

Book Review II

C. Pierce Salguero, *Translating Buddhist Medicine in Medieval China*. Series: *Encounters with Asia*. University of Pennsylvania Press, 2014.

Reviewed by Frederick Shih-Chung Chen

Pierce Salguero's book sets out with the pioneering ambition to explore a long underexplored field within the history of Buddhist medicine in medieval China. The publication of Kenneth G Zysk's *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery* in 1991 has drawn from scholars more attention and interest in the role of Buddhism in the historical development of medicine in India. As to Chinese Buddhism, texts related to medicine or healing art, having either been transmitted from India to China or synthesized with local tradition, are usually presented as a by-product of the religion. They are often scattered fragmentarily in the textual context of Buddhist doctrines or the monastic codes in the Chinese Buddhist canon (the Tripitaka). That these contents of medicine and healing arts are not from one systematized and coherent medical tradition, but have diverse origins, has been an obstacle for scholars to embarking on full-scale research into medicine or healing arts in Chinese Buddhism. In *Translating Buddhist Medicine in Medieval China*, Salguero proposes an innovative perspective: to approach these complex medical textual sources in the Chinese Buddhist Canon through the lens of translation. By this, he argues, it becomes possible to reveal the historical process of how Buddhist medicine was introduced and accepted in medieval China.

Notwithstanding the fact that "Buddhist medicine" is a controversial term, with no consensual and unambiguous definition, it is defined strategically in a

broader sense by the author in this book to signify all healing arts, including miscellaneous religious healing arts and rituals, as well as theorized medical knowledge, which were introduced or elaborated by Buddhism in medieval China. This enables the book to locate Buddhist medicine in medieval China as a subject in its own right rather than as a sub-subject loosely and haphazardly defined in the context of the history of Chinese medicine by previous scholarship. As "translating" signals in the title, throughout the book Salguero expounds the historical development of the reception of Buddhist medicine by applying and devising a series of translation methodologies to examine the medical texts collected in the Chinese Tripiṭaka. So, this is not a conventional encyclopaedic book on Buddhist medicine in China, like the research based on exactly the same foundational materials from the Chinese Buddhist Tripiṭaka by Ma Zhonggen 馬忠庚. In the sixth chapter, "Buddhism and Medicine", of his *Buddhism and Science: A Study Based on the Chinese Tripiṭaka* 佛教與科學: 基於佛藏文獻的研究 (2007, pp. 127 – 277), Ma elucidates medicine in the Chinese Tripiṭaka through a traditional encyclopedic classification which is in accordance with medical topics and issues.

The methodology of the book is built on Salguero's observation on modern academic discourse in Sinology on the issue of "Cultural Exchange". Following the polemic debate between the two camps, the "cultural-system approach" and the "discourse-center approach", Salguero proposes that the theory of translation is in fact the answer of the Middle Path to reconcile these two contested approaches, as the fundamental fabric of the theory of translation actually embodies the notion of bridging ideas and concepts in the process of transmission and reception in cross-cultural circumstances, which necessarily require the cooperation of both approaches. Based on this, he argues that an examination of the translated scriptures and texts on Buddhist medicine by analysing the decision-making of translators in their social and cultural contexts can enable us to unveil the evolution of Buddhist medicine in Medieval China. This model of the translation strategy is therefore considered the crucial factor in the popularity and the decline of Buddhist medicine in medieval China.

The book is unfolded through five surveys, each in its own chapter. Chapter One begins with an overview of the historical backdrop of the native Chinese religio-medical system and the introduction of Buddhist medicine. Inspection reveals that the relations between these assumed two categories of medical sources are quite often not simply dichotomous, but complex and intertwined, with regards not only to foreign versus indigenous culture, but also to religion

versus medicine. This more intricate picture shows the need for caution when applying the discussion of “influence or syncretism” to the subject of Buddhist medicine in China. Chapter Two reviews the history of translation of Buddhist scriptures from Indic languages to Chinese. After summarizing the four basic translation tactics employed by translators to create pertinent translations according to diverse social and textual contexts, Salguero proposes one of the seminal concepts in this book: that the decision-making of translators in choosing among these tactics hinges upon the competition in the so-called “religiomedical marketplace” between Buddhism and indigenous Chinese religious and healing traditions. Chapter Three illustrates five common conceptual metaphors which form the framework of presentation of medical knowledge in Buddhist scriptures. It demonstrates how the orchestration of these metaphors and translation tactics in translated Buddhist medical scriptures is orientated by a social logic which targets two different categories of readers — ascetic monks and lay followers — by their respective translation strategies of foreignizing and domesticating language. Salguero holds that “incorporating indigenous medical material into their texts could bolster Buddhism’s appeal in the eyes of the medieval Chinese populace, while a foreign mystique could signal to the uninitiated that this was a difficult field best handled by clerical specialists, who should be sought out and given patronage in exchange for their healing service.” (p.94)

Chapter Four delves further into how different translation strategies were applied by the translators in the light of various historical and cultural contexts through scrutinizing several noted secondary medical textual sources presented in scriptural commentaries, including the commentaries on the *Sutra of Golden Light*, Zhiyi’s meditation manual, Daoshi’s encyclopaedia entry, and Yijing’s travelogue. It includes a chronological analysis of the commentaries on the *Sutra of Golden Light* on issues such as the core Ayurvedic theory of *tridoṣa*. The analysis shows that owing to the advance of proficiency in Indic languages and to an understanding of Indian medical knowledge, in the later commentary the translator was gradually able to relinquish the use of metaphorical equivalence and the domesticating translations of the earlier commentaries by using instead foreignizing translations loyal to the original texts as well as drawing references directly from the original Indic textual contexts. This trend towards foreignizing translation, from Salguero’s viewpoint, made the medical doctrine of Indian origins harder for common followers to comprehend during the later period of the Tang dynasty, potentially alienated Buddhist medicine from its audiences, undermined its popularity, and eventually led to its decline

in the Chinese religiomedical marketplace. Chapter Five surveys and examines the constitution of the popular narrative genre of fables and hagiographies on miracle healing performed by the mythical Buddhist physician Jivaka, Buddhist monks and Buddhist deities. The analysis shows that these texts epitomize how the adaptation of a domesticating strategy made Indian healing ideas not only more comprehensible, but also more appealing to Chinese followers.

The series of scrutinies of the translation strategy in medieval Chinese texts of Buddhist medicine devised in this book is an answer to the cryptic question concerning the downfall of the influence of Buddhist medicine on Chinese medicine by the end of the medieval period. It attempts to demonstrate how the choice of a translation strategy not only determined how foreign medical knowledge and healing art were received and accepted by medieval Chinese, but also their contribution to proselytizing and attracting patronage in the competition with native Chinese traditions and cults in the “religiomedical marketplace”. The author suggests that the shift to the strategy of foreignizing translation was probably a key factor behind the alienating of Chinese audiences from Buddhist medicine, and eventually led to its decline during the later Tang dynasty in the xenophobic atmosphere after the An Lushan’s rebellion (755 -763 AD), and official intervention in the editorship of medical texts during the Song dynasty. Nonetheless, the impact that the translation strategies had on their target audiences in the competition of the religiomedical marketplace highlighted in this book seems also applicable to most of the translations of Buddhist doctrine. Also, as the author mentions, “almost all of the texts discussed in this book thus far would have been difficult for ordinary medieval people to understand” (p. 119). Taking this into account, I would wonder whether domesticating translation of basic theories of Buddhist medicine and stories of Buddhist medical figures was really the pivotal factor for the popularity of Buddhist medicine and the ensuing religious conversion in the religiomedical marketplace. It deserves our attention that in the list of Buddhist medical texts in the imperial catalogue of the Sui dynasty (581 - 618 A.D.), which Salguero reproduces in the section on Influence and Syncretism, most of the texts included were centred on medical formulae. The most influential and enduring legacy of Buddhist medicine on Chinese medicine related to pharmaceuticals (p.39 – 40). It seems to me that, rather than domesticating translation, the practical efficacy of medical formulae and healing arts like the "golden needle of ophthalmological surgical techniques for cataract from India", which were hailed by several eminent poets of the Tang dynasty (A.D. 618 - 907) for their magical cure, were more effective in the competition in the “religiomedical marketplace”.

In addition, an excessive focus on reading the texts merely through the lens of the consequential relation between a domesticating translation and its resultant popularity might sometimes overlook a broader picture of textual transmission. For example, in the Chinese biography of Jīvaka, Salguero is right to point out the metaphorical equivalence of the Indian material with Chinese medical doctrine and doctors as evidence for using domesticating translation. However, his subsequent suggestion that the same goes for the omission of the filthy details of Jīvaka's medical treatments of King Bimbisāra and the Buddha's illness is problematic. It should be noted that this unique Chinese version of Jīvaka's biography, the *Āmrapāli and Jīvaka Avadāna Sūtra*, was actually a text put together from stories found in Indian texts of different figures: the biography of Jīvaka, and accounts of Āmrapāli (the Mango Lady) and her son by King Bimbisāra, Vimala-Kondañña. Here the identity of Vimala-Kondañña is merged with that of Jīvaka.¹ From the wider perspective of the transmission of this distinctive version of Jīvaka's biography, it is questionable to jump to the assumption that the omission of the filthy details was also the result of domesticating translation due to reverence in the Chinese context for kingship and the Buddha. In fact, similar concerns may also have originated in other cultural contexts during the transmission, not only in China, and the omission could be the result of the adaptation of the two stories.

The translations of primary sources are accurate and read well, except for a very few minor mistranslations. It is worth mentioning that in the part of Zhiyi's commentary on the *Sutra of Golden Light* on the six ways in which improper consumption of food and drink can cause illness, the translation of the sixth prohibition, "eating unfamiliar or strong food 不曾食而強食", should be "insistence on eating what you have never eaten before," while the subsequent sentence, "Southern people should not drink *jiang* (a type of broth); that northern people should not "drink milk or" take honey 如南人飲漿北人飲蜜" (p.99), should be "Just as southern people take sugarcane juice while northern people drink honey." *Jiang* 漿 sugarcane juice and *mi* 蜜 honey are commonly antithetical in the rhetoric of Chinese pharmaceutical texts, and sugarcane juice from the South and honey from the North are of different qualities according to Chinese pharmacology.²

¹ Malalasekera, G. P., *Dictionary of Pāli Proper Names Vol. II*. Oxford: Pali Text Society, 1997, pp. 155-156.

² I would like to thank Dr.(med) Chen Bo-Shiun for his suggestion on this issue.

Translating Buddhist Medicine in Medieval China is a well-researched scholarly book which explores the evolution of Buddhist medicine in China through a creative linguistic perspective. It also comprises a wide range of primary and secondary sources on Buddhist medicine in China which will serve not only as a good foundation for the author in his own future projects, but also as a useful guidebook for researchers interested in the field.