–666), *Suishu* 隋書 (Beijing: Zhonghua shuju, 1973), p. 1037.
- 47 Sugitatsu, *Ishinpo no denrai*, p. 279.
- 48 Fujiwara Ryōbō 藤原良房, *Shoku Nihon kōki* 續日本後紀, collected in Kurohan Katsubi 黑板勝美 ed., *Shintei zōho kokushi daikei* 新訂增補國史大系, vol. 3 (Tokyo: Yoshikawa kōbunkan, 1966), p. 32.
- 49 Fujikawa Yū, *Nihon igakushi*, pp. 91–92.
- 50 For Chinese medical authors' respect for the canons and their ways of expressing their own ideas on etiological theories, see Li Jianmin 李建民, Arakawa Midori 荒川綠, trans., "Chūgoku igakushi ni okeru kakushin mondai" 中國醫學史における核心問題, *Naikei* 內經 151 (2003): pp. 16–36.
- 51 Hattori Toshirō, *Heian jidai igakushi no kenkyū*, p. 141.
- 52 Mayanagi Makoto 真柳誠, "Ishinpo kansanju no kisoteki kenkyū" 醫心方卷30の基礎的研究, *Yakushigaku zasshi* 藥史學雜誌 21, no. 1 (1986): pp. 52–59; Mayanagi Makoto 真柳誠, "Ishinpo shoin no shinnōkei, shinnōshokukei ni tsuite" 醫心方所引の神農經、神農食經について, *Nihon ishigaku zasshi* 31, no. 2 (1985): pp. 258–260.
- 53 For discussion on the intended readers of sexual art manuals and their gender significance, see Charlotte Furth, "Rethinking Van Gulik: Sexuality and Reproduction in Traditional Chinese Medicine," in *Engendering China: Women, Culture and the State*, eds. Christina K. Gilmartin, Gail Hershatter, Lisa Rofel, and Tyrene White (Cambridge, MA: Harvard University Press, 1994), pp. 125–164. Also, Lee Jen-der 李貞德, "Han-Tang zhijian yifang zhong de jijian furen yu nüti weiyao" 漢唐之間醫方中的忌見婦人與女體為藥, *Xin shixue* 新史學 13, no. 4 (2002): pp. 1–36.
- 54 *Ishinpo*, vol. 28, 7a–8a.
- 55 For a detailed discussion on reproductive medicine in early imperial China and its gender connotations, see Lee Jen-der, "Han-Tang zhijian qiuzi yifang shitan": pp. 297–309.
- 56 *Ishinpo*, vol. 28, 38b–39a.
- 57 *Ishinpo*, vol. 28, 47a–49a.
- 58 Kitano Yūrin 北野有隣, *Yūrin Fukudenbō* 有林福田方, edited and proofread by Masamune Atsuo 宗正敦夫 (Tokyo: Nihon koten zenshu kankōkai, 1936).
- 59 Nanjō Sōkan 南條宗鑑, *Senshu fujinhō* 撰聚婦人方 (Osaka: Oriento shubanshya, 1996). For the significance of this first gynecological text in Japan, see Fujikawa Yū, *Nihon igakushi*, pp. 319–321.
- 60 It is not uncommon to find changes and accommodations during the transmission of ideas from one culture to another. The introduction of

medical knowledge and practices from India to China also witnesses some interesting borrowing and translation. In the field of gynecology, for instance, see Chen Ming, "Zhuan Nü Wei Nan, Turning Female to Male: An Indian Influence on Chinese Gynaecology?" *Asian Medicine* 1, no. 2 (2005): pp. 315–334.