

# Treating the Body Politic: The Medical Metaphor of Political Rule in Late Medieval Europe and Tokugawa Japan

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**Abstract:** The essay examines medical metaphors in the discourse on government from a cross-cultural perspective. Drawing on George Lakoff and Mark Johnson's theory of metaphor, a comparison of medical metaphors in the political writings in late medieval Europe (c. 1250–c. 1450) and Tokugawa Japan (1602–1867) demonstrates that the European notion of medical treatment as the eradication of the causes of diseases magnified the coercive and punitive aspects of government, while the Japanese notion of medical treatment as the art of daily healthcare served to accentuate the government's role of preventing conflicts and maintaining stability. These differing images of medical treatment metaphorically structured contrasting conceptions of government in the two historical worlds.

## Introduction

The political use of bodily metaphors is widespread in modern Western political discourse. In the introduction of *Leviathan*, Thomas Hobbes referred to a "Commonwealth or State" as "an artificial man"; he compared sovereignty to an artificial soul, magistrates to artificial joints, rewards and punishments to the nerves, and so forth.<sup>1</sup> Similarly, in *The Social Contract*, Jean-Jacques Rousseau discussed the "death" of the body politic. Rousseau thought that the principle of political life resided in the sovereign authority. He suggested that the legislative power is the heart of the State, and the executive power, its brain. For "the brain may become paralyzed and the individual still live." "A man can remain imbecile and live; but as soon as the heart stopped to function, the animal is dead."<sup>2</sup>

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<sup>1</sup>Thomas Hobbes, *Leviathan*, ed. Richard Tuck (Cambridge: Cambridge University Press, 1991), 9.

<sup>2</sup>Jean-Jacques Rousseau, *The Social Contract and Other Later Political Writings*, ed. Victor Gourevitch (Cambridge: Cambridge University Press, 1997), 109.

Although the appeal to bodily imageries has ancient origins in the history of European political discourse, the so-called organic metaphor of the body politic was first elaborated extensively by the twelfth-century humanist John of Salisbury. John's deployment of a bodily metaphor, however, was not the only source to which medieval thinkers appealed in their elaboration of the organic theory of the political community; Marsilius of Padua and Nicholas of Cusa also put forward their own versions.<sup>3</sup> Bodily metaphors were employed widely in the Middle Ages and beyond, thus constituting a tradition of political discourse in Western Europe.<sup>4</sup>

Medical metaphors are not exclusive to the West. The Arabic philosopher Alfarabi (870–950), for instance, compared the physician and the king in the *Aphorism*,<sup>5</sup> and the ancient Indian political thinker Śūkra compared seven parts of the state with the organs of the human body.<sup>6</sup> In early-twentieth-century Japan, Minobe Tatsukichi was widely known for his “emperor-as-organ” theory that modeled the constitution of the state on the anatomy of the natural body. However, the ways in which medical metaphors are used in political writings differ from one tradition to another. The present essay seeks to examine metaphors of the body politic from a cross-cultural perspective; we shall compare medical metaphors in late medieval European and Tokugawa Japanese political writings. Medical metaphors were increasingly widespread in the political writings of Tokugawa Japan (1602–1867). Such a comparison will illustrate the diversity and difference in the use of medical imageries across cultures and shed light on cross-cultural variations in political conceptualization.

<sup>3</sup>See Marsilius of Padua, *Defensor pacis*, ed. C. W. Previté-Orton (Cambridge: Cambridge University Press, 1928), I, ii, xv, xvii, and Nicholas of Cusa, *De concordantia catholica*, ed. G. Kallen (Hamburg: Felix Meiner, 1959), iii, c. 41. On the diversity of bodily metaphors in medieval political discourse, see Cary J. Nederman, “Body Politics: The Diversification of Organic Metaphors in the Later Middle Ages,” *Pensiero politico medievale* 2 (2004), 59–87.

<sup>4</sup>Serious scholarly interest in the organic metaphors and medical metaphors in medieval political discourse can be traced back to Otto Gierke, *Political Theories of the Middle Ages*, trans. F.W. Maitland (Cambridge: Cambridge University Press, 1900), 22–30. Also of interest is Ewart Lewis, “Organic Tendencies in Medieval Political Thought,” *American Political Science Review* 32 (1938): 849–76. The most detailed and systematic study of organic metaphors in medieval political writings is Tilman Struve, *Die Entwicklung der organologischen Staatsauffassung* (Stuttgart: Anton Hiersemann, 1978). For the Renaissance period, see David G. Hale, *The Body Politic: A Political Metaphor in Renaissance English Literature* (The Hague: Mouton, 1971); Paul Archambault, “The Metaphor of the ‘Body’ in Renaissance Political Literature,” *Bibliothèque d’humanisme et renaissance* 29 (1967), 21–53; and Jonathan Gil Harris, *Foreign Bodies and the Body Politic: Discourses of Social Pathology in Early Modern England* (Cambridge: Cambridge University Press, 1998).

<sup>5</sup>Alfarabi, *The Political Writings: “Selected Aphorism” and Other Texts*, trans. Charles E. Butterworth (Ithaca: Cornell University Press, 2001), 11–13.

<sup>6</sup>G. P. Singh, *Political Thought in Ancient India* (New Delhi: D. K. Printworld, 1993), 21–22.

Drawing parallels between medieval Europe and Tokugawa Japan is neither unprecedented nor without reason.<sup>7</sup> The geographical and chronological gap notwithstanding, medieval Europe and Tokugawa Japan exhibit interesting similarities, which offer points of comparison. First, both historical worlds witnessed the emergence of new forms of political discourse. In medieval Europe, the systematization of Christian theology and canon law, the rediscovery of the ancient intellectual heritage of Roman Law and Aristotelian philosophy, and the subsequent rise of scholasticism gave birth to various conceptualizations of “the political” in terms of power, authority, property, and rights. Likewise, Tokugawa Japan experienced a major intellectual transformation through the rise of Chu-Hsi Confucianism, the flowering of military science, and the critical reactions to the Sino-centric intellectual movement from the school of “National Learning (*kokugaku*).”<sup>8</sup> These developments resulted in the formulation of distinctive, political terminologies and paved the way for the reception of modern Western political thought from the nineteenth century onward. In short, the two civilizations shared the experience of witnessing the birth of new political discourses.

Furthermore, the two worlds form an intriguing parallel in that they witnessed the renewal of scholarly interest in medicine. Late medieval Europe rehabilitated the ancient learning of surgery and anatomy, which culminated in Vesalius’s *De humani corporis fabrica* (1543), the first modern treatise on anatomy, and Ambroise Paré’s (1510–1590) various works on surgery.<sup>9</sup> Similarly, as we shall see, medical doctors in Tokugawa Japan such as Yamawaki Toyo (1705–1762) cultivated an interest in anatomy, which facilitated the assimilation of Western medicine.<sup>10</sup> Late medieval Europe and

<sup>7</sup>A good example of such comparison is Masao Maruyama’s classic *Studies in the Intellectual History of Tokugawa Japan*, trans. Mikiso Hane (Princeton: Princeton University Press, 1974). A precis of it can be found in Takashi Shogimen, “Marsilius of Padua and Ogyu Sorai: Community and Language in the Political Discourse in Late Medieval Europe and Tokugawa Japan,” *Review of Politics* 64 (2002): 497–523. A note on the descriptions of Japanese names: for the names of modern scholars, I followed the Western convention (forename first, surname last), whereas, for the historic personalities, I followed the Japanese convention (surname precedes first name).

<sup>8</sup>“National Learning” is an intellectual movement of studying Japanese ancient texts such as *Kojiki* (Record of Ancient Events) and *Nihon Shoki* (Chronicle of Japan) with a distinctively historical approach, which shaped a unique language of Japanese identity. This movement was led by such writers as Keichu (1640–1701), Kamo no Mabuchi (1697–1769), Motoori Norinaga (1730–1801), and Hirata Atsutane (1776–1843). For an introduction to the National Learning, see Peter Nosco, *Remembering Paradise: Nativism and Nostalgia in Eighteenth-Century Japan* (Cambridge, MA: Harvard University Press, 1990).

<sup>9</sup>For instance, *La methode de tracter leys playes faictes par bacquebutes et aultres baston a feu* (1545) and *Cinq livres de chirurgie* (1572).

<sup>10</sup>For Yamawaki Toyo and his anatomical studies, see Takashi Okamoto, *Kaibo Kotohajime* (Tokyo: Doseisha, 1988).

Tokugawa Japan, therefore, are historical periods ideally suited for a cross-cultural exploration of the relationship between medicine and the emergence of new political language.

Medical metaphors in political writings are diverse: some are anatomical and/or physiological. Others relate to diagnostics: the ideal state and tyranny are compared with healthy and diseased states of the political community, respectively. Still other medical metaphors concern treatment: political rule is often compared with surgery or pharmaceutical treatment. The present essay focuses on the metaphor of medical treatment; the goal of this study is to document and to compare metaphors of medical treatment in the political writings of late medieval Europe and Tokugawa Japan. We shall see that the metaphorical references to medical treatment in medieval European political discourse underline the coercive and punitive aspects of government, while in Tokugawa Japan they serve to accentuate the government's role of preventing conflicts and maintaining stability without recourse to coercive measures. We will also show that the political uses of medical metaphors in both historical worlds were well informed; the medical metaphors used in late medieval European and Tokugawa Japanese political writings reflect the contemporary theory and practice of medicine.<sup>11</sup>

A few remarks on methodology in this cross-cultural, historical comparison of political ideas may be required. The present essay draws on new theories of metaphor in cognitive linguistics. Metaphor in cognitive linguistics is defined as the "understanding of one conceptual domain in terms of another conceptual domain."<sup>12</sup> To put it another way, it is a construal operation that involves a relationship between a source domain, the source of the literal meaning of

<sup>11</sup>Studies on the use of medical knowledge in political writings include: Marie-Christine Pouchelle, *The Body and Surgery in the Middle Ages*, trans. Rosemary Morris (Cambridge: Polity Press, 1990), especially chap. 7; Anthony Parel, *The Machiavellian Cosmos* (New Haven: Yale University Press, 1992); I. Bernard Cohen, ed., *The Natural Sciences and the Social Sciences* (Dordrecht and Boston: Kluwer Academic Publishers, 1994).

<sup>12</sup>Zoltán Kövecses, *Metaphor: A Practical Introduction* (Oxford: Oxford University Press, 2002), 4. The literature on cognitive linguistic theories of metaphor is enormous. In addition to some key texts which I cite below, the important works include Gilles Fauconnier, *Mental Spaces* (Cambridge, MA: MIT Press, 1985); Fauconnier, *Mappings in Language and Thought* (Cambridge: Cambridge University Press, 1997); Mark Johnson, *The Body in the Mind: The Bodily Basis of Meaning, Imagination, and Reason* (Chicago: University of Chicago Press, 1987); George Lakoff, *Women, Fire and Dangerous Things: What Categories Reveal about the Mind* (Chicago: University of Chicago Press, 1987); George Lakoff and Mark Johnson, *Philosophy in the Flesh* (New York: Basic Books, 1999); and Andrew Ortony, ed., *Metaphor and Thought*, 2<sup>nd</sup> ed. (Cambridge: Cambridge University Press, 1993). For a useful discussion of new theories of metaphor and their implications for the history of ideas, see Jeffery Zavadil's PhD dissertation "Anatomy of the Body Politic: Organic Metaphors in Ancient and Medieval Political Thought" (Arizona State University, 2006).

the metaphorical expression, and a target domain, the domain of the experience actually being described by the metaphor. Conceptual metaphor that can be described as “domain (A) is domain (B)” is followed by various metaphorical linguistic expressions. For example, when we say “I demolished his argument” and “He shot down all my arguments,” the conceptual metaphor that underlies them is “an argument is war.”

The leading cognitive linguist George Lakoff and the philosopher Mark Johnson have examined everyday conventional linguistic expressions to demonstrate the existence of metaphorical relations or “mappings” between conceptual domains in the human mind. Metaphor as mapping between two conceptual domains, according to Lakoff and Johnson, shows how such metaphors shape and direct human reasoning. “[M]etaphor is not just a matter of language, that is, of mere words . . . on the contrary, human thought processes are largely metaphorical. . . . [H]uman conceptual system is metaphorically structured and defined.”<sup>13</sup> Lakoff and Johnson thus reject the traditional view that metaphor is merely decorative and fancy speech and a linguistic, not a conceptual, phenomenon; instead, they emphasize metaphor’s role in conceptually categorizing our experience. “We classify particular experiences in terms of experiential gestalts in our conceptual system”; metaphor “picks out the ‘important’ aspects in the experience”<sup>14</sup> and also de-emphasizes or hides other aspects of it.<sup>15</sup> This concept of “metaphor” is employed here as a category of analysis which examines the metaphorical relationship between medical knowledge as a source domain and the concept of the body politic as a target domain.

Most significant in this new theory of metaphor in relation to our investigation is the idea that “conceptual metaphors are grounded in experience, either perceptual, biological, or cultural.”<sup>16</sup> The choice of a particular source domain to match a particular target domain has an experiential basis. For example, affection is typically related to bodily warmth, and understanding often correlates with digesting. Both “affection” and “understanding”—the abstract concepts—are understood in terms of our bodily experience of “warmth” and “digestion,” respectively. The Lakoffian cognitive linguists thus emphasize the “embodied” nature of metaphor.

If metaphor is thus rooted in human experience, it can be inferred that “the dimensions along which metaphors vary reflect differential experience.” Zoltán Kövecses recently suggested the possibility of applying the cognitive linguistic theory of metaphor to studies of “cultures.” Kövecses argued that metaphoric variation is produced by differential experience including

<sup>13</sup>George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago: University of Chicago Press, 1980), 6.

<sup>14</sup>*Ibid.*, 83.

<sup>15</sup>*Ibid.*, 66–67.

<sup>16</sup>Kövecses, *Metaphor*, 69.

differing physical, social, and cultural contexts.<sup>17</sup> We already have some case studies of the metaphor of “anger” across cultures. Dirk Geeraerts and Stefan Grondelaers have demonstrated that the Euro-American conceptualization of anger derived from the classical-medieval notion of the four humors<sup>18</sup> while Yu Ning has shown that the Chinese concept of *nu* (meaning anger) is related to the notion of *qi*, the energy that flows in the human body.<sup>19</sup> This example shows that the metaphor of anger is not universal; the choice of the source domain is determined by cultural experience. In this particular case, the selection of the source domain is dependent upon medical knowledge that is diverse cross-culturally.

The present essay employs Kövecses’s theory of cross-cultural variation of metaphor as the analytical framework, thereby seeking to uncover the cultural experiential basis of medical metaphors in the political writings of late medieval Europe and Tokugawa Japan.<sup>20</sup> The essay is organized as follows: First, I shall explain the relationship between medical knowledge and political thinkers in late medieval Europe and Tokugawa Japan. One might assume that political thought is entirely irrelevant to medical science; however, the truth is just the opposite. A number of political thinkers in the two historical worlds were well versed in contemporary medical learning. This fact points to

<sup>17</sup>Zoltán Kövecses, *Metaphor in Culture: Universality and Variation* (Cambridge: Cambridge University Press, 2005), 231–58.

<sup>18</sup>Dirk Geeraerts and Stefan Grondelaers, “Looking Back at Anger: Cultural Traditions and Metaphorical Patterns,” in *Language and the Cognitive Construal of the World*, ed. John R. Taylor and Robert E. MacLaury (Berlin and New York: Mouton de Gruyter, 1995), 153–79.

<sup>19</sup>Yu Ning, “Metaphorical Expression of Anger and Happiness in English and Chinese,” *Metaphor and Symbolic Activity* 10 (1995): 223–45.

<sup>20</sup>What I discuss under the category of “metaphor” in relation to medieval European political writings is, however, labeled by medieval philosophers as analogy (*analogia*). In medieval philosophy, metaphor is a comparison of concepts or terms, holding that something about one term has a similar property, or exactly the same property, as something about another term, while analogy, particularly as understood by medieval thinkers after Aquinas, is a metaphysical assertion about the referents of the terms, asserting a proportionality in the being holding between the two things the terms describe. The medieval conception of metaphor lacks ontological matching between the two *relata* when the relation is expressed; hence, metaphor is often associated with fallacious locutions. In the light of the training in Aristotelian logic at medieval universities, therefore, the medieval political thinkers I examine here were actually employing analogies rather than metaphors. However, exploring individual thinker’s logical understanding of analogy and its relationship to the use of analogies in political writings is not within the scope of the present study: it pertains to the question of intentionality that does not fall within my methodological scope. Likewise, I shall not comment on Tokugawa Japanese political thinkers’ views of analogies or metaphors. As far as I am aware, there is no modern literature on the Tokugawa Japanese understanding of metaphor or analogy.

the experiential basis of medical metaphors. Second, I shall turn to a cross-cultural examination of the medical metaphor of political rule. The conceptual metaphor I shall discuss is “political rule is medical treatment.” An examination of various linguistic expressions of this conceptual metaphor will reveal its cross-cultural variation, which, in turn, reflects the differential medical experience in the two historical worlds.

### Political Thinkers’ Access to Medical Knowledge

Italy and southern France (Montpellier in particular) at the turn of the twelfth and thirteenth centuries witnessed a revival of medical science, especially in the field of surgery. Medical works before the eleventh century had very little to say about surgery; from the twelfth century on, however, surgery was recognized intellectually, socially, and professionally.<sup>21</sup> The Arabic surgical treatises by Albucaſis as well as Galen’s *On the Technique of Healing* had a significant impact on the reawakening of surgical interest in Western Europe. One of the first surgical treatises by Western European surgeons was Roger Frugard’s (Ruggero di Parma) *Cyrurgia*, which was widely used in the late twelfth and early thirteenth centuries.<sup>22</sup> By the end of the thirteenth century, northern Italy emerged as a center for surgical studies.

In the middle of the thirteenth century, however, surgery was not regarded as a part of medicine: Bruno de Longoburgo and Teodorico Borognoni had considered surgery to be instrumental to medicine. This ancillary status was declared null and void by Guglielmo da Saliceto (c. 1210–1276/1277), who taught and practiced surgery at Bologna and wrote a work on therapeutics, *Summa conſervationis et curationis* in 1276. Guglielmo asserted that surgery was “one of the sciences contained within medicine, and it is possible to acquire this science [through reason], without ever having practiced, confirming it by testing it on particular cases.”<sup>23</sup> Lanfranco of Milan completed his surgical treatise in 1296, which disseminated the new surgical techniques in northern France.

The development of surgery was concomitant with the rise of anatomical studies. The first recorded public dissection in the Middle Ages was performed around 1315 by Mondino de’ Luzzi (c. 1275–1326) in Bologna. Anatomical knowledge did not remain a theoretical exercise but was incorporated into surgery. Henri de Mondeville (c. 1260–c. 1325), a leading anatomist, established the technical art of surgery; and Guy de Chauliac

<sup>21</sup>Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago and London: University of Chicago Press, 1990), 160–61.

<sup>22</sup>*Ibid.*, 163–64.

<sup>23</sup>Michael McVaugh, “Therapeutic Strategies: Surgery,” in *Western Medical Thought from Antiquity to the Middle Ages*, ed. Mirko D. Grmek (Cambridge, MA: Harvard University Press, 1998), 282.

(c. 1298–1368), Mondeville's successor as doctor and surgeon to the Popes at Avignon, composed a treatise on surgery, which remained a standard textbook until the eighteenth century.<sup>24</sup> With Mondeville and Chauliac, Paris and Montpellier witnessed the rise of surgical studies in France. Thus, the later Middle Ages may rightly be described as a time during which surgery once again received recognition as both an art and a science.

The revival of medical learning was not irrelevant to medieval intellectuals who wrote on government and politics. One of the earliest scholastic thinkers responsible for wider dissemination of medical learning is Albertus Magnus (c. 1200–1280). In his *De animalibus* the Dominican theologian examined a number of contradictions between Aristotle, Galen, and others. Albertus was not a medical scientist by training; however, he expressed serious interest in medicine and identified it as an autonomous discipline: "Augustine is to be preferred rather than the philosophers in case of disagreement in matters of faith. But if the discussion concerns medicine, I would rather believe Galen or Hippocrates, and if it concerns things of nature, Aristotle or anyone else experienced in natural things."<sup>25</sup> Thus Albertus situated medicine in the map of scholastic learning. The Austin theologian and a staunch "papalist" Giles of Rome is also known for his medical treatise on conception: *De formatione corporis in utero* (On the formation of the body in the uterus). In it, Giles expounded his physiological views, which were largely Aristotelian and anti-Galenic.<sup>26</sup> Engelbert of Admont, abbot of the Benedictine monastery at Admont, whose treatise on the empire is widely known, also wrote extensively on theology, philosophy, and medicine.<sup>27</sup>

Perhaps the most illustrious case is Marsilius of Padua. His *Defensor pacis* (The Defender of the Peace), which aimed at identifying the one and only cause of war and strife in early-fourteenth-century Christendom, frequently compared the civil community with the animal body, thereby alluding to medical knowledge. Such allusions can be attributed to Marsilius's early academic training in medicine. Although he was born into the Mainardini, a prominent family in the civic administration of Padua, which was one of the centers of legal studies, he opted for medical studies before moving to the University of Paris, where he became a master of arts but failed to complete his studies at the Faculty of Medicine. As a result, Marsilius seems to

<sup>24</sup>Pouchelle, *The Body and Surgery in the Middle Ages*, 2–3.

<sup>25</sup>Cited in Siraisi, "The Medical Learning of Albertus Magnus," *Albertus Magnus and the Sciences: Commemorative Essays 1980*, ed. James A. Weisheipl (Toronto: Pontifical Institute of Mediaeval Studies, 1980), 382.

<sup>26</sup>M. Anthony Hewson, *Giles of Rome and the Medieval Theory of Conception* (London: Athlone Press, 1975), 52–53, 241.

<sup>27</sup>George Bingham Fowler, *Intellectual Interests of Engelbert of Admont* (New York: Columbia University Press, 1947), chap. 4.



have returned to Padua and resumed medical studies with Peter of Abano, a leading medical scientist of the fourteenth century.<sup>28</sup>

Medieval political thinkers did not need to have specialist training at the Faculty of Medicine in order to gain some medical knowledge. Aristotelian medical views were taught and studied in the Faculty of Arts at medieval universities, where all students were required to enroll before proceeding on to their specialist training in theology, law, or medicine. In the thirteenth-century University of Paris, students in the arts faculty were expected to study all Aristotle's works on natural philosophy including *De animalibus*.<sup>29</sup> Hence, while the medical educational curriculum mainly featured non-Aristotelian works like Galen's *Tegni* and *Ars Parva*, Avicenna's *Canon* and Hippocrates's *Aphorisms*, students were already familiar with Aristotle's medical views prior to admission to the faculty of medicine. And through the study of Aristotelian views, medieval Arts students knew the differences between Aristotle and other medical authorities, such as Galen.<sup>30</sup>

However, the diffusion of anatomical and surgical knowledge in particular is probably not so much attributable to universities as to the papal court. The rebirth of anatomy has often been associated with Innocent III.<sup>31</sup> Indeed, the thirteenth century witnessed the warm reception of medical scientists by the papacy. The pontificate of Innocent III was the first to have a "papal doctor."<sup>32</sup> Before the thirteenth century, no medical doctors entered the papal record. After the pontificate of Innocent III, medical scientists found their niche in the papal court and increased their presence. By the pontificate of Boniface VIII who is widely known for his uncompromising assertion of papal sovereignty, the papal court was inhabited by leading medical scientists

<sup>28</sup>Nancy Siraisi, *Arts and Sciences at Padua: The Studium of Padua before 1350* (Toronto: PIMS, 1973), 163–65.

<sup>29</sup>C. H. Lohr, "The Medieval Interpretation of Aristotle," in *The Cambridge History of Later Medieval Philosophy*, ed. Norman Kretzmann et al., 84–85. It was not only in Paris but also in Louvain and Cologne that all members of the faculty of medicine were required to have first completed their studies in arts. See Pearl Kibre, "Arts and Medicine in the Universities in the Later Middle Ages," in her *Studies in Medieval Science: Alchemy, Astrology, Mathematics and Medicine* (London: Hambledon Press, 1984), 217–18.

<sup>30</sup>For instance, William of Ockham, who, as far as we know, had no medical interest or training at all, noted in his commentary on Aristotle's *Physics* Galen's difference with Aristotle on the importance of head and heart: Aristotle argued that the heart was the most important organ of the body while Galen maintained that the brain and the liver were no less important than the heart. See William of Ockham, *Expositio in Libros Physicorum Aristotelis*, vii, c. 2, 2, in *Guillelmi de Ockham Opera Philosophica* 5 (St. Bonaventure: Franciscan Institute, 1985), 610.

<sup>31</sup>Y. O'Neill, "Innocent III and the Evolution of Anatomy," *Medical History* 20 (1976): 429–31.

<sup>32</sup>Agostino Paravicini-Bagliani, *The Pope's Body*, trans. David S. Peterson (Chicago: University of Chicago Press, 2000), 186.

of the time including Taddeo Alderotti and Arnold of Villanova. Throughout the thirteenth century, medical doctors were increasingly in charge of the “care of the [pope’s] body (*cura corporis*)”;<sup>33</sup> just as the curial theologians contributed to empower papal authority theologically and ideologically, so “court physicians” offered cutting-edge medical treatment for the prolongation of the pope’s life. The papal court recruited not only leading theologians and legal experts but also talented medical scientists, thus forming a forum for intellectual exchanges.

Tokugawa Japanese political thinkers’ access to medical knowledge is perhaps more evident. Tokugawa medicine was shaped by the assimilation of classical Chinese medicine. At the core of the medical curriculum was the *Treatise on Cold-Damage Disorders*. It was a canonical text on the diagnosis and remedy of diseases. Because Chu-Hsi Confucianism was employed by the Tokugawa Shogun regime as the official orthodox learning, physicians assimilated Confucianism, thus producing a number of “Confucian physicians (*ju*);” by the end of the seventeenth century, it had become common that physicians lectured on Confucianism and Confucian scholars were versed in medicine.<sup>34</sup>

The relationship between Confucian and medical learning was problematic, however. Some Confucian scholars criticized the fusion of the two disciplines; others denounced those who identified themselves as Confucian physicians since they were often neither Confucian scholars nor physicians; yet others vindicated the combined learning of Confucianism and medicine.<sup>35</sup> The role of Confucian scholars was to explore government philosophically, while that of physicians was to heal illnesses. Confucian learning was regarded as the great art of ruling the body politic, while medicine the lesser art of ruling the body natural. Yet Confucian physicians emerged between Confucian scholars and physicians in terms of social hierarchy: Confucian scholars dealt with the state; Confucian physicians dealt with medical learning, and physicians healed illnesses. Accordingly, the canons that they studied were stratified: the Confucians’ canons were Six Canons, and physicians’ was the *Treatise on Cold-Damage Disorders* (c. 200 AD). Confucian physicians identified the *Huang-ti nei-ching* or the *Yellow Emperor’s Canon of Internal Medicine* (probably before 200 AD) as their canon.<sup>36</sup> *The Yellow Emperor’s Canon of Internal Medicine* was not simply a medical treatise of anatomy, physiology, pathology, diagnosis and therapeutics but also discussed cosmology and geography. Its scope covers both philosophical arts of ruling and healing. Physicians who were versed in

<sup>33</sup>Ibid., 225.

<sup>34</sup>Kiyoshi Yabuuchi, “Chugoku Kagaku no Dento to Tokushoku,” in *Chugoku no Kagaku*, ed. Yabuuchi (Tokyo: Chuo Koronsha, 1979), 91.

<sup>35</sup>Yasuchika Anzai, *Nihon Jui Kenkyu* (Tokyo: Seishisha, 1981), 37–70.

<sup>36</sup>Ibid., 64. See also *Huang Ti Nei Ching Su Wen: The Yellow Emperor’s Classic of Internal Medicine*, trans. Ilza Veith (Berkeley: University of California Press, 2002).

Confucianism and Confucian scholars who studied and/or practiced medicine were expected to familiarize themselves with the work. When we examine medical metaphors in Tokugawa Japanese political writings, we shall therefore find medical references to sections of the *Yellow Emperor's Canon of Internal Medicine*.

Perhaps the best example of a Tokugawa political thinker who was well versed in medicine was Ogyu Sorai (1666–1728). Sorai is widely known as Japan's first modern political philosopher; among his voluminous literary output, less known is a treatise on the *Yellow Emperor's Canon of Internal Medicine Su wen*.<sup>37</sup> In *Responsals*, too, he exhibited his pharmaceutical knowledge.<sup>38</sup> Sorai's father and grandfather were physicians. Sorai did not practice medicine but was well versed in it. Dazai Shundai, Sorai's leading disciple, was a critic of Confucian physicians; however, he, too, practiced medicine before he established himself as a Confucian scholar and maintained some interest in it throughout his academic career.<sup>39</sup> Miura Baien (1723–1789), arguably one of the most profound and erudite Confucian philosophers of Tokugawa Japan, was also well versed in medicine. His philosophical works, especially *Zeigo* (Superfluous Words),<sup>40</sup> include substantial accounts of natural philosophy on medical issues. Baien also wrote a practical guidebook for healthcare, *Yojo kun* (On Healthcare). In both writings, Baien drew on the medical views of the *Yellow Emperor's Canon of Internal Medicine Su wen*. Nakai Chikuzan (1730–1804), a leading Confucian philosopher of the Kaitokudo school in Osaka, was from the medical family of Banshu-Tatsuno principality.<sup>41</sup>

At the twilight of the Tokugawa era, Sakuma Shozan, a Confucian political thinker and a Western-style military scientist, was also a skilful physician and surgeon. He is one of the pioneers in surgical operation and vaccination.<sup>42</sup> Fukuzawa Yukichi (1834–1901) is one of the greatest leaders of “Japanese Enlightenment” in the post-Tokugawa period; however, before the fall of the shogun regime, Fukuzawa was trained in medicine by Ogata Koan (1810–1863), an expert in Dutch medicine.

Thus, the relationship between medicine and political thought is not as distant as one might assume. Medieval European political thinkers did not

<sup>37</sup>Ogyu Sorai, *Sorai Sensei Somon Hyo*, ed. Shinsui Usami (Tokyo: Sekibundo Shuppan, 1980).

<sup>38</sup>*Ibid.*, 60–61.

<sup>39</sup>*Ibid.*, 164–89. See also Yusuke Tajiri and Keisuke Hikita, *Dazai Shundai and Hattori Nankaku* (Tokyo: Meitoku Shuppansha, 1995), 16.

<sup>40</sup>Miura Baien, *Zeigo*, in *Miura Baien*, ed. Keiji Yamada (Tokyo: Chuo Koronsha, 1984).

<sup>41</sup>Kazumasa Kobori, Hiroyuki Yamanaka, Nobuyuki Kaji, and Akihiro Inoue, *Nakai Chikuzan and Nakai Riken* (Tokyo: Meitoku Shuppansha, 1980), 204–5, 250–51. On the Kaitokudo school, see Tetsuo Najita, *Visions of Virtue in Tokugawa Japan: The Kaitokudo Merchant Academy of Osaka* (Honolulu: University of Hawaii Press, 1987).

<sup>42</sup>Kimata Ohira, *Sakuma Shozan* (Tokyo: Yoshikawa Kobunkan, 1959), 153–56.

necessarily engage in the specialized study of medicine, but they had access to medical knowledge through the study of Aristotelian natural philosophy in the faculty of arts in the universities as well as by their involvement in papal circles, which included leading medical experts as well as popes and high ecclesiastics who were seriously interested in medicine. Tokugawa Japanese political thinkers were well informed about medicine as a result of the fusion of Confucianism and medicine; they were not only aware of the analogous relationship between Confucianism and medicine but also were required to be proficient in both disciplines.

### Medical Metaphor in Late Medieval Political Writings

Just as in medical treatment everything must be tried before the knife and fire and these are to be used as a last resort; in the same way care must always be taken to ensure that, when all other ways have first been investigated as a way of resolving the dispute, we have recourse to this remedy as a last resort, forced to adopt it as it were by a need for justice.<sup>43</sup>

So wrote Dante. He thought that medical treatment was comparable to political rule. “The knife and fire” refer to surgery and cauterization, respectively, alluding to the use of physical force in resolving a political dispute. But they were “a last resort.” Medical treatment can take a variety of forms, just as there are various types of constitutional arrangements. Medieval medical practitioners treated mental and physical illness with three main types of therapy: diet, medication, and surgery.<sup>44</sup> Arnold of Villanova argued that medical treatment must follow three stages from diet to use of drugs and to surgery.<sup>45</sup> Gentler treatment ought to precede harsher ones. The “treatment” of the body politic, however, is, according to political thinkers in medieval Europe, largely twofold: surgery and medication. I am unaware of any case in late medieval political writings where diet—the gentlest treatment—is featured as a metaphor for government. Diet as a medical treatment depended on the theory of humoral physiology, in the light of which some pathological accounts of the body politic were produced. Nicole Oresme described tyranny as the excessive inflow of humors into the head.<sup>46</sup> Philippe de Mezières explained that the corruption of four humors resulted in seven types of illnesses and argued that the good government requires

<sup>43</sup>Dante, *Monarchy*, trans. Prue Shaw (Cambridge: Cambridge University Press, 1996), 54.

<sup>44</sup>Siraisi, *Medieval and Early Renaissance Medicine*, 337.

<sup>45</sup>Michael R. McVaugh, *Medicine Before the Plague: Practitioners and their Patients in the Crown of Aragon 1285–1345* (Cambridge: Cambridge University Press, 1993), 150.

<sup>46</sup>Nicole Oresme, *De Moneta*, ed. Charles Johnson (London: Thomas Nelson, 1956), 42–46. Cf. Nicole Oresme, *Le Livre de Politiques d’Aristote*, ed. Albert Douglas Menut, *Transactions of American Philosophical Society* 60 (1970): 252.

four virtues: norm, chivalrous discipline, obedience, and justice. The corruption of any of these would cause corruption in government.<sup>47</sup> Similarly, Nicholas of Cusa described pathological states of the body politic by comparing “melancholy” with the crimes of avarice—like fraud, deceit, and theft—and “fever” with wars, dissensions, and divisions.<sup>48</sup> Late medieval European medicine was aware of the importance of daily healthcare. Indeed, the regimens of healthcare, including diet and hygiene, had been discussed by medical thinkers in antiquity as well as in the Middle Ages. For example, Avicenna’s *Canon of Medicine*, which circulated widely in the fourteenth century, followed Galen’s notion of health by arguing that the art of preserving health lies in establishing equilibrium among various aspects of life including the selection of food and drink, care for the body’s composition, moderate exercise, and so forth.<sup>49</sup> In turn, this notion of equilibrium was incorporated metaphorically into the political discourse on peace and order. Nicholas of Cusa, for instance, compared the emperor with “an expert doctor” and wrote: “[T]he emperor’s concern should be to keep the body well so that the life-giving spirit can dwell in it properly because it is well-proportioned.”<sup>50</sup> Here the role of *medicus rei publicae* is not to treat diseases by medication or surgery but to maintain wellbeing.

However, none of these examples relates the humoral physiological accounts to any discussion of treatment; as far as I can determine, there was no account of how to maintain good proportion of humoral balance. Cusa only suggested to “seek a remedy and listen to the books and advice of the most learned doctors of the commonwealth in earlier times.”<sup>51</sup> The reference to surgical and pharmaceutical treatment, by contrast, is markedly prevalent. I shall, therefore, focus on the metaphors of surgery and medication. Understanding the significance of the emphasis on harsher treatment, however, requires an examination of medical metaphor in late medieval European political writings.

The removal of criminals from society is typically compared with amputation of diseased members. In response to the question of whether it is legitimate to kill sinners, Thomas Aquinas maintained that killing is legitimate as long as such action serves the wellbeing of the whole community. And the right to kill malefactors should be reserved to those who are in charge of the care of the entire community. To illustrate the point, Aquinas employed a metaphor of amputation: “[I]f ... the wellbeing of the whole body

<sup>47</sup>Jean-Louis Picherit, *La métaphore pathologique et thérapeutique à la fin du Moyen Age* (Tübingen: Max Niemeyer, 1994), 40–41.

<sup>48</sup>Nicholas of Cusa, *The Catholic Concordance*, ed. Paul E. Sigmund (Cambridge: Cambridge University Press, 1991), 320–21.

<sup>49</sup>Pedro Gil Sotres, “The Regimens of Health,” in Grmek, *Western Medical Thought from Antiquity to the Middle Ages*, 294–302.

<sup>50</sup>Cusa, *Catholic Concordance*, 320.

<sup>51</sup>*Ibid.*, 321.

demands the amputation of a limb, say in the case where one limb is gangrenous and threatens to infect the others, the treatment to be commended is amputation." Since every individual constitutes a part of the whole, Aquinas concluded that "if any man is dangerous to be community and is subverting it by some sin, the treatment to be commended is his execution in order to preserve the common good."<sup>52</sup> Aquinas addressed the same question as regards sinners; he was unequivocal in maintaining that should any man pose danger to the community on account of some sin, the commended course of action would be his execution in order to preserve the common good. In this context, Aquinas explicitly compared the surgeon to the ruler. The surgeon who has been entrusted with the health of the whole body may amputate a gangrenous limb. Similarly, the ruler who has been entrusted with the care of the whole community exercises public authority and, therefore, may execute wrongdoers.<sup>53</sup>

Ptolemy of Lucca (c. 1236–c. 1327) appealed to the metaphor of amputation when he discussed the cases in which rulers could justly use the private property of their subjects "by reason of transgression." He suggested that private property could be seized for reasons of justice. In this context, Ptolemy writes: "We cast off a more vile part in order to preserve a part that is nobler. We amputate a hand so that the heart and brain, in which a human being principally consists, might be preserved."<sup>54</sup> Amputation of a hand was comparable to the seizure of private property from individuals who transgressed the law. Like Thomas, Ptolemy associated amputation with punishment.

In an ecclesiastical context, the metaphor of amputation could refer to excommunication. Giles of Rome argued that those who dissent from spiritual authority can be slain by the spiritual sword in order to separate them from the community of believers. In this context, he wrote: "[J]ust as a limb amputated from the body is necessarily a dead limb, because the heart can no longer infuse the force of life into a member thus cut off, so the soul which does not obey the spiritual powers is spiritually dead by reason of ecclesiastical censure, since that which is thus separated and cut off from the communion of the faithful will not be able to share in the influence of spiritual grace."<sup>55</sup> John Wyclif, however, referred to amputation in relation to what he believed to be the

<sup>52</sup>Thomas Aquinas, *Summa theologiae*, 2a2ae, q. 64, a. 2, vol. 38: injustice, ed. and trans. Marcus Lefebure (London: Blackfriars, 1975), 22–23.

<sup>53</sup>Aquinas, *Summa theologiae*, 2a2ae, q. 64, a. 3, 27.

<sup>54</sup>Ptolemy of Lucca, *On the Government of Rulers*, trans. James Blythe (Philadelphia: University of Pennsylvania Press, 1997), 180.

<sup>55</sup>Giles of Rome, *On Ecclesiastical Power*, trans. R. W. Dyson (Woodbridge: Boydell Press, 1986), 7. Similarly, the early-fourteenth-century Dominican theologian Durand de St Pourçain, for example, wrote that the doctor normally cures an individual as a whole; however, when he cannot do this, he amputates the infected part lest the whole body should be infected. Durand de Saint Pourçain, *In Petri Lombardi Sententias theologicas commentariorum libri IV* (Venice, 1571), lib. IV, fol. 351r–v.

“invisible” true Church. He maintained in the light of his doctrine of predestination that the Church as the congregation of the predestinate should amputate the reprobate.<sup>56</sup> In both cases, amputation alluded to the spiritual sanction for those outside the community of the faithful.

Another type of medical treatment that is sometimes employed less often than amputation is medication. When Ptolemy of Lucca discussed regal and despotic rulership, he compared “the penalties that persons institute through laws” with medicine.<sup>57</sup> Similarly Marsilius of Padua discussed the efficient cause of governance and wrote: “[I]f any part should do or suffer injury, he who inflicts the injury must be cured through the action of the ruler, by sustaining punishment.” “For punishment is like medicine for a delict.”<sup>58</sup> Both Ptolemy and Marsilius referred to medicine as a punitive measure. John Wyclif argued that the “medicine” that is required to purge the Church of its blasphemy and to restore its first perfection was “to expropriate the entire clergy and renew the former order of Christ.”<sup>59</sup> Wyclif clearly compared his radical program of ecclesiastical reform with medication, implying punitive sanctions on corrupt priests.

The use of medicine might appear a gentler approach than surgical measures such as amputation; however, the essential characteristic of these treatments was effectively the same: the punishment of wrongdoers. We have seen earlier that medieval medical practice was not confined to harsh treatments: the common practice was to begin with a mild treatment such as a diet, which was followed sequentially by harsher treatments such as drugs and surgery. The dearth of any discussion of “diet” in the political use of medical metaphors is illuminating. While both amputation and medication are curative in the sense that they both aim to restore health to the body, they are grasped as means for eradicating the causes of physical abnormalities. These medical metaphors suggest that an important function of government was to uproot the sources of political upheaval and social strife by coercive measures.

These metaphorical expressions may be rooted in the traditions of classical rhetoric. For instance, the metaphor of amputation has a millennium-old literary tradition: Cicero, for instance, compared tyrannicide with amputation:

[T]here can be no fellowship between us and tyrants—on the contrary there is a complete estrangement—and it is not contrary to nature to rob a man, if you are able, to whom it is honorable to kill. Indeed, the whole pestilential and irrelevant class ought to be expelled from the community of mankind. For just as some limbs are amputated, if they begin to

<sup>56</sup>John Wyclif, *De Ecclesia*, ed. J. Loserth (London: Wyclif Society, 1886), 12.

<sup>57</sup>Ptolemy of Lucca, *On the Government of Rulers*, II, ix, 125; IV, xi, 246.

<sup>58</sup>Marsilius of Padua, *Defensor pacis*, I, xv, 11, 73. See also Marsilius of Padua, *Defensor pacis*, trans. Alan Gerwirth (New York, 2001), 66.

<sup>59</sup>John Wyclif, *Sermones*, ii, ed. Johann Loserth (London: Wyclif Society, 1888), 269.

lose their blood and their life, as it were, and are monstrousness of a beast appears in human form, it must be removed from the common humanity, so to speak, of the body.<sup>60</sup>

Amputation was compared to the punishment of a wrongdoer, a tyrannical ruler in this case. Clearly, the rhetorical reference to amputation was not unprecedented in the Western tradition of political discourse.

Likewise, the characterization of medical treatment as punishment may be traced back to Aristotle. When Aristotle discussed how to build up an excellent personality in his *Nicomachean Ethics*, he maintained that punishments were given because of pleasures that were brought about by performing wrongdoing. Yet pleasures and pains follow from every action, and wrongdoings must be followed by pain: “punishment is a kind of cure.”<sup>61</sup> The Aristotelian metaphor between punishment and medical treatment, however, was used in an educational rather than a political context. Cicero, by contrast, employed the metaphorical reference to the use of drugs specifically in a political context. Cicero inquired: what if an excellent political leader is faced by crisis? His response was that “[W]hen confronting danger, . . . we should copy the doctor, whose custom it is to treat mild illness mildly, though he is forced to apply riskier, double-edged, remedies to more serious illnesses. . . . That is particularly so when a successful outcome may bring more good than the period of uncertainty evil.”<sup>62</sup> This Ciceronian idea of “the physician of the commonwealth” (*medicus rei publicae*) survived into the Middle Ages, being echoed in John of Salisbury. John argued in his *Policraticus* that the prince should confine the amount of affection that he shows to his subjects “to the limits of moderation” and continued:

And thus, for him to love his brothers, he must correct their errors in medical fashion; he must acknowledge the flesh and blood in them so that he may subject them to the words of the Spirit. It is above all the habit of physicians that when they are not able to cure an affliction with palliatives and gentle medicines, they employ harsher cures, as for example fire and iron. They would never use the harsher ones except when they despaired in their desire to promote health gently. And thus, when mild power does not suffice for the ruler to cure the vices of inferiors, he properly administers intensely painful blows of punishment; pious cruelty rages against the evil, while the good are looked after in safety.<sup>63</sup>

<sup>60</sup>Cicero, *On Duties*, ed. M. T. Griffin and E. M. Atkins (Cambridge: Cambridge University Press, 1991), 111.

<sup>61</sup>Aristotle, *Nicomachean Ethics*, trans. Roger Crisp (Cambridge: Cambridge University Press, 2000), 26.

<sup>62</sup>Cicero, *On Duties*, 32–33.

<sup>63</sup>John of Salisbury, *Policraticus*, trans. Cary J. Nederman (Cambridge: Cambridge University Press, 1990), 49–50.



Clearly John of Salisbury modeled his argument on Cicero. Clearly, the metaphor of medical treatment largely invoked an understanding of political rule as a punitive function: physicians and surgeons of the commonwealth are largely expected to eradicate the sources of political, religious, and social disorder by punitive measures.

While it is possible to surmise that rhetorical knowledge was the experiential basis of medical metaphors, we cannot dismiss the medical experience of the later Middle Ages as the “source domain” of such metaphors. Modern scholarship notes that it was in the field of surgery that medieval medicine made notable advances.<sup>64</sup> I have already illustrated the rapid development of medieval surgery. The progress in surgery was widely acknowledged since the results of operations were perceptible and, therefore, more evident than those of other therapeutics.<sup>65</sup> The use of medical metaphors in political writings is prevalent from the thirteenth century onward. Indeed, the examples of medical metaphors aforementioned are all drawn from the political writings of the thirteenth and fourteenth centuries. It is no coincidence that medical language penetrated political writings in the thirteenth century. As already noted, Innocent III is attributed with the reawakening of medical science in the papal curia. Innocent III also introduced medical language in his writings. He often cited the opinions of physicians, and his sermons were full of medical references.<sup>66</sup> The papacy contributed to the spread of not only medical knowledge per se but also medical metaphors in political and religious texts. The remarkable development of anatomy and surgery formed an experiential basis for the metaphorical association between political rule and medical treatment.<sup>67</sup>

Recently, Cary J. Nederman has shown rightly that the so-called organic metaphor of the body politic was not as monolithic as had been conventionally considered;<sup>68</sup> however, the historical diversity of medical metaphors may

<sup>64</sup>Heinrich Schipperges, *Die Kranken im Mittelalter* (Munich: Verlag C. H. Beck, 1990), chap. 3.

<sup>65</sup>Vivian Nutton, “Medicine in Medieval Western Europe, 1000–1500,” in Lawrence Conrad, Michael Neve, Vivian Nutton, Roy Porter, and Andrew Wear, *The Western Medical Tradition, 800 BC to AD 1800* (Cambridge: Cambridge University Press, 1995), 161.

<sup>66</sup>Paravicini-Bagliani, *The Pope’s Body*, 187–88.

<sup>67</sup>The medical experience of medieval political thinkers, of course, cannot be limited to medical knowledge taught and researched within the universities. Physicians, master surgeons, barber surgeons, and even a number of illicit practitioners were in practice. Marie-Christine Pouchelle notes that the public images of surgeons were associated with “blood and fire.” The surgeon was compared with the blacksmith; just as a smith wielded his white-hot pincers, so a surgeon used his cauterizing tools to keep away evil humors. Surgeons were also analogized with butchers and executioners. See Pouchelle, *The Body and Surgery in the Middle Ages*, 69–74.

<sup>68</sup>See Nederman, “Body Politics.”

be attributed to the developing knowledge of the human body. As anatomical and surgical knowledge developed in the later Middle Ages, anatomical metaphors in political discourse underwent significant changes. This can be illustrated by a comparison of medical metaphors employed by the twelfth-century humanist John of Salisbury and the fifteenth-century theologian Nicholas of Cusa. John of Salisbury devoted books 5 and 6 of his encyclopedic treatise *Policraticus* to a comparative analysis of the structure and function of the natural and political bodies. John claims that his bodily metaphors are modeled on Plutarch's work, *The Instruction of Trajan*, which was, in fact, John's own invention. John first distinguishes the soul from the body. The soul corresponds to those who administer the practice of religion. "Indeed, those who direct the practice of religion ought to be esteemed and venerated like the soul in the body. . . . [J]ust as the soul has rulership of the whole body so those who are called prefects of religion direct the whole body."<sup>69</sup> The soul's relationship to the body is that the soul stimulates and rules the head. The position of the head is occupied by a prince, who is "subject only to God and to those who act in His place on earth."<sup>70</sup> At the heart of the commonwealth is the senate, "the office of counsel and rulership."<sup>71</sup> The eyes, ears, and tongue of the prince are the governors of provinces, who would rule provinces in the name of the prince. Financial officers and keepers are compared to the stomach and intestines. The armed hand is soldiers and the unarmed one is tax collectors. Finally, the feet are compared with peasants "perpetually bound to the soil."<sup>72</sup> Clearly, John's bodily metaphors mainly cover the external organs, and his reference to internal organs is scant.

Nicholas of Cusa's deployment of bodily metaphors, by contrast, is far more detailed and elaborate in anatomical terms. Cusa concluded his

<sup>69</sup>John of Salisbury, *Policraticus*, ed. Nederman, V, ii, 67. The modern critical edition of the original Latin text is John of Salisbury, *Policraticus*, ed. C. C. J. Webb (Oxford: Clarendon Press, 1909). On John's organic metaphor, see especially Tilman Struve, "The Importance of the Organism in the Political Theory of John of Salisbury," *The World of John of Salisbury*, ed. Michael Wilks (Oxford: Blackwell, 1984), 303–17 and Cary J. Nederman, "The Physiological Significance of the Organic Metaphor in John of Salisbury's *Policraticus*," *History of Political Thought* 8 (1987): 211–23, reprinted in Nederman, *Medieval Aristotelianism and its Limits* (Aldershot: Ashgate, 1997).

<sup>70</sup>John of Salisbury, *Policraticus*, ed. Nederman, V, ii, 67.

<sup>71</sup>*Ibid.*, V, ix, 81.

<sup>72</sup>*Ibid.*, V, ii, 67. cf. *ibid.*, VI, xx, 125–26. This graphic representation of the political community as the human body proved highly influential; for example, the thirteenth-century republican Ptolemy of Lucca and the late fourteenth-century female political philosopher Christine de Pizan drew on John's organic metaphors in their political works: Ptolemy of Lucca, *On the Government of Rulers: De Regimine Principum*; Christine de Pizan, *The Book of the Body Politic*, ed. Kate Langdon Forhan (Cambridge: Cambridge University Press, 1994). For Christine's use of bodily metaphors, see Kate Langdon Forhan, *The Political Theory of Christine de Pizan* (Aldershot: Ashgate, 2002), especially, chap. 3.

*Catholic Concordance*, a complex treatise on the principles of government in the Roman Church and the Holy Roman Empire, with an extensive comparison between the Church and the Empire, on the one hand, and the soul and the body, on the other. Cusa argued that the body consisted of bones, nerves, and flesh. He compared the nerves with the imperial laws. The head represents the emperor, the country the bones, and the flesh “the transitory men.”

The harmony of the ecclesiastical order depends upon “the divine and canonical sanctions,” which stem from the Holy Spirit and the natural law. The Holy Spirit needs to reach every corner of the body, and Cusa compares the blood with the vehicle of the soul. Thus he wrote:

The more immediately accessible seat of the soul is in the purest blood contained at the center of the heart. With the blood the vital spirits provide a flow of nourishment through all the arteries of the whole body. As therefore those arteries go everywhere in the whole body branching out from one source so that the life-giving spirit flows through them, so the divine laws circulate with equal power throughout the whole body of the church, holding all its members in a sweet vital constraint.<sup>73</sup>

Similarly, Cusa compared “the veins that start from liver and spread through the whole body” with canon law. Indeed, the liver corresponds to a council, the legislative organ in the Church. It is fair to say that John of Salisbury’s organic metaphor largely focused on externally observable bodily parts, and his references to internal organs were scant: he mentioned only heart, stomach, and intestines. By contrast, Cusa demonstrated sophisticated anatomical and physiological knowledge when he underlined the functions of the nerve and blood systems, of which John was clearly unaware.

Cutting-edge medical research might possibly contribute to Cusa’s medical discourse on the Church. His notion of a “blood system” in the Church was arguably modeled on Galen’s theory. Indeed, Galen’s theory remained authoritative until 1628, when William Harvey published his discovery on the circulation of blood. Galen believed that blood was used up at the end of the body, never to return to the heart. The Galenic model of the blood system explains that two types of blood—the venous and the arterial—are conveyed through various pathways connected to two chief organs—the liver and the heart—that provide nutrition and vitality, respectively. The venous blood originates in the liver, which provides nutrition for the blood, while the arterial blood originates in the heart, which provides *pneuma* (spirituous air) to the blood.<sup>74</sup> Just as the blood created by the liver is provided with *pneuma* by the heart and conveyed to all the members of the body, so, Cusa argued,

<sup>73</sup>Cusa, *De concordantia catholica*, III, xli, 468–69.

<sup>74</sup>Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W.W. Norton and Company, 1997), 211.

canon law created by councils inspired by the Holy Spirit is conveyed to every corner of the Church. Clearly, Cusa's metaphor of the blood system is parallel to Galen's theory. In the twelfth century, the Galenic medical writings were not readily available outside southern Italy. By the fifteenth century, however, Latin translations of Galen's medical writings circulated widely in Latin Europe. Cusa's surviving library at Kues contains a good range of medical books.<sup>75</sup> He had studied in Padua, one of the leading centers of medical studies,<sup>76</sup> and he was arguably well versed in contemporary medical theories. The precision of Galenic physiological and anatomical knowledge that underpins his metaphor of the body politic cannot be comprehended without knowledge of contemporary medical science.

Cusa's metaphorical emphasis on the circulatory system in his political discourse was not an isolated case. In his *On the Laws and Governance of England*, Sir John Fortescue discussed the origin of political rule by using an embryological metaphor and compared blood with political provision that nourishes the whole body.<sup>77</sup> The emphasis on the circulatory system was entirely absent from the medical metaphors in medieval political discourse before the revival of medical studies. Clearly, Fortescue was not unaware of contemporary medical views.

### Medical Metaphor in Tokugawa Political Writings

Anatomical metaphors were markedly absent from Tokugawa Japanese political writings, and this absence may not be irrelevant to the contemporary state of Japanese medicine. Anatomical and surgical interest in the human body was almost entirely unknown in Japan until the middle of the eighteenth century.<sup>78</sup> Vesalius's *De humani corporis fabrica* arrived at Nagasaki, Japan, in 1645; however, Vesalius's influence on Japanese medicine is entirely unknown.<sup>79</sup> More than a century later, Yamawaki Toyo (1705–1762) dissected the body of an executed criminal and wrote *Zoshi*, the first Japanese treatise on anatomy (1759). Sugita Genpaku (1733–1817) cultivated serious interest in anatomy through his encounter with Dutch medicine; in 1771, he observed

<sup>75</sup>Fr X. Kraus, "Die Handschriften-Sammlung des Cardinalis Nicolaus von Cusa," *Serapeum* 26 (1865): 69–74.

<sup>76</sup>Cusa, *De concordantia catholica*, III, xil, 468 nn. 585–86. See also Cusa, *The Catholic Concordance*, 319 n. 14.

<sup>77</sup>Sir John Fortescue, *On the Laws and Governance of England*, ed. Shelley Lockwood (Cambridge: Cambridge University Press, 1997), 20–21.

<sup>78</sup>Ilza Veith ascribes the dearth of surgical practice in China before the arrival of Western medicine to "the Confucian tents of the sacredness of the body, which counteracted any tendency toward the development of anatomical studies and the practice of surgery." Huang Ti Nei Ching Su Wen: *The Yellow Emperor's Classic of Internal Medicine*, 3. This may be the case with Tokugawa Japanese medicine.

<sup>79</sup>Takeshi Yoro, *Nihonjin no Shintaiikan no Rekishi* (Kyoto: Hozokan, 1996), 208.

the dissection of an executed criminal and was astonished by the accuracy of anatomical descriptions in *Tafel Anatomia*, a Dutch translation of a treatise on anatomy by a German doctor. This experience led Genpaku and his colleagues Maeno Ryotaku (1723–1803) and Nakagawa Junan (1739–1786) to translate *Tafel Anatomia*, a most ambitious undertaking completed in 1774. Before the dawn of anatomical studies, the approach of doctors in Tokugawa Japan to the human body followed the lead of ancient Chinese medicine.<sup>80</sup>

Why did Japanese medical scientists not express interest in the interior of the human body until the middle of the eighteenth century? Since the eighth century (possibly earlier) in Japanese criminal law, dismembering a corpse was considered one of the worst of crimes. No statutes issued by Tokugawa government (*bakufu* or *kogi*) prohibited dissection of bodies, which, however, was widely deemed as a de facto crime.<sup>81</sup> In addition, skepticism about the utility of anatomical knowledge remained influential until the eighteenth century. Yoshimasu Todo, for instance, argued that human organs are as such when they are inhabited by the soul. The “soulless” organs are not the same as those when they were alive. Hence, the observation of dead organs will not add any significant medical knowledge. The critics of emerging anatomists were largely not interested in the ultimate cause(s) of morbid states. Their attention was focused on symptoms. Indeed, no one would dissect a patient’s body to determine the pathological cause(s).<sup>82</sup>

Correspondingly, the anatomical and surgical metaphor was unknown in Tokugawa Japanese political writings before the mid-eighteenth century. Tokugawa Japanese political writings before the mid-eighteenth century adopted organic metaphors, and yet the political use of bodily metaphors drew on the nonanatomical dichotomy of mind and body. Tokugawa Japanese intellectuals were familiar with the Chinese medical classics and one such work, *The Yellow Emperor’s Classic of Internal Medicine*, used an anatomical metaphor when discussing the body politic. It compared a human body with a state and identified the heart, where spirit and enlightenment originate, with the ruler, the lungs with the ministers, the liver with the general, the stomach with officials in charge of storing provisions, the kidneys with other officials and so forth.<sup>83</sup> And yet, early Tokugawa Japanese intellectuals did not assimilate anatomical metaphors into their political discourse. The Confucian philosopher and medical doctor Kaibara Ekiken (1630–1713)

<sup>80</sup>For the general survey of the history of Japanese medicine, see, for instance, Akira Kajita, *Igaku no Rekishi* (Tokyo: Kodansha, 2003); and Shiro Kira, *Nihon no Seiyō-Igaku no Oitachi* (Tokyo: Tsukiji Shokan, 2000).

<sup>81</sup>Okamoto, *Kaibo Kotohajime*, 9–10.

<sup>82</sup>*Ibid.*, 32–40.

<sup>83</sup>Paul U. Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985), 100. Cf. Porter, *The Greatest Benefit to Mankind*, 151.

identified the mind with the ruler; the five sensorial organs—ears, eyes, mouth, nose, and the rest of body—were identified with the ruler’s subjects.<sup>84</sup> When the seventeenth-century Japanese military scientist Yamaga Soko (1622–1685) discussed the functional parts of a political community, he compared the mind and body with the ruler and the ruled, respectively. However, his reference to bodily parts lacked anatomical detail. Soko classified the ruled subjects into three groups—farmers, craftsmen, and merchants—and described farmers as the most important of the three. To reinforce this, Soko deployed a bodily metaphor: “[T]he absolute necessity for a person is food and agriculture is comparable to the flesh of a human body. This explains why agriculture is most salient.”<sup>85</sup> No reference to the internal organs of the body can be found in any discussion on the functional parts of the political community by Tokugawa intellectuals before the mid-eighteenth century.

It was Miura Baien who introduced anatomical imageries into the discourse on governing institutions. Baien was well versed in Japanese anatomical findings as well as the Dutch discoveries through Genpaku’s translation of *Tafel Anatomia*; indeed, he himself practiced the dissection of animals. He considered that the human’s flesh consisted of two elements: organs (*zo*) and bowels (*fu*) (muscles are categorized as part of bones). The central part of “organs (*zo*)” is the heart, while the central part of “bowels (*fu*)” is the stomach. Baien’s anatomical metaphors are focused on ruling offices. He compared the heart with the princely palace and the stomach with government offices.<sup>86</sup> The anatomical metaphor of the body politic did not gain significant currency, however, in Japanese political discourse. Arguably, Japanese medicine’s interest in the internal structure of the body was too recent to establish a metaphorical language of anatomy or surgery.

The widely circulated medical metaphor in Tokugawa Japanese political discourse was the use of medicine. Pharmaceutical treatment, however, was compared not so much to coercive measures used by political authority as to admonition to political rulers. Such use of pharmaceutical metaphors can be found, for example, in the work of Yamamoto Tsunetomo (1659–1719). Tsunetomo was one of the close retainers of Nabeshima Mitsushige, a lord (*daimyo*) of the Principality of Saga. Upon his death, Tsunetomo retired from service, became a Buddhist priest, and produced his celebrated work *Hagakure*, in the period between 1710 and 1716. His intellectual background was shaped by Confucianism and Zen Buddhism along with Bushido (The Way of Samurai). In his discussion on giving advice to the prince, Tsunetomo advocated tolerance of “diseased” rulership. *Hagakure* discussed

<sup>84</sup>Kaibara Ekiken, *Yamato Zokukun*, in *Kaibara Ekiken*, ed. Michio Matsuda (Tokyo: Chuo Koronsha, 1983), 109.

<sup>85</sup>Yamaga Soko, *Yamaga Gorui*, in *Yamaga Soko*, ed. Tsuguo Tahara (Tokyo: Chuo Koronsha, 1983), 144.

<sup>86</sup>Miura Baien, *Zeigo*, in *Miura Baien*, ed. Keiji Yamada (Tokyo: Chuo Koronsha, 1984), 517.

extensively the way of life of a samurai. One of the salient features of the work is that Tsunetomo accentuated the importance of giving admonitions (*kangen*) to the lord as the duty of a samurai. He argued that the admonition should be given to the lord before he practices unjust policies. In this context, he used a medical metaphor: “[W]e would not need to use medicine after getting diseases; daily maintenance of the wellbeing would suffice.”<sup>87</sup> Tsunetomo did not believe that medicine would effectively heal diseases; it would only help to maintain health. Likewise, offering admonitions—the use of medicine—would not help remedy unjust rule. Tsunetomo’s view of the handling of the unjust ruler corresponds to the Japanese medical idea that the maintenance of health, rather than the uprooting of disease, is considered of primary importance. Tsunetomo dissuaded readers from using “medicine” for the lord’s wrongdoings because he feared that such use of “medicine”—giving admonitions after the lord had actually soiled his hands—might damage the reputation of the lord by rumor.<sup>88</sup> A significant implication of this idea is that the maintenance of wellbeing—frequent admonitions before the lord’s wrongdoings are actually performed or become public knowledge—virtually amounts to the concealment of the tyrannical nature of the lord.

The comparison between admonition and daily healthcare was not unique to Tsunetomo; Kaibara Ekiken, a physician and Confucian thinker, also employed a similar metaphor repeatedly. “[A] lord’s refusal to listen to his subject’s admonition is comparable to a patient’s adamant refusal to take any pills which would lead to death.”<sup>89</sup> Ekiken’s notion of admonition clearly differed from Tsunetomo’s in that the former viewed admonition as a corrective means for a lord’s wrong-doings, while the latter regarded it as a preventative means. They disagree on how to use drugs but agree on the notion that the use of drugs was comparable to the admonition to rulers.

However, the most striking feature of the political use of medical metaphors in the Japanese political writings is the emphasis on the importance of preventative medicine. Medical treatments, such as the use of drugs, are of secondary importance. What government should achieve is comparable to preventing “illnesses,” thereby comparing political rule with daily healthcare. The conceptual metaphor—“government is daily healthcare”—formed a deep undercurrent in Tokugawa Japanese political discourse. Miura Baien, for example, underlined the importance of the maintenance of wellbeing. According to him, “medicine can be attributed to hygiene and healing.”<sup>90</sup>

<sup>87</sup>*Hagakure*, ed. Tatsuya Naramoto (Tokyo: Chuo Koronsha, 1984), 128. Portions of *Hagakure* are translated in English: Yamamoto Tsunetomo, *Hagakure: The Book of Samurai*, trans. William Scott Wilson (Tokyo: Kodansha International, 1979). The cited part of the text is not included in Wilson’s English translation.

<sup>88</sup>*Hagakure*, 129.

<sup>89</sup>Ekiken, *Yôjô-Kun*, in *Kaibara Ekiken*, 85.

<sup>90</sup>Baien, *Zeigo*, 607.

Healing concerns the use of drugs, while hygiene relates to the training of the body and the maintenance of wellbeing. The importance of daily healthcare pervades his comments on rulership. Referring to *Su-wen* (Pure Question) section of the *Yellow Emperor's Canon of Internal Medicine*, Baien wrote:

*Su-wen* reads: "The sages did not treat those who were already ill; they instructed those who were not yet ill. They did not want to rule those who were already rebellious; they guided those who were not yet rebellious. . . . To administer medicines to diseases which have already developed and to suppress revolts which have already developed is comparable to the behavior of those persons who begin to dig a well after they have become thirsty, and of those who begin to cast weapons after they have already engaged in battle." . . . Hence, the use of drugs and acupuncture are of the secondary importance; preventing diseases by discovering signs appertains to a stage prior to the actual attack of the disease. Therefore, peaceful government that does not appeal to military forces and compulsive measures has nothing to do with wars.<sup>91</sup>

Baien practiced clinical medicine while he produced a number of treatises on natural philosophy. He was unique in his wide-ranging knowledge of both Eastern and Western medicine and the natural sciences. And yet, his notion of medical treatment was firmly anchored in the *Su wen*—the canon for Japanese Confucian physicians; he believed that medicine should primarily serve daily healthcare.

The passage that Baien quoted from *Su wen* was commented on and praised by Ogyu Sorai (1666–1728), arguably the greatest political philosopher of Tokugawa Japan.<sup>92</sup> He wrote: "This is the statement of utmost importance in *Su wen*."<sup>93</sup> Sorai's understanding of medicine informs his emphasis on the limits of political rule. Ogyu Sorai often wrote that human affairs were a living thing (*ikimono*). An important implication of this fact, according to Sorai, is that the affairs of the state and society are unpredictable. The workings of a living being are so complex that one could never fully comprehend

<sup>91</sup>Ibid. Cf. *Huan Ti Nei Ching Su Wên*, 105.

<sup>92</sup>Some scholarly works on Sorai's political thought are available in European languages, including J. R. McEwan, *The Political Writings of Ogyu Sorai* (Cambridge: Cambridge University Press, 1962), and Olivier Ansart, *L'empire du rite: La pensée politique d'Ogyû Sorai, Japon, 1666–1728* (Geneva: Droz, 1998). Translations of Sorai's political works are Tetsuo Najita (ed), *Tokugawa Political Writings* (Cambridge: Cambridge University Press, 1998); Olaf G. Lidin, *Ogyu Sorai, Distinguishing the Way* (Tokyo: Sophia University, 1970); Richard Minear, "Ogyu Sorai's Instructions for Students: A Translation and Commentary," *Harvard Journal of Asiatic Studies* 7 (1977): 5–81; and Samuel Hideo Yamashita, *Master Sorai's Responsals: An Annotated Translation of Sorai Sensei Tomonsho* (Honolulu: University of Hawaii Press, 1994). None of these works, however, discusses the relationship between Sorai's political thought and his medical learning. Sorai's medical learning, too, has largely been unexplored.

<sup>93</sup>Sorai, *Sorai Sensei Somon Hyo*, 2.



them; one could only try to control them. Sorai's notion of the state as a biological being enabled him to make a metaphorical reference to medical treatment in his discourse on political rule. In his *Responsals*, for example, Sorai wrote about how to read history books. He argued against a "theoretical" interpretation of ancient Chinese history; he advises an understanding of historical facts as brute facts. Sorai, then, noted that "ruling a country is like a physician controlling an illness."<sup>94</sup> However, he did not believe that a doctor could take full control of a combination of symptoms. One cannot tackle all the symptoms at once. In so arguing, Sorai suggested that some diseases would heal naturally: "Although some treatments first eliminate phlegm and fever and then restore the vital force, simply restoring the vital force obviates the need to pay attention to anything else, and the various other ills will disappear naturally. If lumbago is diagnosed as the original ailment and controlled, the rest will heal naturally."<sup>95</sup> In the political context, therefore, it is not always necessary to tackle every single symptom of political malaise. Some political upheavals may settle naturally.

Some other political diseases, on the other hand, can never heal, especially prolonged ones. In such cases Sorai argues against appeal to any drastic measure.

Long-term illness cannot be healed, no matter what the cure. Unskilled physicians err in relying on their initial diagnosis and trying to control everything—as a result, their patients never recover but lose their energy and find their lives shortened. When one has truly understood this principle, one realizes that the ancient saying "our ancestors' methods should not be changed" is right on the mark. . . . [Y]our revision of the ancient laws of the province would be most unwise.<sup>96</sup>

Sorai makes it clear here that there is no "cure" for long-standing diseases of government. He was certainly not a proponent of radical solutions to political stagnation, and this conservatism stems from his vision of the "body" politic: "The people of the world are interdependent, complementary, and *one body*. And this is why the affairs to which they have become accustomed over the years have taken root and spread in all directions. Many have profited by relying on them" (emphasis added).<sup>97</sup> Sorai's preference for controlling the status quo is manifest when he stated that "[T]he people are comfortable with what they are used to. Things that have been done over and over for some time began to leave their imprint several generations ago, . . . and thus even something that is bad is regarded as good."<sup>98</sup> Political and social deeds that should be regarded as bad can turn to good if they are practiced

<sup>94</sup>Yamashita, *Master Sorai's Responsals*, 48.

<sup>95</sup>Ibid.

<sup>96</sup>Ibid., 70.

<sup>97</sup>Ibid.

<sup>98</sup>Ibid.

by a multitude of people for a long period of time. Sorai's vision of the country as a "body" politic allows for injustice for the sake of the prolongation of the body's life; any drastic treatment of a long-standing disease cannot be recommended since it might risk the patient's life. In his vision, political rule as medical treatment is far from the art of curing; Sorai was emphatic on the limits of politics as means for resolving conflicts. This was the reverse side of his Chinese notion of medicine as daily healthcare.

Japanese medical scientists who were instrumental in the reception of Western medicine were not immune to the idea of ideal medical treatment in *Su wen*. When Sugita Genpaku commented on diplomatic affairs, he observed that Russia would be the source of a serious "disease" for Japan, and wrote: "A great doctor would cure a disease before its symptoms appear. An error in handling Russia would lead Japan into an almost incurable disease" (emphasis added).<sup>99</sup> While Genpaku is known as the pioneer in the introduction of Western medicine, his notion of medical treatment was anchored in the ancient Chinese view.

Healing wounds or illnesses was the concern of "mere" physicians who relied on the *Treatise on Cold-Damage Disorders*. For Confucian physicians who considered themselves to be superior to physicians, however, medicine was primarily the art of maintaining wellbeing (*yojo*). *Yojo* is more than dietary control or preventative medicine; it concerns how to choose good doctors, use medicine, and control one's desires, and also covers hygiene and health and the moral education of children. It encompasses a wide range of issues in human life and is the "art" of living to achieve a healthy, moral life.<sup>100</sup> Kaibara Ekiken elaborated on his theory of *yojo* in his *Lessons on the Maintenance of Well-being (Yojo-Kun)*.<sup>101</sup> In it, Ekiken underlined that *yojo* would prevent diseases and quoted *Su wen*: "The sages did not treat those who were already ill; they instructed those who were not yet ill." The Japanese notion of pharmaceutical treatment was deeply anchored in this classical Chinese view of healthcare.

The arrival of Western learning (*yogaku*) in the mid-eighteenth century, however, transformed medical metaphors in nineteenth-century Japanese political writings. Takano Choei (1804–1850), one of the first Western-style physicians, is well known for his criticism of the Tokugawa government's foreign policy, which resulted in his imprisonment and subsequent death. Choei expressed serious concern about the dearth of effective defense against colonial forces in Okinawa and wrote, "[I]f Western troops conquer Okinawa, there will emerge a major disaster for Japan. . . . Once the poison

<sup>99</sup>Sugita Genpaku, *Nosô Dokugo*, in Toru Haga ed., *Sugita Genpaku, Shiba Kokan, Hiraga Gennai* (Tokyo: Kodansha, 1984), 273.

<sup>100</sup>Koji Matsumura, "Yojo-ron-teki na Shintai eno Manazashi," *Edo no Shiso* 6 (1997), 96–117.

<sup>101</sup>Ekiken, *Yôjô-Kun*, in *Kaibara Ekiken*, 345.

of a contagious disease arrives, it will be widespread very quickly and reach neighboring countries. In order to combat the contagious disease, one must treat it at its source."<sup>102</sup> Medical treatment is seen by Choei as the eradication of the roots of a disease, not daily healthcare. Sakuma Shozan (1811–1864), a military scientist and a Western-style physician, served the Tokugawa government as a political advisor. In one of his recommendations for policymaking, Shozan compared a series of attempted coups d'état with "sudden pain," which requires "temporary treatment to ease the pain," but suggested the need to identify the ultimate cause of the disease in order to uproot it.<sup>103</sup> As Western medicine penetrated Japanese academic activities, the traditional imageries of daily healthcare increasingly gave way to the Western counterpart of the eradication of pathological causes.

### Conclusion

We have seen that the contrasting notions of medical treatment in late medieval Europe and Tokugawa Japan metaphorically articulated different imageries of government. The European notion of medical treatment as the eradication of the causes of diseases highlighted coercive and punitive aspects of government as the final solution to political conflicts, while the Japanese notion of medical treatment as controlling physical conditions seems to create the image of government as an art of daily healthcare and preventative medicine. The medieval European metaphors of medical treatment identify an important function of political rule with resolving political and social conflicts by appealing to compulsive (and even violent) measures, as necessity dictates. The Tokugawa Japanese metaphors of medical treatment, by contrast, underlined the complexity and difficulty of controlling the body politic, and, hence, accentuated the limits of politics: there is little, if any, cure for a diseased regime, since a disease needs to be treated before it actually strikes the body. The reverse side of this pessimistic view is that good government is characterized primarily as a preventative measure; resolving conflicts is not a function of government but rather evidences the failure of effective political rule.

Metaphor in political writings seems to provide a useful window into differences and diversity in global traditions of political thinking. We have employed the analytical framework of cognitive linguistics in order to

<sup>102</sup>Shosuke Sato, ed., *Watanabe Kazan, Takano Choei* (Tokyo: Chuo Koronsha, 1984), 354. For Takano Choei's contributions to Japanese medical learning, see Ellen Gardner Nakamura, *Practical Pursuits: Takano Choei, Takahashi Keisaku, and Western Medicine in Nineteenth-Century Japan* (Cambridge, MA: Harvard University Press, 2006).

<sup>103</sup>Sakuma Shozan, *Kobu Ichiwa*, in *Sakuma Shozan, Yokoi Shonan*, ed. Rei Matsuura (Tokyo: Chuo Koronsha, 1984), 289.

highlight the cross-cultural variation of metaphorical linguistic expressions about political rule, thereby unpacking the divergent experiential bases of medical metaphors. This approach will not only identify the hitherto overlooked intellectual context—the medical context in our study—of political writings but also shed light on the process of political conceptualization. We did not consider medical metaphors as “language” that individual authors “used” rhetorically as a “tool” or “weapon”; instead, we emphasized the mental images of political rule that were invoked in the thinkers’ minds since we are not so much interested in various authors’ “speech acts” as the “thought process” of conceptualizing politics. Cognitive, linguistic analysis of medical metaphors in the political writings of various cultures, therefore, uncovers the differing imageries of political rule due to divergent cultural experiences of medical learning and practice. The cognitive, linguistic approach enables us to compare the process, not the results, of political conceptualization cross-culturally. This outlook will contribute to a better understanding of commonality as well as diversity in recovering political imagination in divergent traditions.