

Shin Dongwon 신동원, *Dongui bogam gwa Dongasia uihaksa* 동의보감과 동아시아 의학사 (*Dongui bogam* and the History of Medicine in East Asia: How a Compilation Led to a Universal Synthesis of Medical Knowledge). Paju: Deulnyeok, 2015. 480 pp.

SUH Soyoung[†]

How did Heo Jun's 許浚 (1539-1615) *Dongui bogam* 東醫寶鑑 (Treasured Collections of Eastern Medicine, 1613) become a success? Shin Dongwon opens *Dongui bogam gwa Dongasia uihaksa* by highlighting the exceptional circulation of *Dongui bogam* in East Asia. By 1949, twenty-seven woodblocks of *Dongui bogam* had been found. Since then, eight additional versions have been discovered, in China alone, the most recent discovery having been in 2013. Two versions were published in Japan prior to the nineteenth century, and since then, two more editions have been found. Further, twelve versions have been published in Taiwan (p. 15). According to Shin, among all of the medical texts published in China, only seventeen—including Sun Simiao's 孫思邈 (c. 581-682) *Qianjin fang* 千金方 (Supplement to the Formulas of a Thousand Gold Worth, c. late seventh century), Li Chan's 李梴 (active 1573-1619) *Yixue ruwen* 醫學入門 (Introduction to Medicine, c. 1575), and Gong Tingxian's 龔廷賢 (active 1577-1593) *Wanbing huichun* 萬病回春 (Return to Spring from Ten Thousand Illnesses, c. late sixteenth century)—have been published more than twenty times (p. 355). Given that new texts originated mostly in Ming/Qing China and made their way to Joseon Korea rather than the reverse, the success of *Dongui bogam* is indeed a remarkable exception. What motivated this scholarly project, and in what ways did *Dongui bogam* appeal to various audiences across geographical and cultural boundaries?

Shin responds to these questions by placing Heo within Joseon Korea's (1392-1910) intellectual and social context. The growing confidence among Joseon elites in accommodating Chinese medical texts eventually led to the voluminous project known as *Dongui bogam*. Shin points out that during the fifteenth and sixteenth centuries, Koreans selectively published at least eighty kinds of Chinese medical texts, in addition to sixty of their own (p. 79). More to the point, *Dongui bogam* followed the dynasty's earlier compilations, namely, *Hyangyak jipseongbang* 鄉藥集成方

[†] Dartmouth College, Soyoung.Suh@dartmouth.edu

(Standard Prescriptions of Local Botanicals, 1433) and *Uibang yuchui* 醫方類聚 (Classified Compilation of Medical Prescriptions, 1477), which were intended to express the dynasty's cultural competence and pride. While explaining the common attributes among these state projects, Shin highlights the exceptional features of *Dongui bogam*.

In part one, Shin details Heo's biography. Heo is portrayed primarily as an exceptional scholar-physician who was well connected to the clan network of the *yangban* 兩班 (aristocrat) society. Through an analysis of Yu Huichun's 柳希春 (1513-1577) *Miam ilgi* 眉巖日記 (Diary of Miam), Shin demonstrates that Heo began his career at the Royal Clinic without taking an official examination. Heo's special connection with King Seonjo (r. 1567-1608) also contributed to the former's exceptional achievement. Korean history features many physicians known for their medical prowess, or for being a favorite of the king. But, it was rather uncommon to see exceptional scholarly talent, medical skill, and royal support all at once.

Shin's description of Heo's royal connections further testifies to the emerging demand for medical innovation among the Joseon elites. Shin argues that the elites aimed to create a reliable body of knowledge with which to bring about actual clinical innovation. The intention was to rejuvenate the tired bodies of the Koreans, who had suffered inhumanly in the war with Japan (1592-1598), through a well-reasoned synthesis of the existing repertoire of medicine. Shin also explains how the authorship shifted from a group of scholarly physicians to Heo, leaving him solely responsible for its completion. Thus, in part one, Shin articulates the intellectual and social environment from which Heo's *Dongui bogam* came about. Elaborating on the intellectual nexus of the medical corpus, Shin portrays the pinnacle of Korean medicine as being primarily an appreciation of the history of ideas.

In part two, Shin analyzes the organizational rationale of *Dongui bogam*. Overall, more than two hundred kinds of medical texts were examined by Heo. Given the number of medical texts that are frequently referenced, Heo relied substantially on the Song, Yuan, and Ming texts, which were written by many currents of scholarly physicians (*xuepai* 學派). Compared to these original texts, Heo's prose reflected his own rendering and style. Shin underlines the fact that Heo's composition went beyond a mere cut-and-paste, showcasing a nuanced synthesis carried out with expert judgement. Heo's selection, omission, and elaboration of medical texts finds resonance with what Fabien Simonis identifies as "deliberate syncretism" or "eclecticism by design," which characterizes the *zhezong* style of intertextuality in Ming medical texts.¹

Of particular note is Shin's analysis of Heo's paragraph composition, editorial rationale, spacing, and visualization, in chapter 8, which I found most intriguing. Shin explains that 2,870 sub-categories (*semok* 細目) were succinctly classified into 105

¹ Fabien Simonis, "Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine," (Ph.D. diss., Princeton University, 2010), 137-142.

major categories (*mun* 門); these major categories were further organized into five major sections (*pyeon* 編). This structure was intended to enable readers to find easily the relevant information pertaining to their own clinical problems. The effective organization of *Dongui bogam* stands out even in comparison with well-known Chinese encyclopedic compilations, such as Gong Tingxian's (active 1577-1593) *Gujin yijian* 古今醫鑑 (A Mirror of Medicine of All Times, c. 1589) (p. 256). Moreover, Shin argues that the 4,747 prescriptions discussed in *Dongui bogam* were indeed likely to alleviate patients' conditions. Obviously, while we are unable to trace the clinical efficacy of those prescriptions historically, based on a reading of various primary sources, Shin appears to demonstrate persuasively that Heo's skillful use of *jeomigo* 猪尾膏 and *yongnoegoja* 龍腦膏子 actually had positive clinical outcomes (p. 262).

In part three, Shin explores the legacy of Heo's *Dongui bogam* in Korea and beyond. Shin aptly discusses the intellectual conservatism that governed sixteenth-century Joseon Korea. The core of Heo's synthesis, therefore, lies in ensuring Joseon Korea's correct position in navigating the sage's authoritative textual heritage. Shin also discusses the dissimilar reception of *Dongui bogam* by Chinese and Japanese physicians. The Chinese welcomed Heo's synthesis of the medical classics, whereas the Japanese focused mostly on the decoctions (*tangyak* 湯藥) of *Dongui bogam* investigating Korean *materia medica*. As a result, Japan's inclination toward cold damage disorders and pragmatism contrasted with China's overall positive response to *Dongui bogam*. Some Japanese physicians criticized Heo's inclination toward Ming medicine. In the epilogue, Yeo In-sok compares *Dongui bogam* with *The Canon of Medicine* by Avicenna (980-1037), aiming to place *Dongui bogam* within a wider world of medicine.

Shin's monograph is rigorously researched and well-organized. Just as Heo's encyclopedic compilation in the early seventeenth century was all-inclusive and effectively edited, so is Shin's ambitious analysis of Heo's *Dongui bogam*. Through decades of research, Shin carefully contextualizes Heo's *Dongui bogam* in Joseon Korea. Beyond an analysis of medical governance, Shin's monograph serves as an intriguing introduction to Joseon's intellectual and cultural history. Much as Heo presented his own perspective through rational organization and nuanced prose, Shin's main argument is nuanced and well-documented. Shin clearly presents his argument that Heo's "Eastern" medicine achieves a successful synthesis in both the intellectual and clinical senses. His synthesis reflects an attempt to view the entirety of the medical world from the perspective of one corner of the East (namely, Joseon Korea). Moreover, up to the nineteenth century, Joseon Korea was overwhelmed by the elaborate framework of "Eastern" medicine.

Shin offers a persuasive interpretation of Heo's Eastern medicine. I agree with Shin's view that Heo hardly supported any parochialism by elaborating on the Eastern perspective. The "East" in the Korean textual composition of medicine is, as I put it elsewhere, not so much a region, in reality, as an intellectual standpoint in

motion. Set as a counterpart to Southern and Northern medical trends, Eastern medicine as a textual label enabled the Korean elites to locate their intellectual/medical standpoints. Shin argues repeatedly that Heo did not intend a Joseon “Koreanization” of medicine. Rather, Shin demonstrates that Heo mastered the refined language of learned medicine, struggled to assess the medical world, both synchronically and diachronically, and finally placed his viewpoint within the wider nexus of scholarly medicine.

Shin’s main argument, while convincing, leaves a few questions. According to Shin, *Dongui bogam* became the most significant medical text since its publication (p. 322), to the extent that no other innovative works have emerged since then. Referring to Yu Man-ju’s 俞晚柱 (1755-1788) comment (p. 328), Shin highlights the argument that there has been no reliable physician (*yangui* 良醫) in Korea since Heo. That became the legacy, an infallible framework for textual composition, or the “paradigm” of scholarly medicine, in the late Joseon period (p. 369). That said, the modalities of Eastern medicine as a textual and clinical framework were clearly defined, without being seriously challenged by Koreans since the seventeenth century. The territory of Eastern medicine was now clearly demarcated.

Medical knowledge as a textual form, however, displays more syncretism than purity. In chapter one, Shin himself highlights the view that between the fifteenth and sixteenth centuries, Chinese medical texts were widely circulated in Joseon Korea, thus facilitating the enthusiastic accommodation and synthesis of Korean elites on their own terms. Post-Heo, Joseon Korea generally became more diverse when it came to circulating texts from China. Some of these texts were translated into vernacular Korean. For instance, scholars have pointed out that more than 120 kinds of Chinese texts relating to Catholicism were circulated in the late seventeenth and eighteenth centuries in Korea, 111 of which were translated into Korean.

Given texts in motion, it is not entirely an exaggeration to state that Koreans consumed a wider range of medical books, such as respected classics, latest prescriptions, cases, and synthesized versions during the eighteenth and nineteenth centuries. In the epilogue, Yeo highlights the argument that *Dongui bogam* never replaced the authority of the medical classics in education and court examination. Yeo properly underlines that the composition of medical knowledge was intrinsically plural and synthetic in East Asia (p. 387).

The constant making and remaking of medical knowledge ensures the constructive nature of medical authority. The accumulated scholarship has pointed out that Chinese physicians’ formation of a “Confucian” identity (*ruyi* 儒醫) paralleled its own competition with and marginalization of other lower-class healers. It is well known that, by the seventeenth century, woodblock printing enabled physicians to contribute to a burgeoning corpus through commentary, case histories, formularies, and monographs on medical specialties. Joseon Korea was not an exception to this trend. Apart from Heo, many currents of scholarly physicians also sought novel syntheses based on real and imagined networks, claimed affiliations with known masters from

the past and the present, and elaborated often-conflicting therapeutic strategies. By philosophizing medicine, scholarly physicians pursued epistemological authority. Heo seems to have wholeheartedly embraced this ideal of his time. While recognizing Heo's "influence," more attention could have been paid to the constructive nature of the authority of Eastern medicine.

Moreover, Shin could have elaborated on the body envisioned by readers based on *Dongui bogam*. For instance, Charlotte Furth suggests the "Yellow Emperor's body" as an interpretative framework through which learned medicine elaborates the tension between the idealized "androgynous" body of classical doctrine and the gendered childbearing body of *fuke*. The Yellow Emperor's body primarily differentiated itself from the modern anatomy, such that we often blindly project toward pre-modern experiences of the body.² Generations of interpreters have assumed the holistic and cosmological body and devoted themselves to resolving discrepancies. The normative and canonized body was thus morally, intellectually, and clinically authorized. Given Heo's loyalty to the sage's authority, can we assume that the body of the Yellow Emperor was further established by Heo's synthesis? If the Yellow Emperor's body had been modified in Joseon Korea on the region's real and imagined characteristics, what terms or metaphors can be used to depict this same, and yet different, body of scholarly medicine? What were the possibilities and limitations of Joseon Korea's use of the Yellow Emperor's body to resolve their own clinical problems?

As a substitute for the Yellow Emperor's body, Yi-Li Wu suggests that the "normative medical body of the Yellow Emperor" could be reconfigured, depending on historical specificity. As an alternative, Wu urges us to view difference and normality as two sides of the same coin. She states that this apparent paradox, relating to particularity and universality, has formed the core tenet of Chinese philosophy. "The simultaneity of unity and duality, and indeed the simultaneity of unity and multiplicity" have long governed the changes and continuities in East Asian medicine. Borrowing from terminology in linguistics, she recommends that the "infinite body" be used instead of the Yellow Emperor's body. Wu argues for "an infinite body, one that serves as the basis for all human bodies, to be conjugated into male and female, young and old, robust and delicate, Southern and Northern, depending on circumstance."³ Viewed from the existing scholarship, how would Heo's body of medical synthesis be named? What attributes can we learn from the Eastern interpretation of the Yellow Emperor's body? Further discussion with the existing Anglophone scholarship could have expanded the communicative sphere of Shin's monograph.

² Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960-1665* (Berkeley: University of California Press, 1999), 19-21.

³ Yi-Li Wu, *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China* (Berkeley: University of California Press, 2010), 230-232.

Despite all this, readers can easily establish the view that the aforementioned discussion testifies to any limitations of the book. Shin's monograph aptly combines a meticulous analysis, an in-depth reading of primary sources, and a clear writing style. It would be a challenge to translate this exceptional accomplishment into English. Nonetheless, I hope that this ambitious book soon becomes accessible to a wider audience.