

Imperial Diet. This chapter retrieves the role of Buddhists and Shinto priests in their struggle to escape the constraining category of religion, which yielded different results. Buddhists' arguments for a favored position over Christianity were to no avail, whereas Shinto priests and their Diet sympathizers catalyzed the recognition of the definition of Shinto shrines as non-religious, state ritual institutions. This outcome was expressed in the branching out of the Bureau of Temples and Shrines into the Bureau of Shinto Shrines and the Bureau of Religions, the latter of which would administer Buddhism and Christianity, in the Home Ministry in 1900. For the author, this institutional change marked the eventual consolidation of the political grammar of the "subjectified" religion that enabled the Meiji state to assume a secular form while basing its legitimacy upon the mythic foundation of the imperial institution.

This short review cannot do justice to the sophisticated and detailed analysis developed in the book. It will make for informative reading not just for students of Japanese history; anyone who wants to read more about secularization and religion–state relations will find here a stimulating case study outside conventional Western-centered scholarship. The language of this book, however, is conceptually dense and can sometimes be challenging. This is not appropriate material to be assigned for undergraduate reading. Nevertheless, readers who are willing to chew over the difficult sentences will certainly find it an intellectual treat well worth the time and mental effort spent.

Translating Buddhist Medicine in Medieval China.

By Pierce Salguero. Philadelphia: University of Pennsylvania Press, 2014. Pp. 245.

ISBN 10: 081224611X; ISBN 13: 978-0812246117.

Reviewed by Stephen Boyanton, Independent Scholar

E-mail stephenboyanton@yahoo.com

doi:10.1017/S1479591415000017

Pierce Salguero's first monograph accomplishes the rare feat of making useful interventions in several scholarly discourses simultaneously. Salguero's approach to his topic—the Chinese reception of what he terms "Buddhist medicine"—alters the scholarly terrain not only for his field, but also more broadly for the study of Chinese medical history, Buddhist history, and medieval Chinese history as a whole. He does so by bringing fresh perspectives to several old discussions, opening up new paths for productive inquiry.

The question of whether and to what extent the Chinese accepted the Indian and other foreign medical material contained in the Buddhist canon has received little attention, in part because the answer appeared obvious (very little if at all) and in part because the sources for the study of this topic are effectively buried in the specialized literature of Chinese Buddhism, which few medical historians are able to penetrate. Additionally, a proper evaluation of this material requires knowledge of Indian medicine and its history. Given the challenges of exploring this seemingly small corner of history, it is unsurprising that few scholars have done so.

Pierce Salguero's first—and in some ways most significant—intervention is to show that the question of the Chinese reception of Buddhist medicine was not in fact a small corner of history, but rather a major intersection with a great deal of important traffic passing through it. He argues that religion and healing were so intertwined in medieval China that we should not speak of them separately, but rather as a single "religiomedical marketplace." Religion and religious practice were deeply significant aspects of the healthcare marketplace of medieval China and, vice versa, healing was a highly valued element of religious practice and therefore an important factor in competition for patronage within the religious marketplace. Buddhism's acceptance in China was thus tied to the efforts of translators and others to promote Buddhist methods of healing. Translations of Buddhist

medical literature were not intended as merely precise renderings of technical material. They were meant to win the support of their audiences. Different audiences had differing levels of background knowledge, differing agendas, and differing expectations of healers and healing. Translators varied their strategies and translations to suit the knowledge and expectations of the various audiences for which they were writing.

The analysis of translation choices is the primary method by which Salguero approaches the question of Buddhist medicine in China. Drawing on work in the field of translation studies, he expands the scope of what may be considered a translation to include texts composed in China—whether or not they claimed to be translations of Indian originals. Even though these “intralingual translations” do not necessarily derive from a foreign original, they are still translations in the sense that they attempt to present foreign concepts and practices in a way that a Chinese audience can understand. Salguero further refutes the simplistic view of translation as the rendering of a word from one language with a word from another. In place of this view, he substitutes a more nuanced understanding of the many choices involved in any act of translation. Seeing translators as “active mediators between cultural-linguistic systems” (p. 8), Salguero explores the significance of and reasons for the various choices they made in translating Buddhist medicine for Chinese audiences. In particular, he focuses on the two broad strategies of “domesticating” and “foreignizing” translations. Domesticating translations relied on terms and concepts that would be familiar to the Chinese audience, even if they did not fully capture the meaning of the original term. They had the advantage of being easy to read and according with the readers’ expectations—thereby making the acceptance of Buddhist ideas more natural. Foreignizing translations, on the other hand, intentionally retained unfamiliar terms and concepts. This made a text more difficult to read without specialized training, but also lent it an air of exoticism and authenticity. The same term could be translated in both ways. For example, the Sanskrit term for the four elements, *mahabhūta*, could be rendered by the calque *sida* 四大, “the four great ones” (*mahā* = “great,” *bhūta* = “existing, present”), but it could also be translated as *sibing* 四病 “the four illnesses,” since Buddhist medicine saw the four elements as the root of all illness (pp. 58–59).

This approach to the translation of Buddhist medical literature is not only a productive method of analysis, it is also one of Salguero’s major contributions to the history of both Buddhism and Chinese medicine. Previous studies of Buddhist medical translations have generally looked at this material from the point of view of “Did the translators get it right?” Given the frequency of domesticating translations, most such studies have, unsurprisingly, concluded that the translators got it wrong and must not have understood Indian medicine at all. Salguero shows, however, that the same translator could render Indian medical terms in very precise, foreignizing ways, or in seemingly imprecise, domesticating language, depending on the intended audience and rhetorical goals of the translator. Translations thus not only evolved over time but also reflected the ways in which a translator’s tactics changed from text to text or even within a single text. As he puts it, “By approaching target texts as records of choices made by translators for certain rhetorical effects, we can move beyond whether or not the translators got it right and gain a greater appreciation for the performative nature of their work in historical context” (p. 58). In addition to freeing the study of Buddhist medicine from a paralyzing misconception, this perspective has obvious uses in the study of Buddhist translation generally. Within the field of Chinese medical history, it also opens up new paths for understanding later authors’ use of Han and pre-Han classics, which by at least the Song dynasty can be conceived of as acts of intralingual translation.

Integral to Salguero’s method of unpacking translation choices is a commitment to approaching issues of global history from a local level. The choices made by the translators he studies were not only constitutive of Buddhist medicine in China; they were the very acts by which Chinese and Indian culture interacted. Translators—like pilgrims, merchants, etc.—were not mere conduits

through which Buddhism and other aspects of Indian culture entered China. They were the active managers of the process. The ultimate form of Sino-Indian interaction was the result of countless decisions made by well-placed individuals for historically and socially contextual reasons. This aspect of Salguero's work bears strong resemblances to recent work on the Atlantic and Pacific worlds, in particular the edited volume *The Brokered World*, which makes a strong case for the importance of intermediaries in cross-cultural interaction.¹ Given the vast spread of Buddhism and Buddhist medicine which he outlines in the introduction (p. 2), could one speak of a Eurasian "Buddhist world" in the first millennium?

Translating Buddhism in Medieval China is structured in five chapters with an introduction and conclusion. The introduction sets forth the problems the book will address and complicates the idea of translation. The first chapter discusses both indigenous Chinese religiomedical techniques and healing practices that came into China along with Buddhism. Chapter 2 analyzes the patterns of translation seen in medical material within Buddhist scriptures, which Salguero argues followed a stable pattern throughout the period he considers. Chapter 3 turns its attention away from the texts and toward the translators, discussing the more famous translators by name and examining their methods of translation and the possible reasons for the choices they made. The fourth chapter begins the exploration of non-scriptural texts such as commentaries and treatises. This chapter identifies a change in translators' strategies over time. Early translators in the Period of Division (220–581) made use of highly domesticating strategies—using indigenous terminology to make Buddhist medical ideas appear familiar and effective. During the Tang Dynasty (618–907), as the Buddhist literacy of their readership grew and concerns about Chinese forgeries became more common, translators used increasingly foreignizing strategies that allowed them to render the original Indian ideas more precisely and make stronger claims to possess authentic Buddhist knowledge. Chapter 5 looks at the more broadly popular genres of miracle tales and hagiographies of Buddhist doctors and healing monks, all of which used strongly domesticating strategies to present Buddhist ideas and practices to the broadest audience possible. In the Conclusion, in addition to summarizing his major arguments, Salguero turns to the question of Indian medicine's conspicuous absence in the literature of China's indigenous scholarly medicine. He argues that a series of reversals in the fortunes of Chinese Buddhism during the late Tang—official persecutions, disbanding of translation assemblies, the rise of Islam in Central Asia, etc.—combined with a renewed interest in Chinese classics and a rejection of all things "foreign" brought about the effective end of Sino-Indian cross-cultural exchange. The scholarly Indian medical material that had been translated was largely written in highly foreignizing Chinese, making it difficult for laypeople to read and understand. During the following dynasty, the Song (960–1279), the imperial government edited and published a number of Chinese medical texts, establishing their dominance of medical discourse. Thus, while belief in the healing powers of Buddhist ritual, Buddhas, bodhisattvas, and magic-wielding monks continued, Indian medical ideas largely disappeared from scholarly medical writings.

Translating Buddhist Medicine in Medieval China is a remarkable foray into a difficult and largely unexplored field, and Pierce Salguero's work will command the interest of many scholars even beyond the fields of Chinese Buddhist studies and Chinese medical history. It is to be hoped that the ambitious program of future Buddhist medical research, which Salguero envisions in the introduction, will be undertaken both by himself and by other scholars inspired by the groundbreaking contributions of this book.

1 Simon Schaffer *et al.* eds., *The Brokered World: Go-betweens and Global Intelligence, 1770–1820* (Sagamore Beach, MA: Science History Publications, 2009).