

“Crosscultural Exchanges in Religion, Medicine, and Science”

Panel Organizer: C. Pierce Salguero

This panel will explore the role of Buddhism in the transmission and reception of medicine and science in the Chinese cultural sphere. Spanning a wide swath of time from the early Common Era to the present, the papers in this panel examine religious aspects of the transmission and reception of scientific and medical terminology, and cultural translation practices as they relate to exchanges between China and Vietnam, India, and the Modern West. While engaged with issues of theoretical importance for the interdisciplinary study of transculturalism, these papers seek to situate instances of medical and scientific exchange in specific historical persons, texts, and practices. Individual paper abstracts are presented below.

Medical Exchanges Between the Han and the Việt c. 300 BCE-1400 CE.

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Medically related exchanges were a regular part of the cultural currency between the Han Chinese and the Yüeh/Việt from at least the time of the creation of the medical manuscripts found at the Ma Wang Tui archaeological site to the end of the life of one of Vietnam's most famous healers-Tuệ Tĩnh 慧靖. This essay will present an overview of the formal exchange of medical texts and *Materia Medica* through the tributary relationship between China and Vietnam starting with the Warring States Period. It will go on to cover what is known about medically related interactions between the ethnic Việt and their Chinese overlords during the period of direct Chinese rule over the territory which is now northern Vietnam, 43 CE to 939 CE, focusing on religious figures and institutions as facilitating those interactions. The paper will then move to a discussion of the role of Buddhist monks in charity medical work during the early dynastic period. The essay will conclude with the poignant example of the Vietnamese Buddhist monk Tuệ Tĩnh 慧靖. At the time Tuệ Tĩnh (1330 to c. 1389) lived Vietnam was required to send tribute to China and when he was fifty-five years old Tuệ Tĩnh was arrested and sent to China with the tribute mission of 1385 as a gift to the Ming royal family. Tuệ Tĩnh had a very successful career in China and his second major medical treatises, the *Nam Dược Thần Hiệu* 南藥神效 (*Miraculous Drugs of the South*), was written while he lived at the Ming court. This work was designed to systematize the use of Vietnamese medicaments within the parameters of Chinese drug theory and to present and explain Vietnamese medicine to Chinese physicians at the Ming court. His career

can thus be considered a summation of the medical relationship between the Han and the Việt.

**Buddhist Medical Bilingualism:
Sanskrit Medical Terminology in Chinese Translation**

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The past two decades of Buddhist studies have seen an almost complete reevaluation of the historical relationship between Indian and Chinese Buddhism. As a consequence, the field has moved away from talking about the “transmission” of religion from India to China in order to explore new heuristics of syncretism, appropriation, and hybridity. A reassessment of the transmission of Indian medicine to China in light of this recent scholarship is overdue. This paper suggests that this reassessment should begin by paying attention to the cultural translation practices employed to render Indian medical doctrines in the Chinese language.

There is no doubt that the Chinese translation of Sanskrit medical terminology throughout the early medieval period was inconsistent. This so-called “confusion” has been understood as indicative of the failure of the Chinese to grasp or to transmit faithfully Indian medical concepts. However, I will argue that these differences actually reflect variable approaches to rendering Sanskrit in Chinese, and reveal translation strategies that often privileged cultural over linguistic translation. By glossing Indian medical terms (such as the *tridoa* theory of wind, phlegm, and bile) with normative Chinese medical language (such as yin and yang, the five phases, and the *zangfu* organ system), translators were able to convey the gist of Indian doctrine more accurately than they might have by providing literal translation.

I will suggest that attention to these cultural translation practices allows the historian to understand and reconcile the seemingly inconsistent medical terminology appearing in several major Six-Dynasties Buddhist treatises.

**Chinese Buddhist Strategies for Dealing with
Science and Scientism, 1919-1949**

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The first few decades of the 20th century witnessed radical changes in intellectual discourse in China. A dominant element of this change was the dissemination of modern science. The dogmatic discourse of materialist *scientism* also became popular among many iconoclastic thinkers. As major stakeholders in public discourses of truth and values in Republican China, Buddhist intellectuals were keenly aware of the challenges posed to their religion by modern science, as well as the supporters of scientism.

In this paper I shall examine some of the strategies by which Buddhists related their tradition to modern science. This paper will be divided into two parts: In the first part I shall talk about how Buddhists understood the term “*kexue* 科學 (science).” For example, in their construction of *kexue*, many Buddhists dealt specifically with materialism and its implications.

In the second part of the paper I shall discuss Chinese Buddhists’ attitudes towards *kexue*, paying particular attention to two dominant strategies they used in relating it and Buddhism. In the first, *kexue* is treated synonymously with technology, usually military technology. On these grounds *kexue* is identified as a cause of suffering and is thus rejected. The second strategy used was to discuss *kexue* as wholly present in, and subordinate to Buddhism.

This paper will contribute to our understanding of how one group of thinkers understood and reacted to modern science in China during the first half of the 20th century.