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# Nakashima Yūgen's Medical Cases: Acupuncture Practice in Late Tokugawa Japan*

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## ABSTRACT

The publication of Sino-Japanese acupuncture textbooks and the production of acupuncture mannequins and charts became necessary components of the appropriation and dissemination of the channels theory in Tokugawa Japan (1603-1868). However, very little is known about its implementation in clinical practice. There is also scant information on why and how often patients visited acupuncture specialists, or what treatment they received. The casebooks of Nakashima Yūgen's 中島友玄 (1808-1876) daily practice add an important perspective, hitherto neglected, to the history of late Tokugawa period acupuncture practice. In this article, I begin by examining the changing medical environment of Tokugawa Japan from the late seventeenth century, focusing on the vernacularization of medical knowledge and the new concern for clinical practice as a source of knowledge. In conjunction with biographical information, I then reconstruct Nakashima Yūgen's day-to-day acupuncture practice focusing on the data within five of his acupuncture casebooks, and discuss how the theoretical knowledge related to the channels theory that circulated in print during the Tokugawa period translates into his clinical practice.

**Key words:** Tokugawa Japan, acupuncture, clinical practice, Edo period, Sino-Japanese medicine

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# 1. Historical Context

The seventeenth century witnessed a fantastic economic expansion, with the Genroku period (1688-1704) as its apotheosis. The features of this growth included the expansion of rice yields, the development of extensive transportation networks through a complex pattern of coastal traffic, a major road infrastructure that linked all major cities of the country, and the emergence of Edo, Osaka, Kyoto, and Nagasaki as major commercial centers.[1] As Susan Hanley shows in her book on Tokugawa material culture, these economic developments, combined with the long period of peace, the diffusion of technology, and material improvements in sewage and waste management, spurred an improvement in the standard of living and physical well-being that would continue to rise throughout the Tokugawa period.[2]

This urbanization process coincided with the emergence of new discourses on health cultivation, and the central government's new concern over people's access to medical services.[3] In the late Genroku period, the government promulgated a series of laws to liberalize the production and distribution of medicines, which resulted in a spectacular growth of pharmacies in urban centers and the emergence of new actors willing to take their share in the burgeoning medical market. Buddhist temples, for example, became more and more involved in the production of divinely formulated remedies targeting specific ailments that attracted people from all over the country.[4] Two decades later, the

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1 L. M. Cullen, *A History of Japan, 1582-1941: Internal and External Worlds* (Cambridge: Cambridge University Press, 2003), pp. 63-94.

2 Susan B. Hanley, *Everyday Things in Premodern Japan: The Hidden Legacy of Material Culture* (Berkeley: University of California Press, 1997).

3 Yamanaka Hiroyuki 山中浩之 argues that during most of the seventeenth century, the Bakufu and most domains did not show much interest in the health of people living in urban centers and villages who relied mostly on temples and local shamans (祈禱師) when seriously sick. Yamanaka Hiroyuki, "Zaigōmachi ni okeru ika to iryō no tenkai 在郷町における医家と医療の展開," in Nakabe Yoshiko 中部よし子 (ed.), *Ōsaka to shūhen sho toshi no kenkyū* 大坂と周辺諸都市の研究 (Osaka: Seibundō shuppan, 1994), pp. 371-372.

4 Duncan Ryūken Williams, *The Other Side of Zen: A Social History of Sōtō Zen Buddhism in Tokugawa Japan* (Princeton, NJ: Princeton University Press, 2005), p. 92. Barbara Ambros also argues that *oshi* 御

shogun Tokugawa Yoshimune 徳川吉宗 (r. 1716-1745) adopted a new series of measures to promote domestic production of medical herbs that used to be imported at high costs, such as the Korean ginseng, and thus available only to wealthy people. These policies attempted to answer an increasing demand for herbal remedies in Japan in the early eighteenth century by making them accessible at a more affordable price.[5] The Bakufu also ordered the compilation of the *Fukyū ruihō* 普救類方 (*Classified Recipes for Widespread Aid*), a book of simple medical recipes using local ingredients, compiled by the official doctors Hayashi Ryōteki 林良適 (1695-1731) and Niwa Seihaku 丹羽正伯 (1691-1756), in an attempt to help the diffusion of basic medical knowledge to people living in remote areas.[6]

Despite these attempts to popularize medicines, people in urban centers and villages certainly did not have equal access to medical services. Townsfolk benefited from a large range of medical specialists, whereas remote villages in the countryside were what we would call today "medical deserts" and had to rely on a system of mutual aid to access doctors.[7] The *Jinrin kinmō zui* 人倫訓蒙図彙 (*Illustrated Encyclopedia of Humanity*) published in 1690 gives an idea of the kind of medical specialists available in urban centers in the late seventeenth century. According to their affliction, people could consult a physician (医師), an acupuncturist (鍼師), an eye care specialist (目医師), a masseur

師 (religious specialists) combined the activities of proselytizer and healer. Barbara Ambros, *Emplacing a Pilgrimage: The Ōyama Cult and Regional Religion in Early Modern Japan* (Cambridge, MA: Harvard University Asia Center, 2008), p. 136.

5 Kasaya Kazuhiko, "The Tokugawa Bakufu's Policies for the National Production of Medicines and Dodonæus' Cruijdeboeck," in W.F. Vande Walle and Kasaya Kazuhiko (eds.), *Dodonæus in Japan: Translation and the Scientific Mind in the Tokugawa Period* (Leuven: Leuven University Press, 2001), pp. 167-186. Because of its huge demand for Korean and Chinese drugs, Japan had a trade deficit with these two countries. Another reason for encouraging the production of domestic drugs was the increasing problem of fake drugs circulation on the market. On these two points, see Machi Senjurō, "Doctors and Herbal Medicine in Tokugawa Japan," trans. Alan Thwaits, in Gary P. Leupp and Tao De-min (eds.), *The Tokugawa World* (London: Routledge, 2021), p. 1030.

6 The books sponsored by the Bakufu were sold at a fixed price in order to further help their diffusion. Tsukamoto Manabu 塚本学, *Kinsei saikō: chihō no shiten kara* 近世再考—地方の視点から— (Tokyo: Nihon edhitā sukūru shuppanbu, 1986), p. 157.

7 On this system, see Aoki Toshiyuki 青木歳幸, "Ishi no murakata hikiuke o megutte: kinsei kōki Takashimaryō iryō jijō 医師の村方引請をめぐって—近世後期高島領医療事情—," in Jitsugaku shiryō kenkyūkai 実学資料研究会 (ed.), *Jitsugakushi kenkyū* 実学史研究, vol. 5 (Kyoto: Shibunkaku shuppan, 1988), pp. 127-135.

(按摩), a pediatrician (小児医師), a dentist (歯医師), an external medicine specialist (外科), or a wound specialist (金瘡).[8] This specialization of medical fields was not something new to Japanese medicine—most of these specialties had already existed since the tenth century.[9] However, whereas previously trained practitioners only treated a small part of the population, mostly the nobles and wealthy warriors, now at the end of the seventeenth century, commoners who could afford them also had access to these services.

The difference in access to health care and specialists between cities and the countryside does not seem to have diminished much during the eighteenth century. In 1779, the astronomer Nishimura Tōsato 西村遠里 (1718-1787) lamented in his *Kansō hikki* 閑窓筆記 (*Notes from My Quiet Window*) that whereas in the major cities such as Kyoto, Osaka, and Edo, people could enjoy access to internal medicine (本科), pediatric, external medicine, acupuncture, mouth (口中医), and obstetric (産前産後) specialists, those living in remote areas still had no choice but to rely only on physicians (医者).[10] Recent studies by social historians have shown, however, that the situation did greatly improve in the last decades of the eighteenth century, and by the early nineteenth century, diaries of village officials recorded an increasing number of doctors.[11] Until the end of

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[8] *Jinrin kinmō zui* (1690), annot. Asakura Haruhiko 朝倉治彦 (Tokyo: Heibonsha, 1990), *kan* 2, pp. 60-63. The *Wakan sansai zukai* 和漢三才図会 (*Illustrated Sino-Japanese Compendium of the Three Powers*) published 20 years later gives a similar list of medical specialists. Terajima Ryōan 寺島良安, *Wakan sansai zukai* (preface 1713) (Waseda daigaku toshokan, reference number: 文庫 31 E0860, https://www.wul.waseda.ac.jp/kotenseki/html/bunko31/bunko31_e0860/index.html, last accessed on 2 April 2023), *kan* 7, pp. 12b-15b.

[9] Mieko Macé, "La médecine à l'époque de Heian : son organisation, son contenu théorique et ses rapports avec les courants de pensée contemporains," Ph.D. Dissertation (Paris: Université Paris 7, 1985); Mieko Macé, "La médecine dans la civilisation de l'époque Heian," in Gérard Siary and Hervé Benhamou (eds.), *Médecine et société au Japon* (Paris: L'Harmattan, 1994), pp. 57-83.

[10] Nishimura Tōsato, *Kansō hikki* (1779), in Nihon zuihitsu taisei henshūbu 日本随筆大成編輯部 (ed.), *Nihon zuihitsu taisei* 日本随筆大成, vol. 2, part 5 (Tokyo: Nihon zuihitsu taisei kankōkai, 1928), p. 797. Physicians (医者) should probably be understood as general practitioners in this context.

[11] The eighteenth century is characterized by an increase of doctors in rural areas and the specialization of the field. Umihara Ryō 海原亮, "Kinsei kōki zaison ni okeru yamai to iryō: Ōminokuni Kowakigō Imajukuya no jirei kara 近世後期在村における病と医療——近江国小脇郷今宿家の事例から——," *Shigaku zasshi* 史学雑誌, 109.7 (2000), p. 61. However, it seems that there was still much discrepancy between areas. Aoki Toshiyuki shows, for example, that from the Bunka (1804-1818) and Bunsei (1818-1829) periods only one village out of three had a doctor in the Takashima region. Aoki Toshiyuki, "Ishi no

the Edo period, village people, however, often had to travel far to consult a specialist in cases of serious illness.[12]

## 2. Medical Literacy and the Vernacularization of Medical Knowledge

The growing interest for physical well-being, the absence of a medical licensing system, and also perhaps the possibility of making profit prompted literate physicians to produce abridged and simplified version of Chinese medical texts to make them accessible to a less learned audience that was literate enough to read vernacular Japanese but lacked mastery of the Chinese script. They adopted a twofold strategy of vernacularization and simplification of medical knowledge. First, they published instructional books, a genre called *chōhōki* 重宝記 or 調宝記 (record of treasures), and second, they annotated the difficult Chinese medical classics, appended reading marks (*kaeri ten* 返り点), and translated them into Japanese script.

The authors of *chōhōki* were very clear in their prefaces about the purpose of their books: they were aimed at educated people in remote areas, particularly those lacking access to a teacher. The anonymous author of the *Geka chōhōki* 外科調宝記 (*Handbook of External Medicine*), for example, hoped that the book could benefit people living in remote rural areas (遠境山野の人).[13] The same claim was made by Hongō Masatoyo 本郷正豊 (?-?) in his manual *Idō nichiyō chōhōki* 医道日用重宝記 (*Handbook of Medicine for Daily Use*). He explained in the preface that his book was intended for rural, unskilled doctors and commoners who aspired to the medical profession (片郷の庸医あるひは医道に志ある俗家のために).[14] When a few years later he published a second

murakata hikiuke o megutte," p. 127.

[12] Despite an increasing number of studies in recent years, much work still needs to be done to understand the exact nature of rural medicine in Tokugawa Japan. On this point, see Susan L. Burns, "Nanayama Jundō at Work: A Village Doctor and Medical Knowledge in Nineteenth Century Japan," *EASTM*, 29 (2008), pp. 63-64.

[13] *Geka chōhōki* (1746), in Nagatomo Chiyoji 長友千代治 (ed.), *Chōhōki shiryō shūsei* 重宝記資料集成, vol. 24 (Kyoto: Rinsen shoten, 2006), p. 120.

[14] Hongō Masatoyo, *Idō nichiyō chōhōki* (1692), in Nagatomo Chiyoji (ed.), *Chōhōki shiryō shūsei*, vol. 23 (Kyoto: Rinsen shoten, 2006), p. 109.

handbook dedicated to acupuncture practice, he again thought that it could help rural practitioners (野巫医之助) in their practice.[15]

The question of readership of these medical instructional books is a difficult one. Although it is not possible to know exactly who the readers were, the popularity of Hongō Masatoyo's handbooks, two bestsellers re-edited many times during the Edo period, suggests that they reached an audience beyond unskilled and rural practitioners.[16] Although their original purpose might have been to educate rural doctors living in remote areas who lacked access to medical knowledge by providing them a *vade vecum* they could refer to in their daily practice, the content of these handbooks probably also attracted a semi-literate audience seeking familiarity with the basic tenets of medicine and acupuncture. However, it is important, I contend, to distinguish the medical *chōhōki* from the *yōjō* 養生 (nourishing life) genre of literature, which aimed to introduce to an even more general audience the concept of a healthy life. This is particularly evident when comparing the content of Hongō Masatoyo's *Shinkyū nichiyō chōhōki* (*Handbook of Daily Acupuncture*) and the two parts on acupuncture and moxibustion in Kaibara Ekiken's 貝原益軒 (1630-1714) *Yōjōkun* 養生訓 (*Precepts on Nourishing Life*), one of the most read works on *yōjō* written during the Edo period.

Hongō Masatoyo's *Shinkyū nichiyō chōhōki* covers almost every conceivable topic related to the practice of acupuncture and moxibustion: the different needling methods, a description of the organs and their functions, the different methods of conducting diagnosis (including pulse and abdominal diagnosis), the location of the spirit according to the seasons and time, the procedures in case a needle breaks or is stuck in the skin, acupuncture and moxibustion taboos, a description of the acupuncture channels, the location of the acupuncture points, a presentation of the channels system, and methods of treatment for the most common diseases.[17] The explanations are simple and straightforward, but nevertheless, they cover all the basic knowledge necessary for a clinical use of acupuncture and moxibustion. On the other hand, the section on

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[15] Hongō Masatoyo, *Shinkyū nichiyō chōhōki* 鍼灸日用重宝記 (1718), in Nagatomo Chiyoji (ed.), *Chōhōki shiryō shūsei*, vol. 25 (Kyoto: Rinsen shoten, 2007), p. 163.

[16] Nagatomo Chiyoji, *Chōhōki no chōhōki, seikatsushi hyakka jiten hakkutsu* 重宝記の調方記　生活史百科事典発掘 (Kyoto: Rinsen shoten, 2005), pp. 362-422.

[17] Hongō Masatoyo, *Shinkyū nichiyō chōhōki*, pp. 7-13.

acupuncture in Kaibara Ekiken's *Yōjōkun* is limited to a brief explanation of what acupuncture is and when its application is recommended. The portion dealing with moxibustion, by contrast, is long and detailed. Kaibara describes very precisely all the processes of picking, drying, and turning the mugwort into moxa cones, how to adapt the size of the cone according to the patients, how and where to burn the cone on the body, interdictions related to moxibustion, cases when moxa should or should not be used, and how to apply it to the elderly.[18]

Moxibustion was a method consisting of burning cones of moxa on painful areas on the skin, and thus required very little medical knowledge. The practice of acupuncture, however, required not only knowledge of the inside of the body—particularly of the relation between organs, the circulation of the fluids, and the path of the channels—but also technical skills needed to insert needles and manipulate them to either tonify or disperse the *qi* 気. Moreover, moxa cones were applied on the surface of the body, whereas acupuncture needles were inserted into the body. Thus, risks associated with the practice of moxibustion were mostly limited to burns and blisters, whereas a needle wrongly inserted could cause bleeding, and damage to tissues or organs, and even have more dramatic consequences for the patient. This explains perhaps why so much attention is devoted to moxibustion and so little to acupuncture in Kaibara's *Yōjōkun*, a book aiming primarily at educating the general population on the concept of "nourishing life" (*yōjō*) through moral cultivation and basic self care. On the other hand, the medical *chōhōki*, even if they might have attracted a broader audience, were initially intended for aspiring or established practitioners rather than for instructing common people in daily self care.

The vernacularization of the Chinese medical writings in Japanese also played an important role in improving the educational standing of practitioners and diffusing textual medical knowledge to a larger segment of the population.[19] Throughout the Edo period,

[18] Kaibara Ekiken, *Yōjōkun* (1712), in Ekikenkai 益軒会 (ed.), *Ekiken zenshū* 益軒全集, vol. 3 (Tokyo: Ekiken zenshū kankōbu, 1911), *kan* 8, pp. 593-597.

[19] Yokota Fuyuhiko 横田冬彦 shows in his analysis of textual culture in early modern Japan that wealthy and literate families in village used these annotated editions to familiarize themselves with Chinese medical books before reading the original version in classical Chinese. Their collection of books also contained a large proportion of medical books including Japanese editions of Chinese books and Japanese medical books. Yokota Fuyuhiko, *Nihon kinsei shomotsu bunkashi no kenkyū* 日本近世書物文化史の研

the publication of Chinese medical classics with reading marks (*kaeri ten*), readings of the Chinese characters (*okuri gana* 送り仮名) or completely re-written vernacular Japanese editions, allowed less-literate practitioners to have access to the most recent medical literature coming from Ming and Qing China. The numerous Japanese editions of Hua Shou's 滑壽 (c. 1304-1386) *Shisijing fahui* 十四經發揮 (*Elucidation of the Fourteen Channels*) significantly helped Japanese acupuncture practitioners to assimilate the rather complex channels theory during the seventeenth century.[20] Moreover, literate physicians involved in this process also made adaptations and additions of various kinds to the Chinese original. For example, Tanimura Gensen 谷村玄仙 (?-?) produced the longest annotated version of Hua Shou's textbook. His *Jūshikei hakki shō* 十四経発揮抄 (*Elucidation of the Fourteen Channels Annotated*), first published in 1661, comprised ten volumes with a total of 389 leaves, whereas Hua Shou's original version had only one volume of 69 leaves.[21] Tanimura's pioneering philological study spurred the production of other commentated editions of Hua Shou's textbook. The efforts of these learned doctors to select and translate recent Chinese medical texts decreased the authority of classical Chinese language and the necessity for scholarly exegesis.

## 3. Clinical Practice as a New Source of Knowledge

At the turn of the nineteenth century, a new discourse emerged from doctors who started to emphasize the importance of clinical practice over the medical classics. Knowledge gained from the study of the classics was still considered important, but it

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究 (Tokyo: Iwanami shoten, 2018), pp. 92-95, 401.

[20] Written in 1341, the *Shisijing fahui* is a short manual devoted to the channels theory and location of acupuncture points. On the reception and diffusion of the channels theory in Japan, see Mathias Vigouroux, "The Reception of the Circulation Channels Theory in Japan (1500-1800)," in Benjamin A. Elman (ed.), *Antiquarianism, Language, and Medical Philology: From Early Modern to Modern Sino-Japanese Medical Discourses* (Leiden: Brill, 2015), pp. 105-132; Mathias Vigouroux, "Commerce des livres et diplomatie : la transmission de Chine et de Corée vers le Japon des savoirs médicaux liés à la pratique de l'acuponcture et de la moxibustion (1603-1868)," *Extrême-Orient, Extrême-Occident*, 36 (2013), pp. 109-154.

[21] Hua Shou's *Shisijing fahui* and Tanimura Gensen's *Jūshikei hakki shō* are both presented in Gabor Lukacs, *Extensive Marginalia in Old Japanese Medical Books* (Piribebuy: Wayenborgh, 2010), pp. 61-94.

could no longer surpass the knowledge the doctor gained through his clinical experience and encounters with patients. This Japanese "birth of the clinic" was not necessarily the result of the new interest of Sugita Genpaku 杉田玄白 (1733-1817) and his group in Western anatomy.[22] Many of the doctors who argued that more attention should be paid to clinical practice were indeed not educated and not even interested in Dutch medicine.

This shift in the attitude of the practitioners toward clinical practice started in the early eighteenth century when the partisans of the *Kohōha* 古方派 (Ancient Formulas School) challenged the Neo-Confucian view of medicine of the *Goseiha* 後世派 (Later-Day School) and advocated a return to Zhang Zhongjing's 張仲景 (150-219) *Shanghan lun* 傷寒論 (*Treatise on Cold Damage Disorders*) for its emphasis on treatment rather than on speculative theories. They adopted a critical stance against theories that could not be verified by clinical experience, but nevertheless, the *Kohō* doctors did not completely achieve the transition from a text-centered medicine to a patient, bedside-centered medicine. Despite their new theories explaining the pathology of diseases, their treatments were based on the "ancient formulas" (古方) of a textbook allegedly written in the second or the third century that they considered to be the ultimate medical classic.[23]

Some practitioners went a step further in their attempt to liberate Japanese medicine from the stranglehold of past traditions. Incidentally, it is interesting to note that most of these practitioners were former disciples of *Kohōha* followers. In his *Sōkeitei iji shōgen* 叢桂亭医事小言 (*Remarks on Medical Matters from My Lush Cassia Pavilion*), Hara Nanyō 原南陽 (1753-1820) recalled when he was a student he learned the *Shanghan lun* by heart until he realized that there was no canon (正典) or past and present in medicine. He argued instead that the doctor's knowledge lay only on what he gained from his

[22] On Sugita and how the confrontation of old Chinese medical texts and Western anatomy textbooks with a dissected corpse particularly "changed his view" (改面目) of seeing the human body, see Kuriyama Shigehisa, "Between Mind and Eye: Japanese Anatomy in the Eighteenth Century," in Charles Leslie and Allan Young (eds.), *Paths to Asian Medical Knowledge* (Berkeley: University of California Press, 1992), pp. 21-43. On the birth of the clinic in Europe, see Michel Foucault, *Naissance de la clinique* (Paris: Presses Universitaires de France, 2007).

[23] On the contribution of Ancient Formulas doctors to the development of medical empiricism in eighteenth century Japan, see Daniel Trambaiolo, "Ancient Texts and New Medical Ideas in Eighteenth-Century Japan," in Benjamin A. Elman (ed.), *Antiquarianism, Language, and Medical Philology*, pp. 81-104.

clinical experience.[24]

The eighteenth century doctor Wada Tōkaku 和田東郭 (1743-1803), a former disciple of Yoshimasu Tōdō 吉益東洞 (1702-1773), criticized the Ancient Formulas School for their supporters' dependence on old textbooks rather than on clinical diagnosis to give patients remedies according to their symptoms. These practitioners were not attacking the Chinese medical classics as useless to the practitioner, but rather criticizing those who overstated the importance of these texts. Wada particularly criticized the doctors who stopped with the most obvious symptoms and rushed to look into the medical classics for the appropriate remedy. As he explained, sometimes a carefully conducted diagnosis reveals that some symptoms are only the surface of the problem, and thus the decoction recommended by the medical classic might not correspond to the real cause of the disease, and in some cases it could even worsen the condition of the patient. Therefore, the treatment should not be administered according to what the medical classics told the practitioner, but according to a proper diagnosis: it is clinical observations, and not the medical classics, that tell the practitioner what treatment is the most appropriate.[25] As he further remarked, sticking to old and rigid theories established a long time ago prevented the practitioner from reconsidering and adapting his judgment according to the reality of clinical practice. Wada argues that each time a practitioner is confronted with a different diagnosis, he has to reconsider his therapeutic approach.[26]

In the historiography of Japanese medicine, these practitioners have been said to form the *Secchūha* 折衷派 (Syncretism School) for they did not follow one particular medical tradition but combined treatments of different schools. However, it is perhaps necessary, I contend, to shift our focus from the nature of the treatments they used to their particular clinical approach as illustrated above, because it had consequences for the way these doctors reconsidered the relationship between the practitioner and his patient. Wada Tōkaku's emphasis on diagnosis led him to advocate an ethic not based on benevolence

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[24] Hara Nanyō, *Sōkeitei iji shōgen* (1803), in Ōtsuka Keisetsu 大塚敬節 and Yakazu Dōmei 矢数道明 (eds.), *Kinsei Kanpō igakusho shūsei* 近世漢方医学書集成, vol. 18 (Kadoma: Meicho shuppan, 1985), *kan* 1, pp. 21, 27.

[25] Wada Tōkaku, *Shōsō zatsuwa* 蕉窓雑話 (1818), in Ōtsuka Keisetsu and Yakazu Dōmei (eds.), *Kinsei Kanpō igakusho shūsei*, vol. 15, pp. 19-25.

[26] Ibid., p. 22.

(仁) as with the Confucian physicians—the word itself is not mentioned even once in his medical precepts—but on loyalty (忠) and sincerity (誠).[27] Doctors, Wada explained, should not worry about what the patient's family would think of them if the treatment failed, because it would blur their judgment and prevent them from focusing entirely on the diagnosis process.[28] Loyalty and sincerity to the patient meant the practitioner's acknowledgement of the limits of his medicine and that sometimes the outcome of the disease could not be predicted.[29] The decree of heaven was not invoked anymore to divert the patient's attention from the practitioner's responsibility. In Wada's conception of the doctor-patient relationship, the patient was given a central place: he entrusted the doctor with his life and therefore, in return, the doctor was expected to act responsibly. In reality, however, the doctor-patient relationship in the late Tokugawa period was different from Wada's theoretical approach. Doctors became certainly more central in the life of wealthy rural people, however, in cases of serious illness, patients and their family continued to rely both on medical treatments, when they could afford it, and prayers.[30]

Nakashima Yūgen 中島友玄 (1808-1876) started his career as a village doctor in this competitive and rapidly changing healthcare environment of the nineteenth century characterized by, first, the diffusion of medical knowledge to a large segment of the population, including less learned practitioners and non-practitioners, second, a wide social spectrum of learned and less learned individuals involved in medical care, third, the coexistence of different learning traditions, including new ones emphasizing the importance of empiricism and clinical experience, and, fourth, the development of Dutch studies and Dutch medicine after the publication of the *Kaitai shinsho* 解体新書 (*New Book on Anatomy*, 1774). Reconstructing Nakashima's medical practice allows us to, first, elucidate the reasons patients visited him, and, second, discuss what his clinical practice

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[27] Ibid., pp. 15-17.

[28] Ibid., pp. 27-28.

[29] Ibid., pp. 28-29.

[30] Umihara Ryō points out that medical treatments by doctors and prayers coexisted and were both used when the condition of the patient did not improve. Umihara Ryō, "Kinsei kōki zaison ni okeru yamai to iryō," p. 83. Fujisawa Junko 藤澤純子 makes the same point in her article on the doctor family Niki 仁木. Fujisawa Junko, "Kinsei no chiiki iryō to ishi: Mimasaka no ishi Nikiya o rei toshite 近世の地域医療と医師—美作の医師仁木家を例として—," *Okayama chihōshi kenkyū* 岡山地方史研究, 69 (1992), p. 3.

of acupuncture reveals about the interrelationship between theory and clinical practice during the Tokugawa period.

## 4. Nakashima Yūgen's Personal History and Medical Training

Nakashima Yūgen was heir to three generations of village doctors who had practiced medicine since 1751 in Hokuchi village (北地村) located in the Oku district (邑久郡) of the Bizen province (備前国). After learning medicine for a few years under the tutelage of his father, he became a disciple of the Okayama domain doctor Take'i Yōtei 武井養貞 (?-?). In 1833, at the age of 26, he travelled to Kyoto to pursue his medical education.[31] "Travelling for study" (*yūgaku* 遊学) was an important aspect of medical education during the Edo period as it provided doctors with unique advanced medical opportunities at one of the three great urban centers of scholarship: Edo, Kyoto, and Nagasaki. It also helped the diffusion of the latest medical knowledge to the country, particularly Dutch medicine from the early nineteenth century, connecting towns to villages, and thus contributed to giving domains access to new medical knowledge.[32] Even domains that began to set up medical schools in the latter half of the Edo period modeled after the *Igakkan* 医学館, the Bakufu official medical school in Edo founded by Taki Mototaka 多紀元孝 (1695-1766), to improve the training of official doctors, maintained a travelling for study program either at the fief's expenses or at the student's own expenses.[33]

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[31] Information about Nakashima Yūgen's life is based on Nakashima Yōichi 中島洋一, "Nakashimaya no rekishi 中島家の歴史," in Nakashima ika shiryōkan 中島医家資料館 and Nakashima bunsho kenkyūkai 中島文書研究会 (eds.), *Bizen Okayama no zaison i, Nakashimaya no rekishi* 備前岡山の在村医　中島家の歴史 (Kyoto: Shibunkaku shuppan, 2015), pp. 3-63.

[32] Umihara Ryō, *Edo jidai no ishi shūgyō: gakumon, gakutō, yūgaku* 江戸時代の医師修業―学問・学統・遊学― (Tokyo: Yoshikawa kōbunkan, 2014), pp. 175, 178; Yamanaka Hiroyuki, "Zaigōmachi ni okeru ika to iryō no tenkai," p. 405. Emura Hokkai 江村北海 (1713-1788) notes in his *Jugyōhen* 授業編 (*On Education*) that eight to nine students out of ten coming to Kyoto for *yūgaku* were doctors' sons. Quoted in Machi Senjurō 町泉寿郎, "Edo jidai no igaku kyōiku (1): Setouchi chihō no jirei o chūshin ni 江戸時代の医学教育 (1)―瀬戸内地方の事例を中心に―," in Sakai Tatsuo 坂井建雄 (ed.), *Igaku kyōiku no rekishi: kokin to tōzai* 医学教育の歴史―古今と東西― (Tokyo: Hōsei daigaku shuppankyoku, 2019), p. 187.

[33] For an overview of the *yūgaku* system sponsored by domains, see Mathias Vigouroux, "Japanese versus

Nakashima left two documents related to his stay in Kyoto, *Kyōyū bibō* 京遊備忘 (*Memoranda of My Trip to Kyoto*, 1833) and *Kyōyū chūhiroku* 京遊厨費録 (*Record of My Daily Expenses during My Trip to Kyoto*), that provide a glimpse of the daily life of medical students in Edo Japan.[34] The first, *Kyōyū bibō*, records his daily activities, particularly the people he met, the learning sessions and lectures he took part in, the visits to the local temples, and the shopping and leisure activities. The second, *Kyōyū chūhiroku*, records all the expenses he made during his one year stay in Kyoto.

In Kyoto, Nakashima attended the school of Yoshimasu Hokushū 吉益北洲 (1785-1857)—the third generation of the Yoshimasu family, who was proponent of the Ancient Formulas School (*Kohōha*)—and learned Dutch medicine (*Rangaku* 蘭学) from Koishi Genzui 小石元瑞 (1784-1849), a disciple of Sugita Genpaku and Ōtsuki Gentaku 大槻玄澤 (1757-1827), and from Fujibayashi Fuzan 藤林普山 (1781-1836), obstetrics (*sanka* 産科) from Ogata Junsetsu 緒方順節 (1787-1840?) and Shimizu Daigaku 清水大学 (?-?), and external medicine (*geka* 外科) from Takashina Seisuke 高階清介 (?-?), a disciple of Hanaoka Seishū 華岡青洲 (1760-1835).

Many village doctors travelling for study often relied on their personal network or the village head family network to welcome them to their destination and help them find a school.[35] Nakashima Yūgen benefited from the network of his father, Nakashima Sōsen 中島宗仙 (1774-1840), who also made a study trip to Kyoto in 1801, where he attended the school of Yoshimasu Nangai 吉益南涯 (1750-1813)—the adopted son of Yoshimasu Tōdō, who was perhaps the most influential figure of the Ancient Formulas School—and other schools teaching obstetrics and external medicine.[36] In his diary,

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Chinese Curriculum: Acupuncture Education in the Edo Period," *North American Journal of Oriental Medicine*, 17.49 (2010), pp. 8-12; Suzuki Tomokazu 鈴木友和, *Kinsei hanritsu iiku shisetsu no kenkyū* 近世藩立医育施設の研究 (Kyoto: Shibunkaku shuppan, 2021), pp. 171-189. On the *Igakkan*, see Machi Senjurō, "Doctors and Herbal Medicine in Tokugawa Japan," pp. 1026-1029.

[34] The *Kyōyū bibō* is reproduced in Nakashima Yūgen, *Nakashima Yūgen no Kyōgaku nikki* 中島友玄の京学日記 (1833), annot. Machi Senjurō, in Nakashima ika shiryōkan and Nakashima bunsho kenkyūkai (eds.), *Bizen Okayama no zaison i, Nakashimaya no rekishi*, pp. 219-231. The *Kyōyū chūhiroku* is reproduced as Nakashima Yūgen, *Kyōyū chūhiroku* (1833), annot. Machi Senjurō, in Nakashima ika shiryōkan and Nakashima bunsho kenkyūkai (eds.), *Bizen Okayama no zaison i, Nakashimaya no rekishi*, pp. 236-251.

[35] Umihara Ryō, *Edo jidai no ishi shūgyō*, pp. 113-115.

[36] On Nakashima Sōsen's trip to Kyoto, see Machi Senjurō, "Edo jidai no igaku kyōiku (1)," p. 202.

Nakashima notes that he visited the Yoshimasu school for the first time in 1833, the tenth day of the second month, the same day he paid the admission fees at Ogata Junsetsu's school.[37] Two days later and only three weeks after his departure from his province, he started attending the study sessions at the Yoshimasu school, and one day later at the Ogata school.

Travelling for study was often seen as an opportunity to spend time away and enjoy the bustling life in a big city. A century before Nakashima's trip to Kyoto, the author of *Kokon ikuchi* 古今醫苦知 (*Painful Knowledge of Old and New Medicine*) lamented, for example, that although travelling to Kyoto to study medicine used to be an important part of medical education, many medical students going to Kyoto were now spending most of their time in the pleasure district instead of studying.[38] At the turn of the nineteenth century, the lack of ambition of medical students going to Kyoto for their education was still a problem noticed by the physician and scholar of Dutch studies Ōtsuki Gentaku, who complained that a study trip to Kyoto often turned out to be a sightseeing tour of the Kamigata region.[39] Nakashima was not one of this type of students. He clearly regarded his study trip as an opportunity for learning new knowledge and therefore he committed himself to his medical study. He had at least one reading session a day, but often two. In his busiest days, he attended three study sessions at three different schools.[40] For example, in 1833, from the eleventh day to the twentieth day of the third month, he notes in his diary:

Day 11: Sunny. Reading session with Yoshimasu. Reading session with Ogata.

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[37] Yoshimasu Hokushū was absent that day so he met him for the first time the following day. Nakashima Yūgen, *Nakashima Yūgen no Kyōgaku nikki*, p. 221.

[38] Watarai Jōbun 度會常芬, *Kokon ikuchi* (1738), vol. 1 (Kyōto daigaku huzoku toshokan, reference number: コ/217, https://rmda.kulib.kyoto-u.ac.jp/item/rb00002492, last accessed on 8 August 2022), pp. 16b-17a.

[39] Quoted in Umihara Ryō, *Edo jidai no ishi shūgyō*, p. 67.

[40] In the diary, the character *kai* 會 refers to reading sessions in groups, one of the learning methods used in schools during the Edo period. On the reading sessions as a learning method during the Edo period, see Maeda Tsutomu 前田勉, *Edo no dokushokai: kaidoku no shisōshi* 江戸の読書会―会読の思想史― (Tokyo: Heibonsha, 2018), pp. 42-45. From the second to the ninth month of 1833, Nakashima attended in total sixty-eight reading sessions at the Yoshimasu school and thirty-nine at the Ogata school. Machi Senjurō, "Edo jidai no igaku kyōiku (1)," p. 206.

十一日　晴。吉益會。緒方會。
Day 12: Rainy. Reading session with Koishi.
十二日　雨。小石會。
Day 13: Rainy. Bath at Gyokuriyu. Hair shaved.
十三日　雨。玉里湯二浴。剔髮。
Day 14: Rainy. Reading session with Yoshimasu. Reading session with Ogata.
十四日　雨。吉益會。緒方會。
Day 15: Sunny. Reading session with Yoshimasu. I copied a book at Ogata's school.
十五日　晴。吉益會。緒方塾二而写書。
Day 16: Rainy. Reading session with Yoshimasu. Reading session with Ogata. In the evening, reading session with Koishi.
十六日　雨。吉益會。緒方會。夜小石會。
Day 17: Rainy.
十七日　雨。
Day 18: Sunny. Reading session with Koishi.
十八日　晴。小石會。
Day 19: Sunny. Reading session with Ogata.
十九日　晴。緒方會。
Day 20: Rainy. Reading session with Yoshimasu.
二十日　雨。吉益會。[41]

Besides reading sessions, one of the main activities of doctors travelling for study was to obtain medical textbooks they could bring back to their domains. As medical knowledge circulated and was acquired principally through books during the Edo period, the purchase of textbooks was perhaps the most important reason for *yūgaku*.[42] According to his *Kyōyū chūhiroku*, Nakashima purchased eight books while in Kyoto, amongst which seven were medical texts: *Shōkan ron* 傷寒論 (*Treatise on Cold Damage Disorders*), *Kinki yōryaku* 金匱要略 (*Synopsis of Prescriptions of the Golden*

[41] Nakashima Yūgen, *Nakashima Yūgen no Kyōgaku nikki*, p. 223.
[42] Umihara Ryō, *Edo jidai no ishi shūgyō*, pp. 133-134.

*Chamber*), *On'eki ron* 温疫論 (*Discussion of Warm Epidemics*), *Naika senyō* 内科撰要 (*Internal Medicine Essentials*), *Wa Ran iwa* 和蘭医話 (*Talks on Japanese and Dutch Medicine*), *Sanka hatsumō* 産科発蒙 (*Elucidation of Obstetrics*), *Ensei ihō meibutsu kō* 遠西医方名物考 (*Reflections on Western Medical Terms*); the last one was *Kyōto jinbutsu shi* 京都人物誌 (*Record of Kyoto Notables*).[43] The *Shōkan ron* and the *Kinki yōryaku* were Japanese editions of Chinese books that were used as the main textbooks in the reading sessions at Yoshimasu Hokushū's school, and the *Naika senyō* was used for the reading sessions at Koishi Genzui's school. The *Ensei ihō meibutsu kō* was the most expensive book Nakashima bought in Kyoto and he used it mostly as a source of information on the new drugs coming from Europe.[44] Finally, the *Kyōto jinbutsu shi*, which listed people divided into categories according to their occupations and how important they were considered as Kyoto's cultural resources, was most probably purchased to obtain information on the teachers he wanted to interact with while in Kyoto.

Books, however, could be expensive, particularly those related to Western medicine. Therefore, copying books was often the cheapest way for medical students to have access to new knowledge.[45] Many entries in Nakashima's diary refer to the practice of *shasho* 写書 (copying books), showing that while in Kyoto he occupied himself with copying books he had borrowed from his network.[46] For example, in the second month of the

[43] Nakashima Yūgen, *Kyōyū chūhiroku*, p. 248. The *Kyōyū chūhiroku* only mentions the titles of the books, and since the catalogue of the collection of the Nakashima family has several entries for the *Shōkan ron* and the *Kinki yōryaku*, it is difficult to know which edition was purchased by Nakashima Yūgen while in Kyoto. The *On'eki ron* was the Japanese edition punctuated by Koku Hiroyasu 黒弘休 (?-?) and was published in Edo in 1803 by Sūbundō 崇文堂. The *Naika senyō* in 18 volumes was the translation by Udagawa Genzui 宇田川玄随 (1756-1798) of Johannes de Gorter's (1689-1762) *Gezuiverde Geneeskonst of Kort Onderwys Der Meeste Inwendige Ziekten* (1744) corrected by Udagawa Genshin 宇田川玄真 (1770-1835) and published in 1822. The *Wa Ran iwa* written by Fuseya Soteki 伏屋素狄 (1748-1812) was the edition published in 1805 in Osaka. The *Sanka hatsumō* was the edition in 4 volumes written by Katakura Kakuryō 片倉鶴陵 (1751-1822), corrected by Date Shūtei 伊達周禎 (?-?) and Tanii Norihide 谷井敬英 (?-?), and published in 1799 in Edo. The *Ensei ihō meibutsu kō* in 36 volumes written by Udagawa Genshin was published in 1825 in Edo. The *Kyōto jinbutsu shi* is only mentioned in the *Kyōyū chūhiroku* and refers probably to the *Heian jinbutsu shi* 平安人物誌 (*Record of Heian [Kyōto] Notables*) published for the first time in 1768 and reprinted nine times during the Edo period.

[44] Nakashima Yūgen compiled an abbreviated version of the *Ensei ihō meibutsu kō* focusing only on treatments. On this point, see Machi Senjurō, "Edo jidai no igaku kyōiku (1)," pp. 208-209.

[45] Umihara Ryō, *Edo jidai no ishi shūgyō*, p. 133.

[46] Yūgen's father, Nakashima Sōsen, copied twelve medical books during his study trip to Kyoto in 1801

lunar calendar, only one month after his arrival in Kyoto and his first visit to Yoshimasu Hokushū, he notes in his diary: "Day 16: Dull. Reading session with Ogata. In the evening, I copied a book at Ogata's school." (十六日　陰。緒方會。晩緒方塾二而写書。)[47] The number of entries in his diary related to copying books at Ogata's school, nineteen in total during a period of seven months, suggests that, from the point of view of medical students, the opportunity of copying books from a vast collection of medical texts was also a key factor taken into consideration when selecting a school, particularly for students lacking means of purchasing new editions.[48]

Entries in his diary are very brief. Neither the content of the learning sessions, nor the title of the textbooks he copied is mentioned. However, a few conclusions can be drawn from the doctors' names, his daily activities, and the medical textbooks and medical tools he purchased while in Kyoto. First, the variety of medical schools Nakashima attended in one year reflects the specialization of medical practice and what kind of knowledge was available in Japan main urban centers. Urban centers were clearly an opportunity for doctors or medical students coming from remote areas to learn under the supervision of a specialist, and to gain access to the latest knowledge available in Tokugawa Japan, particularly the new knowledge coming from Europe. Medical students could often borrow translations of Western medical books not yet published. Second, his diary reveals the changing medical environment of early nineteenth century Japan. Although Sino-Japanese medical drugs remained the basis of clinical practice, the diffusion of Western anatomical knowledge was increasingly challenging their status by becoming a necessary component of medical education.[49] In attending both the Yoshimasu school and the Koishi school, Nakashima's study trip to Kyoto illustrates the eclecticism of medical education in the first half of the nineteenth century. His interest in

and Nagasaki in 1819. Machi Senjurō, "Edo jidai no igaku kyōiku (1)," p. 202.

47 Nakashima Yūgen, *Nakashima Yūgen no Kyōgaku nikki*, p. 222.

48 Machi Senjurō, "Edo jidai no igaku kyōiku (1)," p. 206. Umihara Ryō notes that some schools were built with the idea that they would function also as libraries. Umihara Ryō, *Edo jidai no ishi shūgyō*, p. 119.

49 Osada Naoko 長田直子 notes that from the 1840s Dutch studies schools also increased in Edo, and so did the number of students coming from the surrounding regions, particularly the Tama region. Osada Naoko, "Kinsei kōki ni okeru kanja no ishi sentaku, *Suzuki Heikurō kōshi nikki* o chūshin ni 近世後期における患者の医師選択　『鈴木平九郎公私日記』を中心に," *Kokuritsu rekishi minzoku hakubutsukan kenkyū hōkoku* 国立歴史民俗博物館研究報告, 116 (2004), p. 328.

Western medicine might also reflect the influence of the education of his father, who had travelled in 1819 to Nagasaki, where he familiarized himself with Dutch medicine. In any case, during his stay in Kyoto, Nakashima was determined to study Western medicine. Apart from attending Koishi Genzui's school and purchasing and copying Western medical books, he sent a letter to his father requesting him to send the *Kaitai shinsho* and the *Ihan tiekō* 医範提綱 (*Essentials on Medicine*, 1805) to help him learn the fundamentals of Western medicine.[50] It can be said, therefore, that Nakashima's medical training was an example of this early stage of "medical bilingualism"; in other words, he belonged to a new generation of doctors trained in both Dutch and Sino-Japanese medicine.[51] Third, the training he received in Kyoto was mainly theoretical and centered on the study sessions organized by the schools he enrolled in as a disciple. His diary makes no reference to any practical or clinical training related to the practice of medicine. Fourth, Nakashima's study trip was also an opportunity to purchase tools that would be necessary for his daily practice, as his record of expenses has a category listing tools related to external treatment (外治道具覺).

## 5. Nakashima Yūgen's Clinical Practice

After his return from Kyoto, Nakashima practiced medicine as a village doctor and entrepreneur in his hometown, Hokuchi village, until his death in 1876.[52] His medical activities, meticulously recorded through the years, were centered around three specialties: the prescription of herbal formulas, the use of the technique to restore life (回生) practiced on pregnant women to remove dead fetuses from their bodies, and acupuncture.

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[50] The answer from his father mentioning the two books is reproduced in Nakashima Sōsen, *Nakashima Sōsen shokanshū* 中島宗仙書簡集 (1833), annot. Machi Senjurō, in Nakashima ika shiryōkan and Nakashima bunsho kenkyūkai (eds.), *Bizen Okayama no zaison i, Nakashimaya no rekishi*, p. 232.

[51] Mathias Vigouroux, "The Surgeon's Acupuncturist: Philipp Franz von Siebold's Encounter with Ishizaka Sōtetsu and Nineteenth Century Japanese Acupuncture," *Revue d'histoire des sciences*, 70.1 (2017), p. 97.

[52] Nakashima ran an apothecary that employed ten persons, and produced, promoted, and sold remedies under the business name *Jōji gekei dō* 上寺月桂堂. On his activities as an apothecary, see Kajitani Shinji 梶谷真司, "Jigyōsha toshite no Yūgen: seibaiyaku kara mita Nakashimaya no kagyō keiei 事業者としての友玄—製売薬から見た中島家の家業経営—," in Nakashima ika shiryōkan and Nakashima bunsho kenkyūkai (eds.), *Bizen Okayama no zaison i, Nakashimaya no rekishi*, pp. 111-124.

Except for acupuncture, Nakashima's medical practice reflected the medical training he had received in Kyoto earlier in his life. It also reflected the reality of medical practice in remote areas. As the only doctors available for many patients living in the surrounding areas, village doctors had to train themselves in several specialties to face the wide range of illnesses of patients coming to them.

Analyzing the data related to the names and villages from his casebooks, Kinoshita Hiroshi 木下浩 explains that Nakashima Yūgen treated 4423 patients with herbal formulas coming from 28 villages from 1854 to 1867, 266 patients with the technique to restore life coming from 43 villages from 1834 to 1870, and 687 patients with acupuncture coming from 65 villages from 1863 to 1865.[53] The geographical distribution of Nakashima's patients was, however, not well-defined: many patients were coming from nearby villages, and at the same time, other nearby villages did not rely at all on Nakashima in cases of illness, regardless of whether there was already a doctor in their village or not. Kinoshita Hiroshi explains that the sphere of influence of village doctors at that time was well-established, and, therefore, patients who already had a doctor seem to rely exclusively on him for their illnesses, and did not visit other village doctors to avoid trouble.[54] Other factors, such as the reputation of the doctor, the relationship between the patient family and the doctor, or the social network of the village head family, which all played a significant role in the selection of a doctor in remote areas, could also explain the specificity of Nakashima's patients' geographical distribution.[55]

Moreover, casebooks from this period suggest an evolution of the relationship between village doctors and patients in the late Edo period. Doctors were no longer consulted only in cases of serious illnesses, delivering a one-time prescription to a patient

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[53] Kinoshita Hiroshi, "Nakashimaya no iryō 4 bumon ni okeru kanja no bunpu ni tsuite 中島家の医療 4 部門における患者の分布について," *Nakashima ika shiryō kenkyū* 中島醫家資料研究, 1.2 (2019), pp. 3-30. The data for acupuncture only refer to the south-west, east, and north parts of the Oku district (three of the six extant manuscripts).

[54] Kinoshita Hiroshi, "Nakashima Yūgen no kanja no shinryōken ni tsuite 中島友玄の患者の診療圏について," in Nakashima ika shiryōkan and Nakashima bunsho kenkyūkai (eds.), *Bizen Okayama no zaison i, Nakashimaya no rekishi*, p. 93.

[55] In her analysis of the diaries of the Suzuki 鈴木 family, a headman family of a village in the Tama area, Osada Naoko reveals that this family selected their doctors based on their cultural, familial, and headman's family networks. Osada Naoko, "Kinsei kōki ni okeru kanja no ishi sentaku, *Suzuki Heikurō kōshi nikki* o chūshin ni," p. 325.

they would never see again. Instead, doctors established in villages were gradually becoming family doctors in charge of the health of a patient over a longer period of time and were consulted even for minor daily-life illnesses.[56] In her analysis of two clinical records left by the Niki family of doctors—the *Shuhōroku* 主方録 (*Record of the Main Prescriptions*) covering a period from January to July 1817, and the *Shozairoku* 処剤録 (*Record of Medicines*) covering a period of one year, from January to December 1843—Fujisawa Junko notes that, first, in 26 years the number of patients treated by the Niki family increased considerably; second, they were coming from less distant areas; and third, they consulted the Niki family an average of 4.7 times a year in 1843 compared to 1 time a year in 1817.[57] However, in the case of an emergency or when a treatment by a specialist was needed, such as an eye doctor or an external medicine doctor, the patient family often looked for a specialist without first consulting their family doctor.[58]

Even though village doctors acquired a more important role in health-related decisions taken by a patient family particularly in the treatment of minor daily-life illnesses, in cases of serious illnesses patients continued to turn from one doctor to another until their condition improved. For example, Orise, the wife of the headman of the village Owakigō (小脇郷) in Ōmi province (近江国), suffering from a chronic illness, saw fourteen doctors over a period of three years from Tenpō 11 (1840) to Tenpō 13. Every time she or her family did not see any improvement in her condition, she stopped the treatment and searched for a new doctor. Her husband records in his journal, for example, that when his wife suffered from intermittent fever (瘧) the seventh month of Tenpō 11, she started to consult a doctor and see him once every two or three days. However, since the treatment did not work, she decided to go to see a masseur in another village. In the absence of improvement after nine visits to the masseur in a period of one month, she called a new doctor from another village and started a new treatment.[59] As this example shows, at any stage of her illness, it was Orise who "exercised ultimate

[56] In his analysis of the relationship between the Mori 森 family and village doctors, Yokota Fuyuhiko notes doctors were regularly called for headaches and other everyday health issues. Yokota Fuyuhiko, *Nihon kinsei shomotsu bunkashi no kenkyū*, p. 414.

[57] Fujisawa Junko, "Kinsei no chiiki iryō to ishi," pp. 8-16.

[58] Osada Naoko, "Kinsei kōki ni okeru kanja no ishi sentaku, *Suzuki Heikurō kōshi nikki* o chūshin ni," p. 325.

[59] Umihara Ryō, "Kinsei kōki zaison ni okeru yamai to iryō," p. 73.

authority over [her body]," deciding which doctor she wanted to consult, which treatment she wanted to try, and when to stop the treatment when it was not working.[60]

## 6. Nakashima Yūgen's Acupuncture Casebooks

Nakashima Yūgen's use of acupuncture in his clinical practice is puzzling. In terms of number of patients, acupuncture was not his main medical specialty, and contrary to his two other specialties, herbal formulas and obstetrics, there is no information in the family records on when and how he trained himself in acupuncture. The catalogue of books in the Nakashima family mentions several texts related to the channels theory but documents related to his study trip to Kyoto make no reference at all to acupuncture.[61] Nakashima might have been trained under the supervision of his father or his second teacher, the doctor Take'i Yōtei, or perhaps he trained himself during his years of clinical practice. Questions remain, however, as to why he started to record his clinical practice of acupuncture so late in his life (the first casebook analyzed below started in 1863, thirty years after his study trip to Kyoto). It is possible that previous records are lost, or that in the 1860s he witnessed an increasing number of patients coming for acupuncture treatment and felt the necessity to keep track of their symptoms and treatments.

Nakashima Yūgen left seven records related to acupuncture.[62] One, the *Shinkyū shoji daishinroku* 鍼灸諸事代紳録 (*Record of Expenses of Various Matters Related to*

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[60] See for example Susan L. Burns, "Nanayama Jundō at Work," pp. 76-79.

[61] The catalogue of books in the Nakashima family is reproduced in Shimizu Nobuko 清水信子 (ed.), "Nakashimaya zōsho mokuroku 中島家蔵書目録," in Nakashima ika shiryōkan and Nakashima bunsho kenkyūkai (eds.), *Bizen Okayama no zaison i, Nakashimaya no rekishi*, pp. 259-288. The section on books related to the channels theory mentions the *Shinkan Kōtei meidō kyūkei* 新刊黄帝明堂灸経 (*New Edition of the Yellow Emperor's Numinous Hall Classic on Moxibustion*), two editions of the *Jūshikei hakki* 十四経発揮 (*Elucidation of the Fourteen Channels*), and the *Jūshikei hakki Wakai* 十四経発揮和解 (*Japanese Commentary on the Elucidation of the Fourteen Channels*). They are all Edo period Japanese editions. The *Kyōyū chūhiroku* also mentions that he bought massage needles. Nakashima Yūgen, *Kyōyū chūhiroku*, p. 248.

[62] The seven records are presented, but their data not analyzed, in Matsumura Noriaki 松村紀明, "Chiiki iryōshi kenkyū no tansho toshite no Nakashimaya bunsho: *Shinkyū seji seimeiroku* o motoni 地域医療史研究の端緒としての中島家文書—『鍼灸施治姓名録』をもとに—," in Nakashima ika shiryōkan and Nakashima bunsho kenkyūkai (eds.), *Bizen Okayama no zaison i, Nakashimaya no rekishi*, pp. 67-74.

*Acupuncture and Moxibustion*, 1863), is a record of expenses related to his medical practice of acupuncture such as the purchase of mugwort (the herb used to make moxa), bento boxes, and paper. The other six are directly related to his clinical practice of acupuncture: *Shinkyū seji jinmeiroku* 鍼灸施治人名録 (*Record of Patients Treated by Acupuncture and Moxibustion*, 1862), *Shinkyū seji seimeiroku Okugun seinan* 鍼灸施治姓名録邑久郡西南 (*Record of Patients Treated by Acupuncture and Moxibustion: South-West Part of the Oku District*), *Shinkyū seji seimeiroku Okugun higashi* 鍼灸施治姓名録邑久郡東 (*Record of Patients Treated by Acupuncture and Moxibustion: East Part of the Oku District*), *Shinkyū seji seimeiroku shojitome Jōdōgun, Minogun* 鍼灸施治姓名録諸事留上道郡・御野郡 (*Record of Patients Treated by Acupuncture and Moxibustion and Other Notes: Jōdō and Mino Districts*), *Shinkyū seji seimeiroku Okugun kita* 鍼灸施治姓名録邑久郡北 (*Record of Patients Treated by Acupuncture and Moxibustion: North Part of the Oku District*), and *Shinkyū seji seimeiroku Wakegun, Iwanashigun, Tsudakagun, Kojimagun* 鍼灸施治姓名録和気郡・磐梨郡・津高郡・児島郡 (*Record of Patients Treated by Acupuncture and Moxibustion: Wake, Iwanashi, Tsudaka, and Kojima Districts*).

In this paper, I analyze the five manuscripts related to the north, east, and south-west parts of the Oku district, and other districts located around Oku (Jōdō, Mino, Wake, Iwanashi, Tsudaka, and Kojima districts). They all cover a period of three years from Bunkyū 3 (1863) to Keiō gannen (1865), the earliest entry being the twelfth day of the ninth month of 1863, and the latest entry the seventeenth day of the ninth month of 1865. However, for each year, not all months are necessarily recorded. For example, in the manuscript related to the north part of the Oku district, patients are recorded from the first month to the twelfth month only for the year 1864. During the year 1863, patients are recorded only for a period of three months, and during the year 1865, only for a period of nine months.

All the five manuscripts are about the same size, 12.5 or 12.6 centimeters large and 32.5 centimeters long (see below photos 1 and 2).[63] They were clearly designed to be

[63] I thank Kinoshita Hiroshi, director of the Nakashima Family Museum (中島医家資料館), for letting me use two photos of one of these manuscripts. I also thank Professors Machi Senjurō (Nishogakusha University) and Matsumura Noriaki (Teikyo Heisei University) for granting me access to the digital copies of the manuscripts.

used at the bedside of the patient. Their content also follows the same pattern. Each page corresponds to a village located in the Oku district or to a village in one of the districts around the Oku district. In detail, 27 villages and 72 patients are recorded in the *Shinkyū seji seimeiroku shojitome Jōdōgun, Minogun*; 7 villages and 12 patients in the *Shinkyū seji seimeiroku Wakegun, Iwanashigun, Tsudakagun, Kojimagun*; 27 villages and 121 patients in the *Shinkyū seji seimeiroku Okugun kita*; 20 villages and 187 patients in the *Shinkyū seji seimeiroku Okugun higashi*; and 44 villages and 330 patients in the *Shinkyū seji seimeiroku Okugun seinan*.[64] Sometimes only the village name is written with no patients recorded on the page. For example, in the *Shinkyū seji seimeiroku Okugun kita*, there are seven pages only mentioning the names of the villages; the 121 patients recorded in the manuscript by name were from the remaining 20 villages. These seven blank pages seem to confirm Kinoshita Hiroshi's hypothesis that not all neighborhood villages relied on Nakashima Yūgen for treating their illnesses. Interestingly, Nakashima did not administer acupuncture on a daily basis; acupuncture treatment was delivered only on certain days of the month, usually the second, the twelfth, and the twenty-second day of the month. Below is an excerpt from the first page of the manuscript *Shinkyū seji seimeiroku Okugun kita*.

Mukaiyama village
向山
The twelfth day of the tenth month, Bunkyū 3 [1863]
文久三年亥十月十二日
- Okita Yoshinosuke's child, frequent urination: *daichōyu* [BL25] and *jōkō* [BL31][65]

[64] Nakashima Yūgen, *Shinkyū seji seimeiroku shojitome Jōdōgun, Minogun* (1863); *Shinkyū seji seimeiroku Wakegun, Iwanashigun, Tsudakagun, Kojimagun* (1863); *Shinkyū seji seimeiroku Okugun kita* (1863); *Shinkyū seji seimeiroku Okugun higashi* (1863); *Shinkyū seji seimeiroku Okugun seinan* (1863) (manuscript in the collection of the Nakashima ika shiryōkan). We have counted an entry in the casebook as a patient when the name and/or the symptom(s), and/or the acupuncture points are recorded. We have disregarded entries where only the fees are indicated since it is difficult to interpret their meaning.

[65] The symptoms are translated into English, and the acupuncture points are written according to their Japanese transliteration. The WHO standard acupuncture point locations are also provided in square brackets. Note that sometimes only the acupuncture points are mentioned.

—沖田吉之介子　小便頻数　大腸ユ　上窮

The twelfth day of the tenth month

十月十二日

- Bunta Rōnai, shoulder pain caused by accumulations: *shinyu* [BL15] and *haiyu* [BL13]

—文太郎内　積肩痛　心ユ　肺ユ

- Okita Yoshinosuke's brother's wife, blockage below the heart: *fuyō* [ST19] and *kakuyu* [BL17]

—沖田吉之介娌　心下痞　不容　鬲ユ

- Same person's child, *shinchū* [GV12]

—同人子　身柱

The twelfth day of the eleventh month

十一月十二日

- Okita Matashichirō, leg *qi*: *tokubi* [ST35], shoulder pain: *kengū* [LI15]

—沖田又七郎　脚気　犢鼻　肩痛　肩髃

The second day of the twelfth month

十二月二日

- Kame Kichi, *haiyu* [BL13]

—亀吉　肺ユ

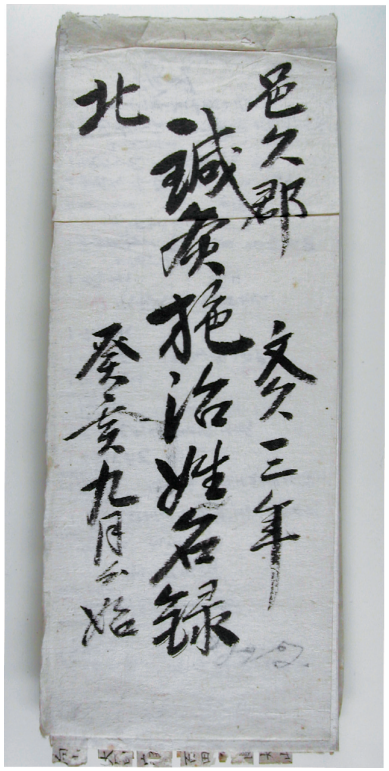

Photo 1: Cover page of the manuscript *Shinkyū seji seimeiroku Okugun kita*; manuscript in the collection of the Nakashima Family Museum

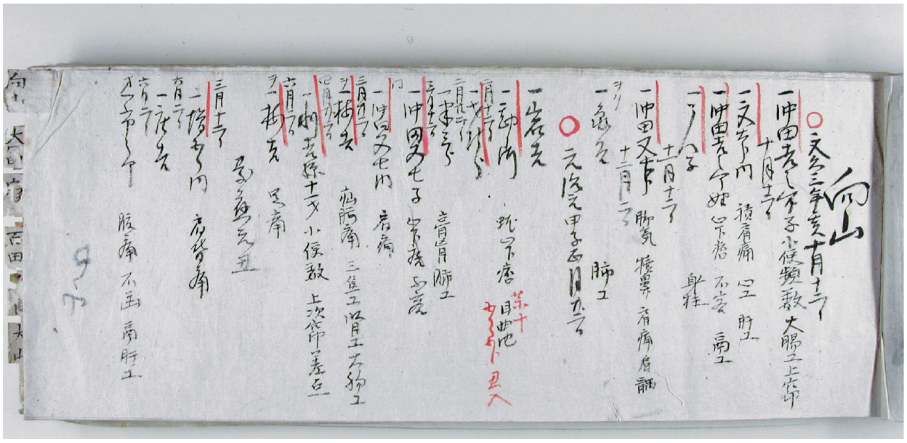

Photo 2: First page of the manuscript *Shinkyū seji seimeiroku Okugun kita*; manuscript in the collection of the Nakashima Family Museum

Contrary to the manuscripts related to Nakashima's prescription of herbal formulas, which only record the names of his patients, the villages they were coming from, and the fees perceived for the treatment, these five manuscripts offer a glimpse of clinical acupuncture practice in nineteenth century Tokugawa Japan, as they also mention the symptoms or illnesses of the patients and the acupuncture points used to treat them. Therefore, they are a unique source of information not only in general about illnesses encountered in daily life during the Edo period, but also in particular about illnesses specifically treated with acupuncture and moxibustion.

When combined altogether, the data of the five manuscripts reveal that Nakashima often applied acupuncture to treat only one symptom. Patients treated for multiple symptoms—usually a combination of two symptoms—such as blockage below the heart and shoulder pain (心下痞肩痛) or back pain and respiration oppression (背痛息迫) were rare. The most common symptoms mentioned more than ten times are phlegm (痰, 66 times), blockage below the heart (心下痞, 38 times), shoulder pain (肩痛, 37 times), eye problems (目疾, 34 times), lumbar pain (腰痛, 32 times), headaches (頭痛, 30 times), pain below the heart (心下痛, 21 times), foot pain (足・足痛・足疾, 20 times), lack of retention (留欠, 20 times), accumulation or painful accumulation (積・積痛, 17 times), and abdominal pain (腹痛, 14 times). Forty-four other symptoms are mentioned more than one time but less than ten times, and 213 symptoms are mentioned only one time in all five manuscripts. In only one case, the patient shows no symptoms and moxibustion is applied as a preventive treatment (無病用心灸). Finally, in eighty cases only the acupuncture points are mentioned.

In total, Nakashima relied on seventy acupuncture points related to the channels theory, and in forty-seven cases he applied acupuncture or moxibustion on points or parts of the body outside the channels theory, such as the technique named the four flowers (四華), or the point *shitsugan* 膝眼. Sometimes the indication is too vague and therefore the location cannot be clearly identified, such as the four locations (四ヶ処), the two shoulders (両肩), or the five locations on the back (背五処). In one case, he decided to treat the patient using a decoction instead of applying moxibustion, and in another case he used both a decoction and acupuncture.

To understand the interrelationship between textual knowledge and clinical practice

during the late Edo period, I compare the content of the casebooks with four acupuncture textbooks published during the seventeenth and the eighteenth centuries: the *Shinkyū yōkashū* 鍼灸要歌集 (*Collection of Essential Quotes Related to Acupuncture and Moxibustion*), the *Shinkyū bassui taisei* 鍼灸抜萃大成 (*Compendium of Excerpts on Acupuncture and Moxibustion*), the *Shinkyū chōhōki kōmoku* 鍼灸重宝記綱目 (*Handbook on Acupuncture and Moxibustion*), and the *Shinkyū tebikigusa* 鍼灸手引草 (*Pocket Guide to Acupuncture and Moxibustion*).[66] Several reasons lead me to select these four textbooks. First, they all contain both theoretical and clinical aspects of acupuncture practice, such as how to administer the acupuncture needles and moxibustion. Second, they include a part describing the locations of acupuncture points and for what illness the points should be used, and another part describing daily-life illnesses and how to treat them with acupuncture and moxibustion (i.e., on which points the needles or moxas should be applied). Finally, they are all written in colloquial Japanese with readings of the Chinese characters and were published by their authors. They were, therefore, available to a large audience of both practitioners and non-practitioners. Some of them, such as the *Shinkyū chōhōki kōmoku*, became bestsellers reprinted several times during the Edo period.[67]

Tables 1 and 2 compare the acupuncture points used by Nakashima to treat phlegm and eye problems, two of the most frequent illnesses he treated with acupuncture and moxibustion. In the tables below, the number in parentheses for the column *Shinkyū seji seimeiroku* indicates the number of occurrences of the illness and points used, as recorded in the manuscripts.

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[66] Yasui Shōgen 安井昌玄, *Shinkyū yōkashū* (1695) (Kyōto daigaku huzoku toshokan, reference number: シ/537, https://rmda.kulib.kyoto-u.ac.jp/item/rb00003463, last accessed on 12 March 2022); Okamoto Ippō 岡本一抱, *Shinkyū bassui taisei* (1699) (Waseda daigaku toshokan, reference number: 文庫 31 E1531, https://www.wul.waseda.ac.jp/kotenseki/html/bunko31/bunko31_e1531/index.html, last accessed on 12 March 2022); Hongō Masatoyo, *Shinkyū chōhōki kōmoku* (1749) (Kyōto daigaku huzoku toshokan, reference number: シ/522, https://rmda.kulib.kyoto-u.ac.jp/item/rb00003450, last accessed on 12 March 2022); Taikanshitsu shujin 大簡室主人, *Shinkyū tebikigusa* (1773) (Keiō gijuku daigaku toshokan, reference number: DIG-KEIO-127, https://kokusho.nijl.ac.jp/biblio/100242438/1?ln=ja, last accessed on 12 March 2022).

[67] The *Shinkyū chōhōki kōmoku* was reprinted at least four times during the Edo period, in 1722, 1726, 1749, and 1816. Nagatomo Chiyoji, *Chōhōki no chōhōki, seikatsushi hyakka jiten hakkutsu*, pp. 362-422.

Table 1: Comparison of the treatment of phlegm[68]

| Illness | Acupoints | 鍼灸施治姓名録 (*Shinkyū seji seimeiroku*) | 鍼灸要歌集 (*Shinkyū yōkashū*) | 鍼灸抜萃大成 (*Shinkyū bassui taisei*) | 鍼灸重宝記綱目 (*Shinkyū chōhōki kōmoku*) | 鍼灸手引草 (*Shinkyū tebikigusa*) |
|---|---|---|---|---|---|---|
| Phlegm 痰 (66) | 膈俞 (BL17) | ● (62) | ● (灸) | | ● | ● (鍼) |
| | 心俞 (BL15) | ● (59) | | | | |
| | 肺俞 (BL13) | ● (59) | ● (灸) | ● (灸) | ● | ● (鍼・灸) |
| | 不容 (ST19) | ● (12) | ● (鍼) | | ● | ● (鍼) |
| | 風門 (BL12) | ● (2+3 大灸) | ● (鍼) | | ● | ● (鍼) |
| | 幽門 (KI21) | ● (6) | ● (鍼) | | ● | ● (鍼・灸) |
| | 肝俞 (BL18) | ● (4) | ● (灸) | | ● | ● (鍼) |
| | 八推 | ● (4) | | | | |
| | 脾俞 (BL20) | ● (1) | | | | ● (灸) |
| | 承満 (ST20) | ● (1) | ● (鍼) | | ● | ● (鍼) |
| | 風市 (GB31) | ● (1) | | | | |
| | 腰俞 (GV2) | ● (1) | | | | |
| | 通谷 (KI20) | | ● (鍼) | | ● | ● (鍼) |
| | 中瀆 (GB32) | | | ● (鍼) | ● | ● (鍼) |
| | 環跳 (GB30) | | | ● (鍼) | ● | ● (鍼) |
| | 三里 (ST36) | | | ● (灸) | ● | ● (鍼・灸) |
| | 膏肓 (BL43) | | | | | ● (灸) |
| | 七椎 | | | | | ● (灸) |
| | 中脘 (CV12) | | | | | ● (灸) |

[68] Table 1 reads: for phlegm disease, the point BL17 is mentioned in the *Shinkyū seji seimeiroku* 62 times, in the *Shinkyū yōkashū* moxibustion is recommended, and in the *Shinkyū tebikigusa* acupuncture is recommended. For clarity, we have applied a grey shading to the column referring to Nakashima's casebooks.

Table 2: Comparison of the treatment of eye problems

| Illness | Acupoints | 鍼灸施治姓名録 (*Shinkyū seji seimeiroku*) | 鍼灸要歌集 (*Shinkyū yōkashū*) | 鍼灸抜萃大成 (*Shinkyū bassui taisei*) | 鍼灸重宝記綱目 (*Shinkyū chōhōki kōmoku*) | 鍼灸手引草 (*Shinkyū tebikigusa*) |
|---|---|---|---|---|---|---|
| Eye problems 目疾 (34) | 合谷 (LI4) | ● (17) | | ● (鍼) | | |
| | 身柱 (GV12) | ● (14) | | | | |
| | 肝俞 (BL18) | ● (13) | | ● (灸) | ● (灸) | ● (灸) |
| | 肺俞 (BL13) | ● (12) | ● (灸) | | | |
| | 天柱 (BL10) | ● (11) | | | | |
| | 陽谿 (LI5) | ● (9) | | | | |
| | 風門 (BL12) | ● (5) | | | | |
| | 曲池 (LI11) | ● (4) | | ● (灸) | ● (灸) | ● (灸) |
| | 膏肓 (BL43) | ● (2) | | | ● (灸) | ● (灸) |
| | 不容 (ST19) | ● (1) | | | | |
| | 幽門 (KI21) | ● (1) | | | | |
| | 心俞 (BL15) | ● (1) | | | | |
| | 横骨 (KI11) | ● (1) | | | | |
| | 神庭 (GV24) | | | | ● (鍼) | ● (鍼) |
| | 上星 (GV23) | | ● (灸) | ● (鍼) | ● (鍼) | ● (鍼) |
| | 前頂 (GV21) | | | | ● (鍼) | ● (鍼) |
| | 三里 (ST36) | | ● (灸) | ● (灸) | ● (灸) | ● (灸) |
| | 巨骨 (LI16) | | | ● (灸) | ● (灸) | ● (灸) |
| | 脾俞 (BL22) | | | ● (灸) | ● (灸) | ● (灸) |
| | 三陰交 (SP6) | | | ● (灸) | | ● (灸) |
| | 腎俞 (BL23) | | | | | ● (灸) |
| | 百会 (GV20) | | ● (灸) | ● (鍼) | | |
| | 攢竹 (BL2) | | ● (鍼) | ● (鍼) | | |

Table 2: Comparison of the treatment of eye problems (continued)

| Illness | Acupoints | 鍼灸施治姓名録 (*Shinkyū seji seimeiroku*) | 鍼灸要歌集 (*Shinkyū yōkashū*) | 鍼灸抜萃大成 (*Shinkyū bassui taisei*) | 鍼灸重宝記綱目 (*Shinkyū chōhōki kōmoku*) | 鍼灸手引草 (*Shinkyū tebikigusa*) |
|---|---|---|---|---|---|---|
| Eye problems 目疾 (34) | 宣洩 | | ● (鍼) | | | |
| | 風池 (GB20) | | ● (鍼) | ● (鍼) | | |
| | 糸竹空 (TE23) | | | ● (鍼) | | |
| | 陽谷 (SI5) | | | ● (鍼) | | |
| | 睛明 (BL1) | | | ● (鍼) | | |
| | 太陸 | | | ● (鍼) | | |

For example, as shown in table 1, the number of occurrences of the point *kakuyu* 膈俞 (BL17) is 62, whereas the number of occurrences of the illness phlegm (痰) is 66. In other words, the point *kakuyu* was used to treat 62 cases of phlegm out of 66 cases. Regarding the four acupuncture textbooks, the characters acupuncture (鍼) and moxibustion (灸) indicate what treatment is recommended by their authors. The term moxibustion is mentioned only a few times in the five *Shinkyū seji seimeiroku*. Sometimes Nakashima even specifies when moxibustion should be used in great quantities using the term *dakyū* 大灸. Therefore, we can assume that when the term moxibustion is not written, as in most cases, acupuncture needles were applied to the acupuncture point.

As table 1 shows, Nakashima Yūgen's choice of acupuncture points to treat phlegm follows more or less recommendations made by textbooks published during the Edo period. His combination of acupuncture points, however, reflects his clinical experience. For example, to treat phlegm, he used a combination of three points: *kakuyu* 膈俞 (BL17), *shinyu* 心俞 (BL15), and *haiyu* 肺俞 (BL13), used respectively 62 times, 59 times, and 59 times for the treatment of 66 cases of phlegm. One of them, *shinyu*, is not mentioned at all in the four textbooks. Sometimes he also added one or two other points to this combination, probably to treat other minor symptoms of the patient (not mentioned in the manuscript), or to adjust the treatment according to the result of the pulse and

abdominal diagnosis, but in general he stuck to these three points which probably had produced good results in the treatment of phlegm.

It is worth noting that to treat other diseases, most of the time, his choice of acupuncture points differs from what is recommended in the textbooks. For example, amongst the thirteen acupuncture points he used to treat eye problems, only five are mentioned in the four textbooks and usually moxibustion is recommended.

In other cases, such as headaches and descent of blood (下血), his selection of acupuncture points is completely different from what is recommended in textbooks.

Table 3: Comparison of the treatment of headaches

| Illness | Acupoints | 鍼灸施治姓名録 (*Shinkyū seji seimeiroku*) | 鍼灸要歌集 (*Shinkyū yōkashū*) | 鍼灸抜萃大成 (*Shinkyū bassui taisei*) | 鍼灸重宝記綱目 (*Shinkyū chōhōki kōmoku*) | 鍼灸手引草 (*Shinkyū tebikigusa*) |
|---|---|---|---|---|---|---|
| Headaches 頭痛 (30) | 天柱 (BL10) | ● (20) | | | | |
| | 肺俞 (BL13) | ● (6) | | | | |
| | 身柱 (GV12) | ● (9) | | | | |
| | 不容 (ST19) | ● (3) | | | | |
| | 幽門 (KI21) | ● (2) | | | | |
| | 風門 (BL12) | ● (1) | | | | |
| | 巨闕 (CV14) | ● (1) | | | | |
| | 神道 (GV11) | ● (1) | | | | |
| | 百会 (GV20) | | | ● (灸) | ● | ● (鍼・灸) |
| | 風池 (GB20) | | ● (鍼) | ● (鍼・灸) | ● | ● (鍼) |
| | 風府 (GV16) | | ● (鍼) | ● (鍼) | ● | ● (鍼) |
| | 合谷 (LI4) | | ● (鍼) | ● (灸) | ● | ● (鍼) |
| | 攢竹 (BL2) | | ● (鍼) | | ● | ● (鍼) |
| | 曲池 (LI11) | | | ● (灸) | ● | ● (鍼) |
| | 腕骨 (SI4) | | | ● (鍼) | ● | ● (鍼) |

Table 3: Comparison of the treatment of headaches (continued)

| Illness | Acupoints | 鍼灸施治姓名録 (*Shinkyū seji seimeiroku*) | 鍼灸要歌集 (*Shinkyū yōkashū*) | 鍼灸抜萃大成 (*Shinkyū bassui taisei*) | 鍼灸重宝記綱目 (*Shinkyū chōhōki kōmoku*) | 鍼灸手引草 (*Shinkyū tebikigusa*) |
|---|---|---|---|---|---|---|
| Headaches 頭痛 (30) | 京骨 (BL64) | | | ● (鍼) | ● | ● (鍼) |
| | 合骨 (LI4) | | | ● (鍼) | ● | ● (鍼) |
| | 衝陽 (ST42) | | | ● (鍼) | ● | ● (鍼) |
| | 風市 (GB31) | | | ● (灸) | ● | ● (鍼) |
| | 三里 (ST36) | | | ● (灸) | ● | ● (鍼) |
| | 上星 (GV23) | | | | | ● (灸) |
| | 顖会 (GV22) | | | | | ● (灸) |
| | 後頂 (GV19) | | | | | ● (灸) |
| | 強間 (GV18) | | | | | ● (灸) |
| | 脳空 (GB19) | | | | | ● (灸) |
| | 率谷 (GB8) | | | | | ● (灸) |
| | 足少陽 | | | | | ● (灸) |
| | 俠谿 (GB43) | | | | | ● (灸) |

Table 4: Comparison of the treatment of descent of blood

| Illness | Acupoints | 鍼灸施治姓名録 (*Shinkyū seji seimeiroku*) | 鍼灸要歌集 (*Shinkyū yōkashū*) | 鍼灸抜萃大成 (*Shinkyū bassui taisei*) | 鍼灸重宝記綱目 (*Shinkyū chōhōki kōmoku*) | 鍼灸手引草 (*Shinkyū tebikigusa*) |
|---|---|---|---|---|---|---|
| Descent of blood 下血 (10) | 上髎 (BL31) | ● (10) | | | | |
| | 次髎 (BL32) | ● (9) | | | | |
| | 中髎 (BL33) | ● (9) | | | | |
| | 下髎 (BL34) | ● (1) | | | | |
| | 肝俞 (BL18) | ● (1) | | | | |

Table 4: Comparison of the treatment of descent of blood (continued)

| Illness | Acupoints | 鍼灸施治姓名録 (*Shinkyū seji seimeiroku*) | 鍼灸要歌集 (*Shinkyū yōkashū*) | 鍼灸抜萃大成 (*Shinkyū bassui taisei*) | 鍼灸重宝記綱目 (*Shinkyū chōhōki kōmoku*) | 鍼灸手引草 (*Shinkyū tebikigusa*) |
|---|---|---|---|---|---|---|
| Descent of blood 下血 (10) | 関元 (CV4) | ● (1) | ● | ● (溺血, 鍼) | ● | ● (溺血, 鍼) (便血, 灸) |
| | 腎俞 (BL23) | | ● | | ● | |
| | 気海 (CV6) | | ● | ● (便血, 鍼・灸) | ● | ● (便血, 鍼・灸) |
| | 陽関 (GB33?) | | ● | | ● | |
| | 三陰交 (SP6) | | ● | ● (溺血, 鍼) | ● | ● (溺血, 鍼) |
| | 絶骨 (GB39) | | ● | | ● | |
| | 期門 (LR14) | | | ● (便血, 鍼) | | ● (便血, 鍼) |
| | 三里 (ST36) | | | ● (便血, 鍼・灸) | | ● (便血, 鍼・灸) |
| | 中脘 (CV12) | | | ● (便血, 灸) | | ● (便血, 灸) |
| | 労宮 (PC8) | | | ● (便血, 灸) | | ● (便血, 灸) |
| | 会陽 (BL35) | | | ● (便血, 灸) | | ● (便血, 灸) |
| | 脊中 (GV6) | | | | | ● (便血, 灸) |
| | 太白 (SP3) | | | ● (便血, 灸) | | |

As mentioned earlier, Nakashima Yūgen was not a specialist in acupuncture; most of his clinical activities focused on the prescription of herbal formulas. There is no information on when and how he learned acupuncture, and the Nakashima family has none of these four acupuncture textbooks in their collection of medical books. It is possible therefore that his selection and combination of acupuncture points might have been based on his clinical experience rather than on textual knowledge. Interestingly, the four textbooks do not necessarily make the same recommendations for treating the same symptom. Sometimes one author recommends acupuncture whereas others recommend

moxibustion; sometimes the selection of points is different. Despite the attempt by Japanese doctors at popularizing acupuncture knowledge for a wider audience, the discrepancies that one can find in these four textbooks reflect their failure to standardize textual knowledge related to the practice of acupuncture.[69]

Another characteristic of Nakashima Yūgen's clinical practice is that he used only a limited number of acupuncture points. In total, seventy acupuncture points are mentioned in the manuscript to treat two hundred sixty-seven illnesses (this number indicates the occurrences for illness with a single symptom, illness with multiple symptoms, and cases where the illness is not indicated). This number is quite low compared to the number of acupuncture points mentioned in the four textbooks. Even a digest, such as the *Shinkyū yōkashū* mentions one hundred thirty-one points, and the *Shinkyū chōhōki kōmoku*, which was meant to instruct physicians in rural areas who did not have access to an instructor, mentions two hundred thirty-six points in total. It was agreed that this was the minimum number of points to know for the practice of acupuncture.[70]

The number of occurrences of points in the casebooks suggests that in clinical practice, Japanese practitioners of the Edo period like Nakashima Yūgen relied on a smaller number of acupuncture points. Nakashima used a total of seventy acupuncture points in his clinical practice of acupuncture over a period of three years; however, when we analyze in detail the number of occurrences of the acupuncture points, six acupuncture points are mentioned more than one hundred times: *fuyō* 不容 (ST19, 230 times), *kakuyu* 膈俞 (BL17, 205 times), *yūmon* 幽門 (KI21, 160 times), *shinyu* 心俞 (BL15, 129 times), *haiyu* 肺俞 (BL13, 128 times), and *kanyu* 肝俞 (BL18, 119 times).

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[69] Tokugawa Japan lacked an official organ responsible for standardizing medical knowledge such as the Bureau for Emending Medical Texts (*Jiaozheng yishu ju* 校正醫書局) in China which played a great role in its attempt at standardizing acupuncture knowledge during the Song dynasty. On this point, see Mathias Vigouroux, "The Reception of the Circulation Channels Theory in Japan (1500-1800)," p. 126.

[70] Suganuma Shūkei 菅沼周圭, an eighteenth-century acupuncture practitioner, argues in his book, *Shinkyū soku* 鍼灸則 (*Principles of Acupuncture and Moxibustion*), that only seventy points are necessary in acupuncture practice. It is doubtful, however, that his book had any influence on Nakashima, as he refuted the entire channels theory and the *yu* 俞 points that were the points Nakashima used the most in his clinical practice. Suganuma Shūkei, *Shinkyū soku* (1767), in Shuppan kagaku sōgō kenkyūjo 出版科学総合研究所 (ed.), *Shinkyū igaku tenseki taikei* 鍼灸医学典籍大系, vol. 17 (Tokyo: Shuppan kagaku sōgō kenkyūjo, 1978), p. 2.

Table 5: The number of acupoints in the four acupuncture textbooks

| 鍼灸要歌集 (*Shinkyū yōkashū*) | |
|---|---|
| Parts of the body | Number of acupoints |
| 顔面の部 (head) | 15 |
| 心腹の部 (heart/abdomen) | 40 |
| 肩背の部 (shoulders/back) | 34 |
| 肘手の部 (arms/hands) | 18 |
| 脚腿の部 (legs/thighs) | 24 |
| Total | 131 |

(+secret moxa points (秘伝灸法): 3)

| 鍼灸抜萃大成 (*Shinkyū bassui taisei*) | |
|---|---|
| Parts of the body | Number of acupoints |
| 顔面の部 (head) | 71 |
| 心腹の部 (heart/abdomen) | 81 |
| 肩背の部 (shoulders/back) | 60 |
| 肘手の部 (arms/hands) | 61 |
| 脚腿の部 (legs/thighs) | 80 |
| Total | 353 |

(+acupoints *aze* 阿所, four flowers (四華), etc.)

| 鍼灸重宝記綱目 (*Shinkyū chōhōki kōmoku*) | |
|---|---|
| Parts of the body | Number of acupoints |
| 顔面の部 (head) | 50 |
| 心腹の部 (heart/abdomen) | 37 |
| 肩背の部 (shoulders/back) | 32 |
| 肘手の部 (arms/hands) | 38 |
| 脚腿の部 (legs/thighs) | 79 |
| Total | 236 |

(+secret moxa points (秘伝灸法): 7)

| 鍼灸手引草 (*Shinkyū tebikigusa*) | |
|---|---|
| Parts of the body | Number of acupoints |
| 顔面の部 (head) | 71 |
| 心腹の部 (heart/abdomen) | 81 |
| 肩背の部 (shoulders/back) | 60 |
| 肘手の部 (arms/hands) | 61 |
| 脚腿の部 (legs/thighs) | 80 |
| Total | 353 |

(+acupoints *aze* 阿所, four flowers (四華), etc.)

Six other points were used between thirty to one hundred times: *tenchū* 天柱 (BL10, 62 times), *jōryō* 上髎 (BL31, 59 times), *shinchū* 身柱 (GV12, 48 times), *chūryō* 中髎

(BL33, 36 times), *jiryō* 次髎 (BL32, 34 times), and *jinyu* 腎俞 (BL23, 32 times). These twelve acupuncture points were the ones that Nakashima used to treat most of the illnesses he encountered in his daily practice. Furthermore, it shows that Nakashima relied heavily on the *yu* points, and on the point *fuyō* to treat all kinds of symptoms.

The type and number of illnesses Nakashima Yūgen treated with acupuncture is not different from the illnesses mentioned in Edo period acupuncture textbooks. Nakashima used acupuncture and moxibustion to treat diverse illnesses encountered in daily life, such as all kinds of pain symptoms (headaches, back pain, toothaches, abdominal pain, etc.), enuresis, hemorrhoids, cough, emesis, ear trouble, wind stroke, etc. The question that remains unanswered is when and why he decided to use acupuncture instead of herbal therapy, which was the main therapy he used in his clinical activity. Further research is necessary if patient names recorded in the manuscripts titled *Haizai shagi seimeiki* 配剤謝義姓名記 (*List of Patients Treated by Pharmacopeia Therapy and the Rewards Received*) match those recorded in the *Shinkyū seji seimeiroku*. It could indicate whether or not acupuncture was used as a complementary treatment, or independently of herbal formulas. As mentioned above, other scholars have argued that during the Edo period it was usually the patients who decided the nature of their treatment and the type of specialist who would take care of their illnesses. Therefore, it is possible that they came to Nakashima and asked him for an acupuncture treatment as a last resort, after other forms of treatments by other doctors had failed to improve their condition. However, a comparison of the *Haizai shagi seimeiki* with the *Shinkyū seji seimeiroku* could reveal that Nakashima might also have suggested acupuncture to his patients after he realized herbal formulas were not working. In other words, it could indicate that in the late Edo period, village doctors were taking a more central role as family doctors in deciding which treatment was best for their patients.

## 7. Concluding Remarks

Nakashima Yūgen's choice of acupuncture points and the way he combined them to treat his patients' illnesses suggest that the clinical practice of acupuncture was quite different from what was explained in the acupuncture textbooks that circulated in

Tokugawa Japan. Although some chapters in the four textbooks described in detail insertion techniques particular to Japanese acupuncture, such as *uchi-bari* 打鍼 (hammer technique) and *kuda-bari* 管鍼 (tube technique), the chapters explaining the locations and functions of acupuncture points were merely digests of Chinese texts. Nakashima's clinical practice of acupuncture should therefore be regarded in light of the new discourse that emerged from doctors who started to emphasize the importance of clinical practice over the medical classics at the turn of the nineteenth century. Knowledge gained from the study of the classics was still considered important, but it could no longer surpass the knowledge the doctor gained through his clinical experience and his encounter with the patient.[71]

This difference between textual knowledge and clinical practice in acupuncture is probably best illustrated with a last example, the illness named "blockage below the heart" (心下痞) and mentioned 38 times in the five manuscripts. The four acupuncture textbooks do not make direct reference to this illness, which was usually explained in other medical books related to the abdominal diagnosis and was treated with herbal formulas.[72] Nakashima relied on a combination of *yu* points and the two points *fuyō* (ST19) and *yūmon* (KI21) to treat this illness. The number of patients visiting him with this particular illness suggests therefore that Nakashima's clinical experience had proven him that acupuncture was also an effective method of treatment.

Nakashima Yūgen's acupuncture casebooks, however, are very different from Chinese medical case histories (醫案), which became a genre of medical writing in China during the Ming period.[73] They were neither designed to glorify Nakashima's expertise

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[71] Susan Burns shows that similar claims were made by the village doctor Nanayama Jundō 七山順道 (fl. 1818-1868), who, engaging in the medical debates of the early nineteenth century, claimed that "practice-based knowledge was more important than textual authority." Susan L. Burns, "A Village Doctor and the *Treatise on Cold Damage Disorders* (*Shanghan lun* 傷寒論): Medical Theory/Medical Practice in Late Tokugawa Japan," in Benjamin A. Elman (ed.), *Antiquarianism, Language, and Medical Philology*, p. 141.

[72] See for example the map of the abdomen titled *Shinka tsukae* 心下痞 ("Blockage below the heart") in the manuscript *Wada Tōkaku fukushinzu* 和田東郭腹診圖. *Wada Tōkaku fukushinzu* (late Edo period) (Keiō gijuku daigaku toshokan, reference number: DIG-KEIO-747, https://kokusho.nijl.ac.jp/biblio/100245302/, last accessed on 12 March 2022), page not numbered.

[73] On the medical case histories in the Chinese context, see Christopher Cullen, "*Yi'an* 醫案 (Case Statements): The Origins of a Genre of Chinese Medical Literature," in Elisabeth Hsu (ed.), *Innovation in Chinese Medicine* (Cambridge: Cambridge University Press, 2001), pp. 297-323; Joanna Grant, "Medical

or the prestige of his medical lineages, nor meant as a pedagogical tool to educate future physicians dealing with difficult cases in clinical practice. For example, they do not contain any discussion explaining his diagnoses or his choice of acupuncture points, and the outcome of the treatment is not explained. Only one time, Nakashima does note that the acupuncture points selected to treat an illness were different from the previous year. In this particular case, we can assume that the treatment was not successful, as it needed to be adjusted.

The small amount of information for each case suggests that Nakashima never intended to publish his casebooks. They should be regarded, therefore, as brief notes taken at the patient's bedside to keep track of their names, their symptoms, and the acupuncture points used for treating their illnesses. It probably explains why the manuscripts are not titled medical case histories, but simply *seimeiroku*, records of names. Moreover, since his casebooks were not meant to be published, the cases were not selected to show Nakashima in a good light, only mentioning successful treatments. Therefore, in recording all his patients' illnesses and their treatment over a period of three years, Nakashima Yūgen provides information on not only the types of illnesses that people suffered in their daily life during the Edo period, but also for which illnesses acupuncture treatment was the most used. He offers a rare glimpse of some aspects of nineteenth century acupuncture practice as seen from the point of view of a practitioner.

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Practice in the Ming Dynasty—A Practitioner's View: Evidence from Wang Ji's *Shishan yi'an*," *Chinese Science*, 15 (1998), pp. 37-80; Asaf Goldschmidt, "Reasoning with Cases: The Transmission of Clinical Medical Knowledge in Twelfth-Century Song China," in Benjamin A. Elman (ed.), *Antiquarianism, Language, and Medical Philology*, pp. 19-51.

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# 中島醫案：德川幕府晚期針灸在日本的實踐

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**摘　要**

日本漢方針灸醫書的出版、針灸銅人和圖像的製作，是德川幕府 (1603-1868) 經絡理論在日本內化和傳播的必要元素。然而，此理論的臨床實踐罕為人知；而有關病人為何造訪針灸專家、他們造訪的頻率，以及接受了哪些治療等訊息亦相當匱乏。中島友玄 (1808-1876) 記錄日常實踐的醫案提供了重要的觀點，然而迄今卻未見於幕府晚期針灸實踐的歷史敘述中。

本文首先檢視十七世紀晚期開始日本醫療環境的演變，聚焦於醫療知識的本土化與當時新興的關懷，將臨床實踐作為知識來源的一部分。在傳記資料交叉連結的基礎上，本文主要關注中島的五本針灸醫案，據此重建其日復一日的針灸臨床實踐，進而討論其如何將幕府時期藉由刊印和抄錄醫書傳播有關經絡的理論知識，轉化成他臨床實踐的知識基礎。

**關鍵詞**：德川幕府時期的日本，針灸，臨床實踐，江户時期，日本漢方醫學

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