

Book Reviews

Translating Buddhist Medicine in Medieval China, by C. Pierce Salguero, University of Pennsylvania Press, 2014. 256pp. Hb. \$55.00/£36.00. ISBN-13: 9780812246117.

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Pierce Salguero's *Translating Buddhist Medicine in Medieval China* is a new, comprehensive analysis of the reception of Buddhist medical teachings and practices by medieval Chinese communities that makes important contributions to multiple fields of study. As a compendium of the religiomedical material exchanged during this period, it is a valuable resource and provides a wide survey of textual sources of dissemination. Salguero's research should further solidify an appreciation for the key role healing plays in the larger introduction of Buddhist traditions into new communities. It contains voluminous examples of how, for example, claims of the curative abilities of Buddhist teachings, practices, and figures were used polemically to prove the superiority of a Buddhist path, to gain interest and adherence. Ultimately, however, *Translating Buddhist Medicine's* most significant contributions surround its advancement of new theoretical lenses that can better describe not only processes of Buddhist transmission, but religious transmission and acculturation more generally.

A historian of medicine by training, Salguero straddles multiple disciplinary fields and bodies of literature while grounding himself in recent shifts within religious and Buddhist studies treatments of medieval China. This is partially a practical move. Historians of medicine have concentrated surprisingly little attention on this period, given that Salguero can make the claim that 'the arrival of Buddhist medicine in China represents the moment in world history that two relatively distinct Indo-European and Chinese medical models were brought into direct, sustained contact for the first time.' Buddhologists and scholars of Chinese religions, however, have long attended to the introduction of Buddhist traditions into medieval China generally and the specific role that healing played in their reception. Salguero's text is, to a certain extent then, generated from bringing a historian of medicine's eye to this religious studies body of literature.

It is the interventions Salguero subsequently makes around the larger topic of Buddhist transmission that will likely be most of interest to the readers of this journal. One of the potential limitations of *Translating Buddhist Medicine* is the way that it continues in the tradition of remaining almost exclusively focused on textual sources. Many Chinese communities likely learned of Buddhist medicine

as practices as much as through textual sources — including story-telling practices ultimately fashioned into the written narratives Salguero discusses in the book's fifth chapter. Salguero's choice was likely a necessity to limit the volume's scope and he states his intention to commit future publications to more fully describing some of the specific techniques and materials that shape what Buddhist medicine might have looked like in practice during this period. Nonetheless, signaled by the one of many meanings of its title, the book centers on textual translations. It is here though that Salguero breaks with scholarly tradition both in terms of what sort of texts he argues qualify as 'translation' and, more than that, how he depicts acts of translation to occur.

Salguero furthers recent shifts in Buddhological studies of 'the Chinese assimilation of Buddhism' by highlighting that the communities introducing and receiving Buddhist traditions were active agents making intentioned choices in their processes of acculturation. Early scholarship on this period conducted textual analyses of translations to determine their accuracy in comparison to source texts, whether there was evidence of authentic Indian influence, Chinese sinification, or, what later studies came to describe as, 'syncretism'. One of the ways *Translating Buddhist Medicine* is most successful is elucidating the significance of the variety of commitments and underlying assumptions of the participants. Salguero clarifies what the medieval Chinese translators debating the value of *geyi* (concept matching) as a translation strategy knew (as Salguero illustrates in Chapter Two); that translation is more often an act of interpretation and transformation than the making of pure equivalence. Time and again throughout the text, Salguero disputes scholarly depictions of a particular medical text or translation choice as inaccurate to show how such 'inaccuracies' were more likely strategic choices of the translator. Salguero goes further, however, by expanding these observations to inform our understanding of the transmission of Buddhist medicine (and by extension Buddhist traditions at large) more generally. Translation is now a common metaphor to describe cultural diffusion, but Salguero takes the metaphor seriously and experiments with its use as a model. This allows him to expand what is normally considered a 'translation' worth attention, to include literature once dismissively labeled as apocrypha or popular narratives; these, he demonstrates, also illuminate how medieval Chinese communities responded to new Buddhist teachings and practices.

The structure of Salguero's book in part telescopes between wide and focused views of the thus wide body of literature he treats, tracking elements within them that can be newly explained through the translation theories he draws on. Key here are instances of translators' use of 'foreignizing' and 'domesticating' strategies and tactics when it might be advantageous to make a particular Buddhist item appear more familiar or more exotic to the intended audience. After an introduction laying out his theoretical framework, Chapter One maps the repertoire of Chinese medical understandings and practices existent in medieval China when Buddhist content began to be imported, as well as the foundational Indian assumptions about the human body, health, and illness out of which Buddhist medicine mutually co-arises. Chapter Two then narrows the focus in onto specific Buddhist translators and translation practices, highlighting individual translators, translator assemblies, the sociopolitical and religious contexts to which they belonged and the ways those contexts influenced their approaches.

Chapter Three widens out again and is, by my reading, the heart of the book, or perhaps better, an expression of the energy that courses through it. Here Salguero locates five conceptual metaphors (e.g., 'Health and Disease are Rewards and Retributions', 'The Dharma is Medicine', etc.) he believes are nearly essential to all forms of Buddhist medicine. 'While the local reception and translation of individual medical terms and doctrines could vary greatly from place to place across Asia', Salguero says 'these metaphors represent enduring cultural-linguistic structures at the very heart of the pan-Asian Buddhist tradition. These conceptual metaphors are evidenced in the earliest Indian Buddhist texts known to us, and they maintained their explanatory power as they were translated into other languages throughout the first millennium'. With his use of conceptual metaphors, which he explains via Lakoff and Johnson as fundamentally shaping cognition and language, Salguero intervenes in existing scholarship on Buddhist transmission by 'forging a "Middle Path" between the local and the translocal'. He argues that these metaphors can be universally located across Buddhist medical traditions, but his focus is on the foreignizing and domesticating strategies and tactics that communities variously apply in transmitting them in particular places at particular times. He returns to these metaphors, and approaches to communicating them, through the remainder of the book. Chapter Four narrows in again to the specific: to what Salguero calls, 'secondary literature' produced by commentators and exegetes collating and interpreting the Buddhist medical knowledge discussed in the previous chapters. Chapter Five meanwhile surveys an even wider field of texts, the popular narratives of Buddhist healing figures and their feats of curing which Salguero names as most responsible for entrenching Buddhist medical ideas throughout Chinese society.

Salguero uses his conclusion to, in part, chart the relative fall of Buddhist communities, and with them medical authority, after the rise charted in previous chapters. In this sense, the structure of the book may not present a pure linear historicizing narrative, but does the work of a historian, roughly following a chronology from the introduction of Buddhist traditions into China, through the Song period, and with mention even of contemporary phenomena. Salguero is most interested, however, in how the particular context of a time period influenced the translation choices of communities working with Buddhist medicine. He describes use of domesticating strategies for the first communities to learn of unfamiliar Buddhist ideas then later situational shifts from the sixth through ninth centuries that led medical specialists to employ foreignizing 'vocabularies that marked Buddhist medical knowledge as authentic, unique, and even incompatible with Chinese knowledge'.

The approach Salguero takes through these chapters could be usefully applied to other instances of Buddhist transmission (and religious transmission generally) across time period and geographic location. His research encourages us to continue to attend to the active choices communities make in assimilating Buddhist teachings and practices and the models he draws from translation studies help explain how those choices function. By way of example, I have found Salguero's investigation to be very useful in my own research on the use of Buddhist traditions in psychotherapeutic healing in the contemporary United States. The conditions and commitments of the contemporary communities of clinicians I study may seem far afield from those of the medieval Chinese. Perhaps the most

consequential difference is a point that Salguero's work presents a book length illustration of: that, unlike the contemporary context in the U.S., Chinese communities would not have fully recognized bifurcated categories of 'religion' and the 'secular'-designated 'medicine', but would instead experience the repertoire items we would place under these classifications as inextricably bound together. (Salguero explains that even the phrase 'Buddhist medicine' (*foyi*) itself is anachronistic for the periods he analyses, not coming into use in China until the mid-twentieth century.)

What I am finding, however, is that it is on precisely this point that Salguero's application of ideas drawn from translation theory like domesticating and foreignizing strategies is most useful. Comparing the translators Salguero discusses to the leading psychotherapists participating in the activities I observe reveals that they similarly adjust their discursive strategies to better assimilate Buddhist-identified practices for the secular-designated spheres of science and medicine. For instance, in psychotherapists' now well-known constructions of mindfulness practices as psychotherapeutic techniques, clinicians vacillate between domesticating presentations in which they obscure mindfulness' Buddhist origins and foreignizing tactics in which they unveil those Buddhist origins to audiences more attracted to the notion of an ancient Asian religious practice.

Translating Buddhist Medicine in Medieval China is thus highly recommended. It provides important clarification to its specific subject matter, but will also prove a useful resource for scholars across disciplines. Not only will Buddhologists studying various time periods or geographies find its theoretical apparatus applicable to their own work, but so too other religious studies scholars interested in the role of healing practices in religious transmission generally, anthropologists interested in processes of cultural diffusion, and, of course, historians of medicine seeking to begin filling a gaping hole in understandings of the development of cross-cultural healing practices. The volume's interdisciplinary utility is likely a result of Salguero's own multi-disciplinary location.