

Fukushin: Some Observations on Economic Development and the Imagination of the Body in Japanese Medicine of the Edo Period

KURIYAMA Shigehisa

International Research Center for Japanese Studies

"Sometimes I feel like a gigantic digestive tract, taking money in at one end and pushing it out the other." —George Soros, *The crisis of capitalism*

It was a popular theme in the summer of 1862, and at first blush its popularity seems natural enough. On the one hand, a deadly epidemic of measles swept through Japan that year, killing thousands; on the other hand folk beliefs associated the disease with demons. So it is understandable that people should appreciate scenes of the demonic malefactor being bound and beaten. We can imagine people buying such pictures -- and the number and variety of surviving prints testify to brisk sales -- as talismanic emblems of their hopes for relief from this scourge.

Closer inspection, however, reveals more worldly, cynical dimensions. **(fig.1)**

Observing the expressions on people's faces, we notice that the ruling passions are not mourning or fear, but rather outrage and vengeance; and if we then scrutinize the attire of the angry crowds pummeling the measles demon, and study the various instruments that they wield, we realize that we have to do not with a mass of anonymous citizens, but with representatives of precisely identified professions. We see a wine-dealer, a *tōfu* maker, a bathhouse operator, a *geisha*, a pharmacist, a doctor -- to name just a few. And we are curious: why this particular cast?

The composition of these prints follows a basic formula. Most consist of two parts: there is the picture on the one hand, which varies with each print, and then there is an itemized list, which is repeated with relatively little change. The lists offer advice on the proper regimen for combatting measles, specifying the foods to eat or to abstain from, the activities to pursue or to avoid.

The lists explain the vengeful crowds. For they teach that in an epidemic of measles one must not drink wine or eat *tōfu*, that one must abstain from bathing and from sexual intercourse. This is what inspires the fury of those attacking the measles demon: these figures all represent businesses that have become depressed or have been ruined by the advent of the disease. **(fig.2)**

Their fury springs not from losing family members, but from the loss of something that they ostensibly cherish no less. Their outrage is fuelled by financial loss.

This same logic also explains why not everyone is actually so keen to send off or destroy the demon. After all, what brings ruin to some brings prosperity to others. Against the attacking mob, a few worried figures thus urge on the contrary, "Let's not be so hasty!" and again "We needn't be quite so hard on the fellow!" They are the pharmacist and the doctor.

At the same time that they offered information vital for public health, in other words, these prints also expressed the bitter awareness that calculations of loss and gain may rule the heart even in a crisis certain to bring much suffering and death. In 1862, as the Edo period (1600-1868) drew near its end, it was a commonplace that sickness is never purely a medical problem, and that matters of health are in the end inseparable from matters of money.

Historians of Japanese medicine have hitherto paid little attention to the claims of the economic imagination. Yet the Edo period, the period in which Japanese medicine knew its most creative flourishing, was an era shaped decisively by dynamic urban expansion, an unprecedented circulation of cash, and the establishment of a nationwide network of trade -- an era, too, as the measles prints archly remind us, when the feverish hunger for money was only occasionally and feebly checked by a consciousness of money's ultimate vanity. We might well expect such great transformations in the values and relations that bind together a society to transform as well the people that make up that society, to alter, even, their very sense of being. And indeed, this altered understanding is what we find. Especially in medicine.

Especially in the practice called *fukushin*.

Fukushin

In the Fujikawa Collection of the University of Kyoto, there is an enigmatic manuscript titled *Hyakufuku zusetsu*. The date of its composition is uncertain, and its author unknown; but that is just the skin of the puzzle. Leafing through it we see a hundred strange pictures: the same sketchy contours of a torso repeated over and over, but adorned each time with unpredictable streaks and rough patches of colour, and accompanied here and there by a brightly mottled tongue, or a staring eye. Someone unable to read Japanese might imagine in them the tracings of some obscure cabalistic dream.

Actually, they are medical illustrations. The various colours in these plates

represent heat and cold, tenseness and flabbiness, pulsations, nodules, congelations -- the various signs that doctors might discover by palpation. Different constellations of signs express different diseases. By *fukushin* -- by interrogating (*shin*) the chest and abdomen (*fuku*) -- a doctor can quite literally grasp a patient's condition, seize it with his hand.

In what sort of world does it appear natural and necessary to a doctor, confronting a patient, always to palpate the chest and the abdomen? Facing the enigma of sickness, healers in the past sometimes consulted the entrails of sheep, or cracks in tortoise shells. Alternatively, they have scrutinized the effluvia excreted by, or drawn from the body, seeking vital truths in the composition of excrement or vomit, for example, or in the colour of blood or urine. And for much of the past two thousand years, before they placed their faith in machines, doctors throughout Eurasia intently felt the pulse. Doctors in Japan, too, felt the pulse; but in the Edo period they also placed extraordinary emphasis on feeling the chest and abdomen.

Why? In all of world medical literature, there is nothing comparable to the *Hyakufuku zusetu* and the dozens of similar treatises that Edo period doctors composed.¹ And even these dozens offer only a dim reflection of their intense preoccupation with *fukushin* -- their absolute conviction that no diagnosis was complete without it -- for most doctors imparted the secrets of their art only orally, only to select disciples.

In making abdominal palpation a foundational cornerstone of diagnosis, Japanese doctors knowingly parted from the tradition of Chinese diagnostics. Not that the practice was entirely unknown in China; brief remarks on abdominal signs appeared in Han dynasty classics such as *Nanjing* and *Shanghanlun*. All in all, however, palpation of the abdomen had remained a peripheral technique in Chinese medicine, practised only irregularly and accorded neither extended analysis nor systematic exposition. In traditional China, diagnosis turned above all on tracking fine changes in the pulse.² The detailed elaboration of abdominal signs, and the transformation of abdominal palpation into a technique on a equal footing with -- and often more trusted than -- pulse taking was a peculiarly Japanese development. Indeed, doctors in Edo times had to invent a new word, *fukushin*, to name this novel approach to the body.

The puzzle of *fukushin* is thus crucial to any interpretation of Japanese medicine. For here was a practice that flourished in Japan and only in Japan; one cannot but wonder why. Whereas doctors elsewhere might check the abdomen occasionally, when they suspected an affliction in the abdominal cavity, physicians in the Edo period consulted it all the time and for all kinds of afflictions, relying on *fukushin* not only to guide their approach to stomach cramps, but also to solve the mystery of a person's

headaches, say, or his insomnia, or his listlessness, or to sort out the different varieties of smallpox. Remarkably, moreover, the technique continues to flourish; even today, *fukushin* is still earnestly studied and deployed by traditional-style healers in Japan.

My question is: How and why did such an approach originally take root? I suggest that no solution can ignore the role of economic change.

Fukushin relied on the hands to grasp a person's condition. But unlike the exquisite tact deployed in pulse taking, *fukushin* demanded a heavier, more forceful touch. When they felt the pulse, doctors posed the fingers delicately on the wrist to ascertain fine, fleeting movements. In abdominal palpation, by contrast, they pressed and kneaded the flesh to search out hidden knots and congelations buried deep inside. The touch deployed here was that of the masseur. And in fact, a word like *anpuku*, "pressing the abdomen," had a double meaning: it at once served as a synonym for the diagnostic procedure of *fukushin*, and named the therapeutic method of rubbing, pressing, and kneading the chest and the abdomen.

The puzzle of *fukushin*, then, is entwined with the popularity of massage. But massage, too, came into its own around the same time. Although its origins were ancient, we find only occasional, passing references to massage in Japan until the turn of the seventeenth and eighteenth centuries, when there appears a sudden flurry of books.³ Writing in 1716, Kazuki Gyūzan observes:

Recently in our country there are many people who make massage their profession. And it is not unusual for high-placed and wealthy people to have as many as three or five masseurs coming regularly to their homes, kneading and rubbing them three or four times a day.⁴

If the "high-placed and wealthy" summoned the masseurs for treatment in the privacy of their homes, it was especially in the rapidly growing leisure spots -- in the pleasure quarters and at the hot springs -- that masseurs found the greatest demand for their skills. Whereas before it had been just a minor therapeutic technique used mainly by doctors to supplement other cures, in the Edo Period massage evolved into a service for the everyday comfort of those with disposable cash. For the first time in Japanese history massage became a well-established profession, providing in particular the great majority of the blind with their chief means of livelihood.⁵ Here, then, is our first glimpse of the ties between the economy and the body: the creation of a service profession such as massage was made possible by a floating pool of surplus wealth.

But the connections between economy and massage go deeper than this. If prosperity created the possibility for people to have themselves massaged, it also, and

more importantly, created the *need*. Or so at least, contemporaries thought.

Masseurs claimed to dissolve the knots and accumulations caused by the sluggish flow and stagnation of vital energy. Early writings on massage, however, presented this pathology of sluggish flow and stagnation as a specifically contemporary problem. In *Kokon dōin shū* (1709), one of the first treatises on the theory of massage, Ōkubo Dōko recognized that the masseur's preoccupation with knotted and congealed flow departed from the Chinese stress on balance and invasion from without. Setting forth his ideas in dialogue form, Dōko thus has an imaginary interlocutor ask, "These are all ideas that we do not hear about in ancient China. Is it because the times are different? Or is it due to a difference in geography?" Dōko answers that his ideas represent less a hypothesis about disease in general than an observation about the particular pathology of his era.

As I observe the world now, people without disease are rare, and the sick are ever increasing. Why is this? It is all due to blockage and stagnation, and the disruption of vital flow.⁶

Dōko estimated that "In the world today, eight or nine out of every ten people are sick with blockage."

Similar intuitions ruled the thinking of doctors as well. Gotō Konzan (1659-1733), one of the most influential physicians of the Edo Period, thus abandoned many of the fine distinctions of Chinese pathological theory and reduced the essence of human vulnerability to a single principle: "The hundred diseases all arise from the stagnation of vital flow."⁷ But again, Konzan advanced this not so much as a universal trans-historical postulate, but rather as an empirical observation of Japan in his time. "Most people today," he noted, "regardless of whether they be old or young, depleted or plethoric, have congested vitality knotted up in the abdominal organs." Doctors had to give priority to the diagnosis and treatment of stagnant accumulations, because these accumulations lay at the root of most contemporary sickness.

Why should this have been? Why should stagnant accumulations have become so common, at the turn of the seventeenth and eighteenth centuries, when they were not in ancient China, or in Japan before Tokugawa rule? Konzan related it to the fact that by the end of the seventeenth century, the bloodshed and frantic confusion of the Warring States Period (1467-ca 1590) had faded into a distant memory. Sluggish flow was a pathology characteristic of a peaceful age, he suggested, a disease unknown in more chaotic times.⁸ Kagawa Shūan (1683-1755), Konzan's disciple and a leading champion of both *fukushin* and massage, elaborated more fully:

Peace has reigned now for over a hundred years. All is calm within the four seas, and the populace enjoys rich abundance. People are frivolous and idle, overfed, overheated. Their bodies pursue relaxation and pleasure, while their minds labour with worries. They work themselves up over how much they can accumulate over their lifetime, they worry and scheme about the revenues that will sustain them through life. Add to these an inexhaustible thirst for wine, and bottomless lust, and it is no wonder that people's vitality is weakened -- life being treated so cavalierly. As vitality declines, its flow cannot but become sluggish, and this is how stagnation and knotting arise. And so among the people of today ... there are none who do not suffer from knotting and congelations.⁹

For Shūan as for Konzan, then, peace and prosperity were to blame for the accumulations that lay at the core of contemporary sickliness. Ease and abundance encouraged pernicious indolence, while the obsession with money stirred exhausting anxieties. The knotted congelations that had made *fukushin* and massage newly indispensable to diagnosis and therapy reflected a new economic order.

This brings us to the subtlest and deepest question. I mean the enigma of the preoccupation with flow. *Why* was accumulation considered so evil? We have just noted how Edo healers blamed urban affluence for inducing sluggish flow; and before that we observed how the resulting accumulations were, in turn, blamed as the source of contemporary sickliness. But there remains the problem of making sense of the original equation of accumulation and pathology -- the challenge of interpreting why disrupted flow came to loom so large in the Edo imagination of disease.

The censuring moral thrust of Shūan's analysis hints at one answer. In the passage above he condemns the idleness and hedonism of contemporary life not just because they harm the body, but because they are vices in and of themselves. The diseases of the body are almost secondary by-products of the primary problem of a diseased society; the physical pathology of stagnant flow is the corporeal translation of the social sin of indolence.

By the early eighteenth century we find clear manifestations of what Hayami Akira has termed the Japanese "industrious revolution" (*kinben kakumei*) -- a phrase encompassing both the significant leaps in productivity achieved through the intensification of labour, and, for us more crucially, the elevation of industriousness into one of the supreme ethical virtues. If health in any culture is a moral as well as a

physical notion, visions of the healthy life in eighteenth century Japan fused the idea of brisk vital flow with the imperative to work hard and prosper.

In his *Yōjō-kun* (1713), arguably the most popular guide to regimen in all of Japanese history, Kaibara Ekiken (1630-1714) thus championed labour (*rōdō*) as the royal path to health and longevity.

If one constantly makes the body work, then the blood and breaths will circulate, and digested food will not stagnate: this is the crux of the cultivation of life.¹⁰

But Edo booksellers promoting the *Yōjō-kun* especially touted the ties between vitality and economic gain, urging that all those who read the book would enjoy the vigour necessary to "pursue their family calling without hindrance," and thus be able "to prosper and enrich themselves."¹¹

It is interesting in this regard to compare Chinese and Japanese pictures of the body's interior. Classical doctrine conceived the cavity inside the chest and abdomen as a realm occupied by the five *zang* and six *fu*, the viscera that stored the vital essences and governed all feeling and reflection. The vision of these viscera that unfolded in China, however, drew less on anatomical inspection than on what one might call geographic imagination. Charts of the inner organs were drawn by analogy with maps of the earth, and indeed, some Daoist depictions of the viscera were designed precisely as maps. Alternatively, in another variant of the geographic motif, the famous *Neijing tu* portrayed the whole interior of the body as a bucolic airy landscape.

Popular works of Edo Japan would resituate the body's visceral core in a firmly economic setting. The *Inshoku yōjō kagami* ("Mirror of dietary regimen") thus replaces the ethereal landscape of the *Neijing tu* with a vision of the visceral core as a densely-populated bustling city, portraying the five *zang* and six *fu* as sites of busy capital-producing labour. Instead of as divinities floating on clouds, Japanese writers would playfully imagine the liver, the gall bladder, and the stomach organs as merchants and craftsmen, negotiating their division of work and divvying up revenues.

At the crux of the Japanese equation of the anatomical and social bodies was the parallel between the flow of vitality and the flow of money. Kaibara Ekiken's stress on the circulation of the blood and breath in the body was thus matched by a similar emphasis on the circulation of wealth. It is by making wealth go around, Ekiken explained, that the merchant makes a living. Every delay in this circulation means a loss of profit.¹² The astronomer Nishikawa Joken (1648-1724) -- a denizen of the port

city of Nagasaki -- offered more detailed exposition of this theme. In the *Chōnin-bukuro* (1719), his widely-read grab bag of advice for merchants, Joken approvingly quoted an anonymous contemporary who promoted flow as the preeminent principle of economic life.

You can have saved a hundred million pieces of gold and silver, but if you leave it just piled up in the vault, then it becomes dead treasure: being put to no special use, the gold and silver will become worthless both to yourself and to others.

Money's value lay in its use, its circulation; accumulated in storehouses -- and here Joken uses the same character that the doctors use to describe the accumulations (*shaku*) which are the root of all sickness -- it serves no vital function and becomes "dead treasure" (*shihō*). To perpetuate wealth one must move this money and make it work. Such movements may result in losses, but then this is only natural: when wealth reaches an extreme, it begins to decrease. The decrease in my holdings, however, means an increase in the holdings of someone else. Wealth circulates. Yin and Yang are constantly flowing everywhere, and never stagnate for long in any one place. If they stagnate for long in one place, then the vital breath becomes unbalanced and brings disaster.

Gold and silver are the same way. They circulate among all the people, and never stagnate for long in one place ... This is the way of nature.¹³

In the economy of the body politic as in individual bodies, accumulation and stagnation were contrary to nature. The life of currency, like the life of the body, lay in flow. Gold and silver had to be moved and made to work.

I began the final section of my presentation by drawing attention to the enigma of the obsession with flow, the puzzle of why stagnant accumulations were considered to be so vicious. Joken's analysis conjures up the possibility that the insistence of doctors on flow in the body may mirror in part the recurrent crises caused in the Edo economy by disruptions in the circulation of currency -- disruptions that stimulated earnest policy debates in government and of which, because of the resulting swings in prices, ordinary citizens could not but be keenly aware. But it may well be that the aversion to accumulation ultimately springs from fears roaming unfathomably more deeply in the heart.

Joken's observations about hoarded gold degenerating into worthless dross

speak to the essential paradox of money. He is right: in and of itself, money -- whether in the form of coins or printed paper, dog's teeth or cowry shells -- is practically worthless, and its glittering value is an illusion. Yet as long as people all participate confidently in the illusion, as long as money passes as currency in transactions, it may be exchanged for things that have undeniable value -- food, for instance, or clothing, or medicine. Indeed, it may be transmuted into virtually anything.

"Men are often criticised in that money is the chief object of their wishes and is preferred above all else," Schopenhauer remarks,

but it is natural, even unavoidable. For money is an inexhaustible Proteus, ever ready to change itself into the present object of our changeable wishes and manifold needs. Other goods can satisfy only *one* wish and *one* need. Food is good only for the hungry, wine for the healthy, medicine for the sick ... They are all *goods for a particular purpose*; that is, only relatively good. Money alone is the absolute good: for it confronts not just *one* concrete need, but Need *itself*.¹⁴

In short, money is pure desire.

One way to interpret the Edo preoccupation with flow and accumulation, I suggest, is to see in it a response to the permeation of this pure desire throughout society. Vitality in the body and in the economy was driven by industrious activity, and industriousness in turn was motivated by desire. But it was crucial that desire stayed pure motivation, as flowing energy, that it remained ever deferred. Industry might be encouraged by the promise of wealth, but the leisurely enjoyment of this wealth -- the indolent pleasures that created knotted accumulations in a person's vital core -- was taboo.

The measles prints with which I opened were conceived partly in imitation of another, earlier set of prints executed in response to an earthquake in 1855. In these earthquake prints, too, we find an acute consciousness of the financial implications of disasters, of their role in redistributing wealth. After the earthquake, the richest citizens had to part with significant sums to help rebuild the city. Those in the construction business rushed in gleefully to cash in on the windfall. But the artists who conceived these prints understood that the true essence of this gold: they depicted it emerging from the bodies of the rich as vomit and excrement. The aversion to accumulation was ultimately the fear of this filth. In the end, nothing is more polluting than money, because nothing is more impure than pure desire.

NOTES

1. For a review and classification of the extant treatises, see Ōtsuka Keisetsu, "Fukushin kō," and "Fukushinsho no bunrui," in *Ōtsuka Keisetsu chosaku shū*, Vol.65 (Tokyo: Shunyōdō, 1981), pp. 266-328.
2. On the origins of Chinese pulse diagnosis, and for a comparison with the development of pulse-taking in Europe, see S. Kuriyama, *The expressiveness of the body and the divergence of Greek and Chinese medicine* (New York: ZONE Books, 1999).
3. Kusakari San'etsu devotes a chapter to the technique in his *Ikyō sei* (1678), and this is followed by such works as Hayashi Masakatsu's *Dōin taiyō* (1684), Takenaka Tsūan's *Kokon yōsei roku* (1692), Ōkubo Dōko's *Kokon dōin shū* (1709), and Miyawaki Chūsaku's *Dōin kuketsu shū* (1713).
4. Yoshihara Akira, "Edo jidai chūki no dōin zu," *Taiku no kagaku* 21 (1971), pp. 41-42.
5. Katō Yasuaki, *Nihon mōjin shakaishi no kenkyū* (Tokyo: Miraisha, 1974), pp. 394-398.
6. Ōkubo, *Kokon dōin shū* (unpaginated manuscript in the Fujikawa Collection of the University of Kyoto).
7. Ōtsuka Keisetsu and Yakazu Dōmei, eds., *Gotō Konzan; Yamawaki Tōyō*, Kinsei Kanpō Igakusho Shūsei, Vol. 13 (Tokyo: Meicho Shuppan, 1985), p. 155.
8. *Ibid.*, p. 10.
9. Ōtsuka Keisetsu and Yakazu Dōmei, eds., *Kagawa Shūan*, Kinsei Kanpō Igakusho Shūsei, Vol. 65 (Tokyo: Meicho Shuppan, 1982), pp. 128-129.
10. Kaibara Ekiken, *Yōjō-kun, Wazoku-kun* (Tokyo: Iwanami Shoten, 1981), p. 44.
11. Inoue Tadashi, *Kaibara Ekiken* (Tokyo: Yoshikawa Kōbunkan, 1963), p. 299.
12. Kaibara Ekiken, *Yōjō-kun*, p. 457.
13. Nishikawa Joken, *Chōnin-bukuro*, in: Nakamura Yukihiko, ed., *Kinsei chōnin shisō*, Nihon Shisō Taikai, Vol. 59 (Tokyo: Iwanami Shoten, 1975), p. 101.
14. Cited in John Buchan, *Frozen desire; the meaning of money* (New York: Farrar Straus Giroux, 1997), p. 31.



fig.1 Hashika otoshi banashi: Hashika otoshi-banashi (Naitō Kinen Kusuri Hakubutsukan)

