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*Translating Buddhist Medicine in Medieval China* is a most welcome and interesting study on the reception of medical ideas in medieval China. It examines how Chinese translator–authors understood and adapted Indian medical knowledge and how they explained it to their diverse audiences. A major aim of Pierce Salguero’s study is to imbed this intercultural communication in its relevant historical contexts. The chapter structure reflects well the main topics of the book: after an explanation of the transmission of Buddhist medical knowledge to and throughout China (chapter 1), Salguero highlights translation practices in medieval China (chapter 2), then focuses on the translation of medical texts (chapter 3), and, intriguingly, on the rewriting (chapter 4) and popularization (chapter 5) of Buddhist medicine in China.

The author adopts an interdisciplinary approach, employing both the study of systems (such as Buddhism) and the study of discourse, through his analysis of Chinese translation and transmission strategies. As he explains on p. 5, such an approach not only helps to clarify how foreign and local ideas and practices interacted and intermingled, but facilitates analysis of how Buddhist concepts were continually and situationally negotiated by historical actors. The historical perspective is especially interesting as it enhances our understanding of local contacts in China, revealing, on the one hand, that healing was an important mechanism through which Buddhism gained prominence outside of India, and, on the other, that translators actively attempted to adapt Indian ideas and practices to local cultural and social contexts in China.

Chapter 1 comprises two parts. It first addresses Chinese medical knowledge prior to the arrival of Buddhism, offering a brief but relevant outline
of religio-medical concepts (essential for a study on translation and transmission), and showing that a balance between the influence of spirits—or ancestors—and patterns of cosmic energy pervaded medical discourse at all levels of society. The second and major part of the first chapter discusses the introduction of Buddhist medicine to China. Here (p. 30), Salguero astutely draws attention to the Silk Roads that provided a network for cross-cultural contact. Still, he could have placed, perhaps, more emphasis on the peculiarities of such cross-cultural activities. While Buddhist texts, ideas, and practices did indeed travel over considerable distances, other contact, such as trade, was primarily (inter)local, meaning that many traders never trekked all the way from India to China.\(^1\) Texts—whether written, memorized, or oral—did travel, however, and these testify to the considerable efforts some people made to carry Buddhist ideas and practices to China and then make them available to translators. Although Salguero certainly identifies these efforts, the reader is left wondering how the monks travelled. How did they move from one town to the next? Who were their travelling companions? How did they sustain themselves before, during, and after their journeys? These transmitters of knowledge were few in number (Salguero estimates their total number at 117 on p. 32), but their impact was huge. Moreover, that impact was not only “Buddhist.” As Salguero points out (p. 33), not all of the knowledge to be found in Buddhist literature can or should be classified as specifically Buddhist or even religious. Still, it was through the efforts of the transmitters and translators of these Buddhist texts that the Chinese public gained its first experience of Indian knowledge. Once introduced to China, a wealth of western ideas and practices on healing started to merge with numerous strands of traditional Chinese knowledge.

Chapter 2 focuses on the role of human agency in the translation process. Again, cross-cultural contacts along the Silk Roads, including the maritime routes, are highlighted. As Salguero pointedly remarks (p. 51), the translations were done by people with cosmopolitan views who were able to discuss the strategies that were required to transfer knowledge from India to China. Multiple translation techniques, even within a single text, can therefore be seen as ways of negotiation between two different cultural-linguistic systems, rather than dismissed as inconsistencies. This approach encourages the exploration of social and cultural choices in specific historical contexts. Accuracy in (word-for-word) translation is thus no longer the focus. Instead, the translators’ creative agency becomes the main issue: why and when did they transliterate, use Chinese neologisms, or employ familiar Chinese terms? Salguero argues that these choices were

\(^1\) For a detailed discussion, see Valerie Hansen’s *The Silk Road: A New History*, New York: Oxford University Press, 2012.
not made at random, but rather were essential elements in the process of building conceptual bridges between Indian and Chinese medical knowledge. As he puts it (pp. 64–65): “Buddhism’s perceived Indianness was simultaneously a limitation and an asset that translators worked both to overcome and to capitalize upon.” The Chinese translators displayed their legitimacy by using both culturally acceptable language and more exotic terminology that testified to the powerful wisdom of Indian knowledge.

Chapter 3 exemplifies the choices discussed in chapter 2, and attempts to identify some long-term patterns. Although Salguero’s text certainly does not provide the last word on these patterns, the examples he presents are inspiring, and offer some new insights. On the basis of representative textual material, he analyzes the Chinese translations of five “conceptual” metaphors that structured the way in which medicine was discussed: the body as a collection of parts; health and disease as reward and retribution; the dharma as medicine; deities as healers; and healing as an occult power. To give one example: when discussing health and disease as reward and retribution, and thus when discussing the impact of karma, translators of embryological treatises (which discussed conception and fetal development) typically employed numerous transliterations and calques (neologisms that were literal translations of Indian terms). They also used Indian models of anatomy and physiology repeatedly. Their audience was mainly interested in ascetic values. In contrast, when addressing non-ascetic audiences—readers who were concerned primarily with the cultivation of merit—translators employed a much more familiar and accessible (Chinese) lexicon. These two examples neatly illustrate the extent to which the translators took their intended audiences and the goals of their texts into account before embarking on their projects. However, although they are quite revealing, neither they nor the other examples presented in chapter 3 provide firm answers to all of the questions relating to the various strategies discussed in the preceding chapter. In this sense, the book perhaps promises more than it is able to deliver. Nevertheless, analysis of Salguero’s examples generates some intriguing new hypotheses that are ripe for further exploration.

Of course, transmission of knowledge involves more than mere translation. It also entails sustained efforts to explain the newly acquired knowledge in texts such as manuals, commentaries, and reference works. Chapter 4 focuses on this aspect of transmission—the rewriting of knowledge. As with the translation projects, various strategies can be discerned, often in response to the contexts in which the authors operated. Salguero points to an especially interesting shift that occurred between the sixth and the eighth centuries. In the earlier period, Chinese writers tried to explain Buddhist medical concepts in indigenous Chinese terms in an attempt to highlight the compatibility of Indian medical thought with traditional Chi-
nese concepts. Later writers, by contrast, preferred to use more technical Indian terminology, placing far less stress on the supposed links between Indian and Chinese knowledge. In the earlier period—when the Chinese empire was undergoing a process of reunification—the Chinese authors’ primary goal was to make Indian knowledge acceptable to the Chinese elite, and they were careful to avoid anything that might lead to accusations of conveying a subversive political message. By the eighth century, however, in the united empire of the Tang dynasty, the socio-political context had changed significantly, and many members of the Chinese elite were well acquainted with Indian culture. As a consequence, demand for Indian medicines and cures had increased. This opened new opportunities to underscore the particular benefits of Indian knowledge, and to demonstrate one’s personal relationship to it. The chapter’s analysis of the rewriting of medical ideas, closely embedded in the relevant historical context, provides several fascinating insights and new perspectives on the transmission of concepts from India to China. Although Salguero’s study is too brief to be exhaustive, the examples he provides generate a number of interesting new angles for future research.

This is also the case for chapter 5, where the author concentrates on the popularization of Indian medical knowledge. Salguero introduces another corpus of Chinese texts—a series of popular narratives aimed at common people living everyday lives. The authors of these narratives pieced together both familiar and novel ideas to illustrate the usefulness of Buddhist practices for diverse audiences that were drawn from every sector of society. As a by-product of this process, the authors succeeded in strengthening the status of the Chinese monastic community. Salguero argues that these popular texts often employed the same metaphors discussed in chapter 3, but also combined them with numerous healing stories from a wide variety of “rival writing” (p. 123). Indeed, sharp rivalry between individual healers and even whole traditions is frequently evident, which testifies to the rich, but also highly competitive, religious landscape in medieval China.

In sum, Translating Buddhist Medicine in Medieval China offers a broad and nuanced account of how medical knowledge was transferred from India to China. The historical perspective highlighted in this work is particularly interesting and generates several intriguing new hypotheses. Inevitably, though, given the brevity of the text, Salguero can only partially explore these new avenues. In this sense, the work constitutes a comprehensive outline of contextualized medical translation and transmission techniques, but fails to provide a detailed analysis of any particular aspect. Notwithstanding this slight reservation, Salguero’s study is certainly most welcome, and it will undoubtedly prove to be a source of inspiration for many readers and researchers interested in Chinese medical knowledge.