The Ritualization of Charity: State Welfare and Buddhist Healing in Ancient Japan

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Abstract: This paper examines the relationships between Buddhism, rulership, and healing in eighth-century Japan through a study of charitable welfare practices performed by the Tenpyō 天平 era (729–767) court. Attempts at state-sponsored medical aid in times of epidemic crisis reveal how charitable giving came to function as a ritually powerful act that could quiet calamity in the realm, heal the body of the ruler, and advance the karmic salvation of all beings. The early Japanese court consumed Buddhist texts that extolled charity towards the sick as the greatest of all 'merit fields' (*fukuden* 福田), inspiring novel welfare institutions, the Seyaku-in 施薬院 and the Hiden-in 悲田院, that were premised on the distribution of medicine from Buddhist temples. Through a study of the movement and consumption of material medicines, we see that rulers of the early Japanese state relied on the expertise of monastic personnel to achieve their charitable goals. Far from merely dominating Buddhist ideology in pursuit of political legitimacy, rulers collaborated with temple institutions to construct jointly managed welfare systems that could both heal the sick and transform the cosmos.

Keywords: Ancient Japan, Buddhism and the state, Buddhist medicine, Buddhist social welfare

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During the rapid transformation of the fledgling eighth-century Japanese state into a Chinese-style polity, rulers of the early administrative imperium inherited a Classical Chinese culture of rulership that required kingly attention to the bodily health of the kingdom. Disease, famine, and natural disaster were of immediate importance to a ruler—the condition of the realm was imagined to be a direct reflection of the conduct and virtue of the king's administration. A kingdom in chaos implied a court in chaos; disaster indicated that the king had failed to rule properly. The ability to aid in times of calamity, therefore, was part of the very definition of a king.[1]

As a result, attempts at state-funded welfare feature prominently in sources produced by the Japanese imperial court during the Nara Period (710–794). This paper will examine imperial edicts, Buddhist texts, and bureaucratic records regarding epidemic disease and the distribution of medicine to the populace to explore how ideals of generosity linked the early state with Buddhist temples during the long Tenpyō 天平 era (729–767).[2] By doing so, I will demonstrate how charitable welfare was seen by literate elites as an essential feature of early empire, a trend that inspired the foundation of novel relief institutions premised on Buddhist logics of generous giving.

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[1] This collection of ideas surrounding the ritual ordering of the realm around the personage of the ruler is often discussed under the rubric of 'Confucianism'. However, many scholars resist the usage of this term due to the instability of the tradition's connection to the person of Confucius (Kongzi 孔子) as well as its lack of unified orthodoxy over time, sometimes choosing to leave the term untranslated as *ru* 儒. See Csikszentmihalyi, *Material Virtue*, 15–16, Duthie, *Man'yōshū*, 23, and Kern, 'Reviewed Work'. Acknowledging these criticisms, I will use the term 'Confucian' sparingly to refer simply to a tradition of ritual rulership and bureaucratic systems that drew from a range of classical Chinese texts associated to varying degrees with a historical and legendary Confucius.

[2] This period is divided in five era names, all of which include the characters 'Tenpyō' 天平: Tenpyō 天平 (729–749), Tenpyō-Kanpō 天平感宝 (749), Tenpyō-Shōhō 天平勝宝 (749–757), Tenpyō-Hōji 天平宝字 (757–765), and Tenpyō-Jingo 天平神護 (765–767).

Scholarly attention to this period of Japanese history has placed particular importance on the role of religion in the legitimization of early imperial authority. Joan Piggott has characterized the Tenpyō-era reigns of Emperor Shōmu 聖武天皇 (701–756, r. 724–749), his consort Empress Kōmyō 光明皇后 (701–760), and their daughter Empress Regnant Kōken 孝謙天皇/Shōtoku 称徳天皇 (718–770, r. 749–758 as Kōken, r. 764–770 as Shōtoku) as a time of innovation responding to crises of dynastic control. As memory of the dynasty's founder, Emperor Tenmu 天武天皇 (r. 673–686) faded away, Shōmu's court turned to new Buddhist modes of legitimation. The 730s and 740s saw the development of a 'theater state'; the emperor was presented as the ritual leader of a nationwide Buddhist cult that linked ruler and realm under the Mahayana Buddhist framework of *chishiki* 知識, an imagined 'soteriological community' performing good works for the salvation of all beings.[3] In a similar vein, Herman Ooms has argued that the strategic deployment of symbolic vocabularies drawn from yin-yang and Daoist sources were also integral to the consolidation of centralized power in the seventh and eighth centuries. Tenmu and his successors manipulated 'supernatural symbolics', including omens, mythologies, genealogies, and enchanted spaces, to 'provide their exercise of power with an otherworldly cachet'.[4]

In this paper, I hope to add further texture to this narrative of Buddhist empire building, showing how state interest in disaster aid and medical administration put a spotlight on charity as a feature of statecraft. I will argue that the imposition of royal generosity on distant territories was essential to the early Japanese state's performance

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[3] Piggott, *Japanese Kingship*, 237–38. Piggot's chapter on the reign of Emperor Shōmu (236–79) remains an indispensable reference for anyone interested in the period. Suzuki, *Medicine Master*, 7–27 also describes an expanding Buddhist cult of state, in which formerly private worship of Yakushi Nyorai 薬師如来, the Medicine Master Buddha, gained a public character during the Tenpyō period as rituals came to seek not only individual healing but also healing of an imagined empire.

[4] Ooms, *Imperial Politics*, xvii, 209.

of empire. That is, the imperial center condescendingly claimed authority over its provinces by claiming the right to *give*. While most scholarship on this period begins from the assumption that state formation was a process of forceful extraction of labor and goods from a dominated populace, I instead wish to emphasize how conspicuous generosity was just as important to the consolidation of empire as the centripetal syphoning of resources. Empire was, in a phrase, give-and-take.

However, I also hope to broaden our vision of religion and kingship to areas beyond the projection of central power. I will argue that, in addition to their contributions to eighth-century political theater, early systems of state welfare reveal how the court was itself a consumer of religious currents that demanded proper ritual action. Attempts to provide medical aid to the realm during illnesses of the emperor clearly articulate a fusion of Buddhist and Confucian ideas of the body that linked the health of the ruler to the health of the kingdom. Aid to the populace was not only a performative display but also a highly personal quest for healing within the imperial family. Furthermore, literate elites of the Tenpyō period were well read in Buddhist texts that extolled the value of charity as a primary mode of salvation, providing karmic impetus for the creation of new aid-giving institutions. Finally, the material requirements of medical care bound the centralized state to Buddhist temples within jointly managed systems of caregiving. Handling the rare and often foreign substances necessary for Chinese-style medical practice required specialist expertise held primarily by monks, causing the state to work with and through Buddhist institutions to achieve its charitable goals. By emphasizing these aspects of the court's relationship with Buddhism and medicine, we begin to see how rulers were not always in complete control of their ritual world. In the face of widespread epidemic disease and realm-wide suffering, the image of the emperor as a cunning strategist deftly manipulating religion in service of political control gives way to a far more vulnerable figure struggling to put out the fires of calamity while attempting to preserve their own life and post-mortem future.

Furthermore, focusing our discussion on medicine allows us to see how materiality and the movement of objects is an essential but

frequently overlooked aspect of statehood. Scholarship on empire in East Asia often emphasizes the power of texts to construct and bind together an imaginary polity centered on a ruler and his court. Writing on early rulership in China, Mark Edward Lewis has explained that 'the Chinese empire, including its artistic and religious versions, was based on an imaginary realm created within texts'.[5] This statement also holds true for Japan, where even more so than early China the authority of the infant centralized state apparatus was ever precarious; the state was actualized only in its repeated public performance of itself. In this sense, both the ruler and the ruled were created and defined through repetitive textual performance, both in verbal form as public edicts and written form as historical annals, legal codes, and census documents.[6] However, this attention to the textual construction of empire can sometimes accidentally imply that the state *only* existed in the form of text. In this paper I also wish to emphasize how empire was not only constituted from rhetorical imaginaries but also from patterns of material movement necessitated by the physical realities of objects.[7] In this sense, political ideology is always material—the state exists where it is *doing things* with *things*. In early Japan, objects and their transportation were essential to the functions of government, and these objects in motion required people to manage them. This paper is a reminder that there is always an administrative aspect to the organization of material things, and therefore the study of the movement, consumption, and storage of objects can and should inform our understanding of ancient statehood.

The limited scope of this paper will prohibit me from satisfactorily addressing every topical aspect of Buddhism and medicine in early Japan. I will focus my attention on court-sponsored charitable

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[5] Lewis, *Writing and Authority*, 4.

[6] Torquil Duthie has shown that Japanese statemen (and their neighbors on the Korean peninsula) deployed images of Japan as an imperial center apart from China for their own political purposes. See Duthie, *Man'yōshū*, 15–56.

[7] My choice of vocabulary is indebted to leaders of the so-called 'material turn' in religious studies. Schopen, *Bones, Stones*, 1–22 remains a concise clarion call for the use of material culture to challenge historical narratives based on text.

activities, and this paper will sadly not serve as an overview of ancient Japanese Buddhist healing. I am indebted to scholars such as Pierce Salguero, Andrew Macomber, and Katja Triplett, who have produced highly accessible overviews of the major topics in Japanese Buddhist medical history.[8] Additionally, a recent translation of Sakai Shizu's seminal work on Japanese medicine now provides English readers with a birds-eye chronological narrative of healing in Japan that spans from the ancient period to the modern era.[9] These scholars have done foundational work addressing the methodological challenges in the field, including the multi-stage processes of translation that enabled the movement of medical culture across Asia, the necessity of bracketing our analytic categories when describing therapeutic techniques that combine ritual and physical healing practices, and the teleological biases resulting from viewing premodern treatments through modern scientific lenses.

Thanks to these scholars and others, we now know that premodern Japanese medical practices were highly diverse.[10] Doctors and monks alike drew from a therapeutic vocabulary that deployed both ritual and pharmacological methods. Healing in early Japan tended to be inclusive rather than exclusionary; multiple etiological paradigms were often invoked simultaneously, with explanations for disease including karmic illness, spirit possession, five phases theory, and divine wrath. In this paper we will see a similar trend—state bureaucrats regularly allied with Buddhist monks to produce mixed programs of ritual and medicinal healing for the benefit of both the imperial court and the populace at large. I hope to show how these

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[8] See, for example, Salguero, 'Buddhism & Medicine in East Asia', Macomber, 'Buddhism and Medicine in Premodern Japan', and Triplett, 'Buddhism and Medicine: A Topical Survey'.

[9] Sakai, *Tales of Plague*, which is a new English translation of *idem*, *Yamai ga kataru*.

[10] Additional works in English dealing directly with Buddhism and healing in premodern Japan include, Goble, *Confluences of Medicine*, Winfield, 'Curing with Kaji', Kleine, 'Buddhist Monks as Healers', and Drott, 'Gods, Buddhas, and Organs', among many others.

healing activities were integrated into the still developing governmental systems of the early state, demonstrating how specialized Buddhist medical knowledge was essential to the project of rulership.

The Right and Responsibility to Give

In the creation of Japan's first centralized administrative polity, known to scholars as the Ritsuryō 律令 State, eighth-century elites endeavored to adopt continental models of government known from classical Chinese sources.[11] In doing so, these early statesmen encountered a demand for a bureaucracy capable of distributing medicine to the populace.[12] Attempts to construct medical infrastructure, which required specialized therapeutic and material knowledge, the production and transportation of physical resources, and a literate bureaucracy capable of managing the entire affair, were a key component of idealized continental-style government. This grand gesture towards centralized welfare is well documented in records of imperial edicts, legal codes, and Buddhist temple documents, indicating that it was an issue of critical importance to the architects of the early Japanese state.

An imperial edict dating to 726 during the reign of Emperor Shōmu captures the confluence of political and humanitarian ideals that characterized early Tenpyō-era approaches to centralized welfare aid:

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[11] The term *ritsuryō* designates a continental model for bureaucratic government based on a penal code (*ritsu* 律) and an administrative code (*ryō* 令). Japan began the process of codifying government along these two axes as early as 668 with the now lost *Ōmi ryō* 近江令, but this ideal of government did not take full form until the *Taihō ritsuryō* 大宝律令 of 701. Our best extant source for the structure and function of this bureaucracy is the *Yōrō ritsuryō* 養老律令 of 718, discussed in more detail below.

[12] The *Yōrō Ritsuryō* law code, for example, contains a section titled 'The Laws of Medicine' (*Ishitsu-ryō* 医疾令) that is known to be heavily indebted to Tang and pre-Tang Chinese law codes. See Maruyama, *Nihon kodai iryō*, 1–40 for an in-depth comparison of early Japanese law codes and surviving Chinese bureaucratic sources.

> The populace has sunk into epidemics that have not abated for many years. They become deeply sick and suffer day and night. I, the emperor, am a father and mother to the people—how could I not take pity on them? Doctors and medicine shall be sent to the left and right capital, the four nearby provinces, and the six roadways. This will save the people and attain peace. According to the severity of the epidemic's effects, grain should be distributed to the needy as well. 夫百姓或染沈痼病, 経年未愈. 或亦得重病, 昼夜辛苦. 朕為父母, 何不憐愍. 宜遣医薬於左右京, 四畿及六道諸国. 救療此類, 咸得安寧. 依病軽重, 賜穀振恤.[13]

This passage is a good springboard to discuss numerous aspects of bureaucratic attempts at centralized medical administration. It highlights the importance placed on disease response within the upper echelons of the Ritsuryō polity as well as a pretention to the ability to supply doctors, medicine, and grain to the provinces from a political center, all framed by Confucian-tinted metaphors of filiality and realm-wide peace.

Shōmu's edict is premised on the presence of widespread disease, and our available data shows that this was not a fiction: epidemic disease was indeed as frequent and damaging in the early eighth century as this edict suggests. This passage comes from the *Shoku Nihongi* 続日本紀 [Continued Chronicles of Japan], a lengthy court annal styled after Chinese dynastic histories presented to the throne in its final form in 797.[14] In addition to its uses for understanding imperial ideology, the *Shoku Nihongi* also happens to be our best source for understanding the cycle of epidemics that ravaged the eighth-century Japanese archipelago. It contains numerous reports of plague that appear from the very start of the text's narrative, allowing us a

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[13] Jinki 神亀 3.6.14, *Shoku Nihongi* 2, 168–69. All translations in this paper are my own.

[14] For an overview of the compilation process of the *Shoku Nihongi*, see Sakamoto, *Six National Histories*, 90–96 for the multi-step process of composition for the text. The *Shoku Nihongi* has been translated in its entirety by Ross Bender, now compiled into a single volume as Bender, *Shoku Nihongi*.

window into the nature of disease and patterns of calamity response.

Research by Morimoto Kōsei has revealed that from the beginning of the *Shoku Nihongi*'s narrative in 697 to the date of Shōmu's 726 edict quoted above, no fewer than thirty entries noting a provincial epidemic and centralized state response were recorded.[15] Furthermore, rather than concentrating on a small number of terrible plague years, the entries are spread out almost evenly across the period, with one or two per year for every year except the period of 711 to 716. The provinces listed from year to year as well as within each year are widely geographically separated, indicating that the repeated epidemic reports are not a single outbreak that lingered and spread over time. While population figures are spotty for the ancient period, mortality during these epidemic cycles is estimated to be extremely high. In his study of the massive smallpox epidemic that tore through the Japanese archipelago in 735–737, William Wayne Farris has argued that mortality across the archipelago during the span of this single epidemic wave may have been as high as twenty-five to thirty-five percent of the overall population.[16] The 735 epidemic is, of course, an abnormal case, significant for both the high quality of documentation available to scholars and its overwhelming mortality estimates that rival those of the Black Death in Europe. However, even if these numbers are overestimated, it is abundantly clear that epidemic disease in early Japan was socially disruptive.[17]

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[15] Morimoto, 'Nara Jidai', 8–10 charts each instance of epidemic in the first thirty years of the *Shoku Nihongi*'s narrative.

[16] See Farris, *Population, Disease, and Land*, 64–69. Farris bases his estimates on records of uncollected rice loans. By comparing the frequency of loan defaults due to the death of the borrower during this period to surrounding years when no epidemic occurred, it is possible to estimate the rate of abnormal death due to the sudden outbreak of disease.

[17] The disease seems to have struck the working adult population hard, suggesting that adults in Japan had no immunity to it. This pattern of once-per-generation non-endemic plague, in which the disease swept through about every thirty years when a population had developed that had not experienced the disease in childhood, was first suggested by McNeil, *Plagues and Peoples*.

These repeated catastrophes could not be ignored by the early imperial court. Almost every instance of epidemic listed in the *Shoku Nihongi* is accompanied by a short statement of immediate government response: '~Province had an epidemic. Doctors and medicine were provided to save/aid/heal them'.[18] The structure and style of these entries are highly formulaic, consisting of a simple and terse statement noting the province that reported the epidemic and the provisioning of medicine and doctors by the state. Records of state response to epidemics occur with nearly identical language throughout the entirety of the *Shoku Nihongi*'s narrative, though with slightly less consistency for later sections, with the last of such entries occurring in 791.[19] The consistency of these entries indicates that tracking epidemics and recording the benevolent response of the ruler was a topic of great importance to the early imperial court. Epidemics were a perfect opportunity for the emperor to display public benevolence to his subjects via new technologies of bureaucratic medical infrastructure. The presence of these passages illustrates how the ability of the king to provide immediate medical aid to his people during times of crisis was imagined as an essential component to ideal rulership and a kingly virtue worthy of frequent illustration.

Shōmu and his court did not invent this practice. Multiple sources of evidence indicate that government aid distribution was performed from the beginnings of the Tenmu dynasty. The *Nihon shoki* 日本書紀 [Chronicles of Japan], presented to the throne in 720, contains two entries during the reign of Emperor Tenmu that directly reference welfare-style giving to the poor. For example, we are told that in 679, the emperor gave an edict, declaring: 'We shall offer great grace from on high and give to the poor by providing for

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[18] The term used to describe these epidemics is always the same: *eyami/eki* 疫. There are few details from this early period that allow us to identify the diseases faced by the early Japanese with modern terminology, but smallpox, measles, influenza, mumps, and dysentery have been suggested as the most likely, see Farris, 'Diseases of the Premodern Period in Japan', 377.

[19] Enryaku 10.5.6, *Shoku Nihongi* 5, 498–99.

their hunger and cold' (降大恩恤貧乏, 以給其飢寒).[20] A similar edict seen in 680 includes monastics together with the poor as recipients of aid, stating 'We shall give to the poor monks and nuns in the various temples and provide relief (*shingō* 賑給) to the populace within the capital' (恤京内諸寺貧乏僧尼及百姓而賑給之).[21] These early textual records are further backed up by archaeological evidence. A wooden tablet (*mokkan* 木簡) discovered from the Asukaike 飛鳥池 ruins site contains a bureaucratic note that states: 'Fifth month, twenty-eighth day: Gave one large sack to the starving. // Sixth month, seventh day: Gave out two sacks to the starving. Recipient was the monk Dōshō 道性, who gave one sack to the women' (又五月廿八日飢者賜大俵一. 六月七日飢者下俵二, 受者道性女人賜一俵).[22] While this *mokkan* bears no indication of the year, other discoveries unearthed from the same area of the excavation site have been dated to 670, 676, and 677.[23] This combined textual and archaeological evidence indicates that the courts of Shōmu and Kōken drew inspiration for their deployment of crisis aid from longstanding practices of rulership that originated from the earliest period of Chinese-style rule in Japan.[24]

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[20] Tenmu 8.2, *Nihon shoki* 29, 386–87.

[21] Tenmu 9.10, *Nihon shoki* 29, 400–01.

[22] Transcribed and analyzed in Katsuura, 'Bukkyō shakai kyūsai katsudō', 43. It is significant that a Buddhist monk mediated the distribution of welfare aid, discussed further below. This *mokkan* was excavated from the south-eastern portion of the former Asukadera's grounds, near the site of a meditation hall thought to be founded by the eminent seventh-century monk Dōshō 道昭 (629–700).

[23] Katsuura Noriko has noted that the *Nihon shoki* records that harvests failed due to drought in the fifth month of 676 (Tenmu 5.5) and that sutras were read at Asukadera in 677 (Tenmu 6) to alleviate drought, and it is therefore probable that this starvation relief *mokkan* comes from this 676–677 period.

[24] Precedents for such practices existed in China across multiple historical periods, and Japanese monarchs undoubtedly drew direct inspiration from the continent. Chinese antecedents is a topic too broad to address directly here, but Katsuura, 'Bukkyō shakai kyūsai katsudō', 46–48 gives a summary of Tang sources that likely influenced eighth-century Japanese rulers' approach to bureaucratically organized welfare.

The doling of resources to the suffering populace was also given official recognition in the eighth-century *ritsuryō* legal codes, Chinese-style compendiums meant to regulate court protocol and the machinery of state.[25] The *Yōrō ritsuryo* 養老律令, a massive legal compilation crafted in 718 under the leadership of the influential statesman Fujiwara no Fuhito 藤原不比等 (659–720), contains procedures for crisis relief applications:

> Laws of the Households, 45: In the event of flood, drought, disaster, or insect plague that causes the harvest to be unfruitful, if grain is short and crisis relief (*shingō* 賑給) is necessary, the provincial governor shall investigate the reality of the situation. Then they shall apply to the Council of State, who will submit the request to the emperor for approval. 凡遭水旱災蝗, 不熟之処, 少粮応須賑給者, 国郡検実, 預申太政官奏聞.[26]

This entry in the *Yōrō ritsuryō* sets the standard for a form of crisis relief called *shingō* 賑給 ('prosperity provisioning'). According to the law, provincial governors could submit a written application to the central court requesting aid to alleviate the suffering of the populace caused by natural disasters. The petition was forwarded to the emperor himself, as it was solely the prerogative of the personage of

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[25] Much of the Japanese *ritsuryō* legal code is known to be a close replication of equivalent Tang and pre-Tang Chinese law codes. However, the relationship between the two is obfuscated by problems of incomplete sources. For Tang China, the penal code (律) is extant but the administrative code (令) is lost. For Nara period Japan, the administrative code is extant, but the penal code is mostly lost. The Tang administrative code has been painstakingly reconstructed and published as *Tōrei Shūi* (Niida, ed.). The reconstructed Japanese administrative code is published as *Ritsuryō* (Inoue et al., ed.).

[26] *Koryō* 戸令 45 ('Laws of Households') in *Ritsuryō*, vol. 4: 239. Discussed in Nojiri, 'Ritsuryō sei', 35. The *Yōrō ritsuryō* was not promulgated as law until it was revived in 757 by Fuhito's grandson Fujiwara no Nakamarō. However, a similar provision regarding crisis relief is thought to have existed in the earlier *Taihō ritsuryō*, which today only exists in fragmentary reconstructed form.

the ruler to benevolently bestow crisis relief to his subjects. Following approval from the emperor, the court would then dispatch a crisis relief official (*shingō-shi* 賑給使). This official would travel to the province in question to judge the request for resources, as fraudulent applications seemed to have been a concern, after which grain and other supplies would be released to the people.[27]

We can see, therefore, that Tenpyō-era rulers inherited a model of kingly virtue that included both the right and the responsibility to give. The task of providing for a suffering populace was a burden that weighed on the shoulders of the emperor, but it also engaged the central court and the distant provinces in a mutually beneficial relationship of giving. At a time when the authority of the centralized state over its territories was often tenuous and incomplete, the power to give was inextricably bound up with the claim to empire. This claim was performative and sometimes unilateral; the central court's imaginary projection of a populace in need located across the geographic expanse of the Japanese archipelago necessarily envisioned a wide-spanning realm indebted to the king's benevolent generosity.

Many Japanese scholars tend to frame the practice of *shingō* as a mask for political domination.[28] It is seen as a strategic carrot hiding the stick of violence that allowed for the forceful extraction of resources from the provinces for the benefit of court elites in the capital. While it is undoubtedly true that centralized systems of population surveillance accompanied the distribution of disaster relief and accomplished this coercive function, I would suggest that

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[27] The grain used for crisis relief was primarily located in storehouses in the provinces themselves rather than in the capital, see Farris, *Population, Disease, and Land*, 65. Crisis relief grain was collected as part of the standard tax burden under the designation of 'immovable grain' (*fudō-koku* 不動穀). 'Immovable' was in contrast with 'moveable' grain which was physically sent to the capital as tax payment. Notably, the text of this entry in the *koryō ritsuryō* does not explicitly mention medicine, even though most instances of *shingō* in the *Shoku Nihongi* specify a medical component.

[28] See for example Nojiri, 'Ritsuryō sei', Terauchi, 'Ritsuryō sei shihai', and Takai, 'Shingō no seido'.

this was not their only, or even primary goal. Rather, as we will see below, repeated royal edicts responding to epidemics and the real bureaucratic movement of people and resources they entailed were also a ritual act performed with the hope of quelling cosmic disorder and halting disease, both in the provinces and in the inner court itself.

Saving the People to Save the King

Although Shōmu's 726 edict sought to 'save the people and attain peace', government relief in times of crisis was not for the sake of the suffering masses alone. The persistent presence of epidemics was a fundamental problem for the eighth-century court, not only because of the massive disruption of labor caused by disease but also because such chaos in the realm implied a failure of rulership. Another edict by Shōmu, recorded in the *Shoku Nihongi* for the year 737 at the height of the great smallpox epidemic, directly suggests the culpability of the ruler for calamity in the realm:

> Since the fourth month, there has been both plague and drought, and the seeds in the fields have dried and withered. Because of this, we have prayed to the mountains and rivers, and made offerings to the kami of heaven and earth, but we have received no sign of their power. Now we have come to suffer even more. *Truly, I [the emperor] have caused this disaster through my own lack of virtue*. I wish to spread my benevolence to save the people from their suffering....We shall provide crisis relief (*shingō* 賑給) to all who cannot provide for themselves—the elderly, widowers and widows, orphans and the childless, the monks and nuns, and men and women of the capital who have become ill. 四月以来, 疫旱並行田苗燋萎. 由是, 祈祷山川, 奠祭神祇, 未得効験. 至今猶苦. 朕以不徳, 実致茲災. 思布寛仁, 以救民患.... 高年之徒, 鰥寡惸独, 及京内僧尼男女, 臥疾不能自存者, 量加賑給.[29]

[29] Tenpyō 9.5.19, *Shoku Nihongi* 2, 320–23. Italics added. We are also told that 'the provinces and districts must carefully report any wrongful imprison-

This passage directly links epidemics in the kingdom to the lack of virtue of the king. After ruling out offerings to the local deities as a potential solution, it is explained that poor administration had destabilized the realm as the cosmos resonated negatively with the ruler's failures.[30] This admission put the legitimacy of the emperor in jeopardy but also provided an opportunity to demonstrate the opposite, turning guilt on its head by transforming it into a vehicle for displaying the deep benevolence of an ideal king. Through proper ritualized response to an unbalanced realm, the ruler could rectify personal and administrative mistakes and thereby expel disease from the kingdom.

This overt performance of goodness was not just a question of saving face vis-a-vis courtly and provincial subjects. Rather, public displays of royal magnanimity were a cosmic force that was thought to be essential for curbing the epidemics and, indeed, healing the ruler himself. The power of ritualized royal charity to enact direct change in the world became frequently invoked as Emperor Shōmu's personal health declined. For example, less than a year before

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ments', 'cover any exposed bones and bury any rotting corpses', and 'prohibit drinking and stop the slaughter of animals'. The righting of wrongful imprisonments can be seen as another form of Confucian ritual balancing of the realm. The burying of bones and corpses speak to the development of roadside pacification rituals, see Como, 'Onmyōji', 43–62 on urbanization, roads, and the unpacified dead. The prohibition of alcohol and the slaughter of animals is an imitation on a realm-wide scale of the five lay Buddhist precepts (*gokai* 五戒) that prohibit killing, stealing, debauchery, false speech, and drinking alcohol. See MacBain, 'Precepts and Performances', 120–76 for the reception of the Buddhist precepts in eighth-century Japan.

[30] Local deities were also a potential source of disease, see Kleine, 'Buddhist Monks as Healers', 13–38. Borrowing from Rosner, *Medizingeschichte*, Kleine calls early Japanese medicine 'demonological'. This term is somewhat misleading however, as ancient kami were seen to be both the cause of disease and protectors from disease if placated properly. A well-known example the dual nature of disease deities in Japan is Gozu Tenno and the Gion Matsuri, see McMullin, 'On Placating the Gods', 270–93.

Shōmu's death, the *Shoku Nihongi* records that his daughter, now Empress Kōken, delivered the following edict:

> Over the past days, the retired emperor [Shōmu] has felt unwell in bed and his sleeping and eating have been poor. I secretly think about this and feel deep pity. The only method to save him from illness lies in compassionate giving. For extending life, nothing rivals saving others from suffering. Therefore, a great amnesty shall be held throughout the realm....Additional aid, as well as boiled medicines, will be provided for those who cannot care for themselves—widowers and widows, orphans and the childless, the poor, and the elderly.
> 比日之間, 太上天皇, 枕席不安, 寢膳乖宜. 朕窃念茲, 情深惻隠. 其救病之方, 唯在施恵. 延命之要, 莫若済苦. 宜大赦天下.... 鰥寡惸独, 貧窮老疾, 不能自存者, 量加賑恤.[31]

A similar edict is delivered by Kōken six-months later in 756 that declares amnesties for criminals and medicinal welfare for the helpless after explaining the logic of this benevolence: 'For dispelling disaster and attaining fortune, there is nothing better than benevolent rule. Salvation from illness and extension of life truly stems from virtuous governance' (銷災致福, 莫如仁風. 救病延年, 実資徳政).[32]

These edicts make explicit a logic of bodily health that linked the ruler to the realm. Poor administration caused calamity in the provinces, and the ruler's body resonated with the body of his kingdom. Healing the populace of their own ills and suffering could right the wrongs of the ruler's body, potentially saving him from disease and death. Kōken's routinized distribution of food and medicine to the people can therefore be seen as an essential piece of a ritual healing program following established protocol on behalf of Shōmu.

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[31] Tenpyō-Shōhō 7.10.21, *Shoku Nihongi* 3, 154–55.

[32] Tenpyō-Shōhō 8.4.14, *Shoku Nihongi* 3, 156–59. This edict continues with an identical call for judicial amnesties and welfare aid: 'Therefore, a great amnesty should be held throughout the realm...Additional aid will be provided for those who cannot care for themselves—widowers and widows, orphans and the childless, the poor, and the elderly'.

While such public welfare activities certainly contributed to legitimizing narratives for the ruler's command of authority, this was clearly not their only function. Rather than demonstrations of absolute power, *shingō* and other attempts at crisis relief should be seen as acts of desperation at a time when the emperor was most vulnerable. Heaven's displeasure and the resulting epidemic calamities threatened more than the legitimacy of the ruling house: the lives of the emperor and even the entire court were at stake.[33] By analyzing crisis relief as a ritual act rather than a demonstration of dominance, it is possible to interpret the imperial court's practice of yearly welfare as a routinized performance of ritual power meant to transform the cosmos and dispel disease from the court in general and the emperor in particular. Seen in this light, repeated public demonstrations of charity and the accompanying legalistic protocol should be understood as royal participation in a Buddho-Confucian ritual mode that sought to right the wrongs of the realm and thereby save the emperor and the people from illness.

Healing and Merit Making: The Impact of *Fukuden* Thought

Kōken's 755–756 edicts declaring amnesties and welfare for the populace were wedged within a flurry of other ritual activities aimed at healing her sick father. As Shōmu's condition worsened, the empress personally visited six Buddhist temples, sponsored sūtra recitations, sent messengers to the Ise Shrines and imperial tombs, and remitted rice taxes throughout the empire.[34] Ultimately, these efforts proved

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[33] The 737 epidemic, for example, wiped out as much as one third of the Council of State, causing tremendous upheaval in both the governance of the kingdom and the organization of factions at court. See Yoshikawa, *Shōmu tennō*, 128–34.

[34] The temples visited are recorded as Chishiki, Yamashita, Ōsato, Miyake, Ihehara, and Torisaka. Presentation of offerings at Ise Shrine is recorded in Tenpyō-Shōhō 7.11.2 and again in Tenpyō-Shōhō 8.4.22. Messengers to imperial mausoleums were sent in Tenpyō-Shōhō 7.10.21.

unsuccessful, and the retired emperor Shōmu died in the fifth month of 756.[35]

While the edicts describing these charitable activities contain no overtly Buddhist language, the logic of their ritual power clearly drew from Buddhist sources in addition to Confucian-infused ideas of cosmic resonance. That Kōken's efforts were influenced by a combinatory religious paradigm is made evident by the final aid distribution edict recorded before Shōmu's death, in which we are told that 'One physician, one meditation master, and one official were sent to each of the left and right capital and each of the four inner provinces to save those suffering from disease' (遣医師, 禅師, 官人各一人於左右京四畿内, 救療疹疾之徒).[36] That is, a court doctor, a Buddhist monk, and a government bureaucrat, each representing one aspect of the state's disease response, were dispatched to the locations in need.[37] As we will see, the state officials worked closely with Buddhist temples and monastic personnel to complete their mission of ritualized charity.

In this context, the ritualized welfare activities of Shōmu and Kōken can be seen to function in a Buddhist merit-making mode

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[35] Tenpyō-Shōhō 8.5.2, *Shoku Nihongi* 3, 158–59.

[36] Tenpyō-Shōhō 8.4.29, *Shoku Nihongi* 3, 158–59. The term 'combinatory' was popularized by Grapard, *Protocol of the Gods* to describe the inseparable relationship between Buddhism and kami worship in premodern Japan. Thinking through Nara period religion in similar terms allows us to see the ritual system as a coherent whole without needing to tease out separate strands of Confucianism, Buddhism, and Daoism.

[37] Imperial physicians were a separate class of official who staffed the Bureau of Medicine (*Ten'yakuryō* 典薬寮) and were trained using well-known Chinese medical texts such as the *Huangdi nei jing* 黄帝内経 ('Inner Canon of the Yellow Emperor', see *Ritsuryō* 24, 421–22 and Salguero, *Translating Buddhist Medicine*, 27). Despite their place in the law codes, however, comparatively little is known of their activities, and it seems that the upper echelons of the imperial court preferred employing Buddhist monks for most medical affairs. For example, during the illnesses of Emperor Shōmu no court physicians from the Bureau of Medicine are named, while many monks are given promotions. See Sakai, *Tales of Plague*, 44–45.

commonly seen in other healing practices of the period. The power of Buddhist devotion to generate karmic merit that could heal the sick was fundamental to the landscape of healing across East Asia.[38] Yui Suzuki has shown how the cult of Yakushi Nyorai 薬師如来, the Medicine Master Buddha, was singled out as especially efficacious in early Japan. The *Yakushi Sūtra* (Jp. *Yakushi rurikō nyorai hongan kudokukyō* 薬師瑠璃光如来本願功徳経) presents this Buddha as a granter of miraculous healing; in the text, Yakushi vows: 'if there are any sentient beings who are ill and oppressed, who have nowhere to go and nothing to return to, who have neither doctor nor medicine, neither relatives nor immediate family...as soon as my name passes through their ears, they will be cured of all their diseases and they will be peaceful and joyous in body and mind'.[39] There is scholarly debate over the beginnings of Yakushi worship in Japan, but we can say with confidence that the healing power of this Buddha was known by the seventh century.[40] The *Yakushi Sūtra* was recited in 686 in order to heal the illness of Emperor Tenmu, and Empress Genshō 元正天皇 (r. 715–724) similarly commanded the *Yakushi Sūtra* to be recited in 720 for the recovery of Fujiwara no Fuhito.[41] In the central capital, Yakushi-focused temple construction also stands out as a powerful mode of merit production for the sick. Empress Kōmyō commissioned Shin Yakushiji 新薬師寺 in 747 for Shōmu's illness, imitating Tenmu's construction of Yakushiji 薬師寺 in 680 for the healing of

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[38] Salguero, 'Fields of Merit' is a short overview of the power of karma to heal disease in the Buddhist tradition.

[39] *Yakushi rurikō nyorai hongan kudokukyō*, *T* no. 450, 14: 405a29–405b04. Trans. Birnbaum, *The Healing Buddha*, 154.

[40] The well-known Yakushi statue from Hōryūji 法隆寺 bears an inscription claiming that the image was commissioned in 586 and completed in 607, but the authenticity of this inscription is heavily debated. The surviving statue is known to be a late seventh-century remake of an older sculpture, and Yui Suzuki, for example, takes the position that the original 607 icon was not a Yakushi but rather a different Buddha. See Suzuki, *Medicine Master*, 14. No other evidence suggests that Yakushi was known in Japan in the sixth century.

[41] Ibid., 11.

his consort, the later Empress Jitō 持統天皇 (645–703). Shōmu himself showed great interest in Yakushi as his health declined, and a massive Yakushi rite requiring forty-nine monks was commissioned in 754 as Shōmu's final bout of illness began.[42]

The charitable activities of the Tenpyō-era court, however, do not seem to have been directly associated with the Buddha Yakushi. Rather, we see influence from another realm of Mahayana Buddhist thought: 'merit fields' (*fukuden* 福田). In classical formulations of *fukuden* thought, the recipient of a gift or charitable offering is metaphorically described as a field in which the giver sows seeds of goodness that will sprout into karmic merit.[43] Often, the act of giving and the recipient themself are interchangeably referred to as 'merit fields', and they are expressed as numbered lists that vary in content from text to text. For example, in *The Virtuous Merit Fields Sūtra* (Jp. *Bussetsu shotoku fukuden kyō* 仏説諸徳福田経), Indra asks the Buddha, 'For people who wish to sow virtue to reap merit, are there any good fields from which the karmic benefits are unlimited, such that if you plant just one virtuous hair you would reap infinite merit?' (夫人種德, 欲求影福, 豈有良田果報無限, 種絲髮之德本, 獲無量之福乎).[44] The Buddha responds with a list of seven ideal merit fields, the third of which is 'always providing medicine to heal and save the sick masses' (常施醫藥, 療救衆病).[45] Giving to the poor, and

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[42] Tenpyō-Shōhō 6.11.8, *Shoku Nihongi* 3, 15–51. This ritual was performed for the health of both Shōmu and Kōmyō.

[43] Nakamura, *Bukkyō daijiten*, 1187c. See also Salguero, 'Fields of Merit'. Yoshida Yasuo argues that the origins of fukuden thought can be found in the *Vinaya* monastic precepts. The *Four Part Vinaya* (Jp. *Shibun ritsu*, Ch. *Sifen lü* 四分律) for example gives a list of good deeds that produce merit, including 'Planting seeds and growing trees in gardens, building bridges and boats, planting orchards and building baths and lakes, providing people with places to stop and rest' (*T* no. 1428, 22: 798b25–798b28). See Yoshida, *Nihon kodai no bosatsu*, 73–74.

[44] *Bussetsu shotoku fukuden kyō*, *T* no. 683, 16: 777a14–777a16. This sūtra contains a colophon claiming it was translated into Chinese by two śramaṇa named Fali 法立 and Faju 法炬 in the Western Jin era (266–316).

[45] *T* no. 683, 16: 777b02–777b08. The other six merit fields in this text are,

especially giving medicine and care to the sick, old, and orphaned, appears across many texts as a merit field that is especially rewarding.

Some texts describe the poor and needy as the ultimate recipient of charity, stating that giving to the helpless produces even more merit than giving to the monastic community. In the *Sūtra of Resolving Doubts in the Age of the Semblance Dharma* (Jp. *Zōhō ketsugi kyō* 像法決疑経), the Buddha extolls the superiority of charity to the needy, saying:

> The reason I have preached almsgiving in the sūtras is because I want to cause monastics and laypeople to develop a heart of compassion. Provide alms to the poor, the orphaned, and the old—those who are like hungry dogs. My disciples do not understand my meaning. They only give to the *keiden* 敬田 ('field of reverence') and do not give to the *hiden* 悲田 ('field of compassion'). The *keiden* is the three treasures: Buddhas, the Dharma, and the Saṅgha. The *hiden* is the poor, the orphaned and the old—those who are like lowly ants. Between these two fields, the *hiden* is superior. 我於處處經中説布施者, 欲令出家在家人修慈悲心. 布施貧窮孤老乃至餓狗. 我諸弟子不解我意. 專施敬田不施悲田. 敬田者即是佛法僧寶. 悲田者貧窮孤老乃至蟻子. 此二種田, 悲田最勝.[46]

Charitable giving to the poor and sick could produce more karmic merit than donation to monastic institutions, and this religious imperative found a receptive audience in the eighth-century Japanese court.[47] In addition to *shingō*-type ritual distribution of medicine and

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'building Buddha images, monastic residences, and practice halls', 'growing orchards, building baths and lakes, and planting trees for shade', 'building sturdy boats to ferry people', 'establishing bridges to help the tired and weak', 'building wells near the roads to provide water for the thirsty', and 'building latrines to provide a place for people to relieve themselves'.

[46] *Zōhō ketsugi kyō*, *T* no. 2870, 85: 1336a27–1336b02.

[47] Both the *Virtuous Merit Fields Sūtra* and the *Sūtra of Resolving Doubts* appear by name in early Japanese sources and therefore would have been known by Shōmu and Kōken's courts. The *Merit Fields Sūtra* is present on a document

grain, the reigns of Shōmu and Kōken saw the development of a pair of novel aid-granting institutions, the Seyaku-in 施薬院 ('Medicine Giving Center') and the Hiden-in 悲田院 ('Field of Compassion Center').[48] The names of these institutions directly reference the language of *fukuden* focused Buddhist sources, and their stated purpose was sowing the seeds of merit by healing the sick masses. A year after Shōmu's death, the *Shoku Nihongi* records that Kōken delivered the following edict in 757:

> In order to save the sick and poor everywhere, one hundred *chō* 町 of newly opened fields in Echizen Province 越前国 will be forever donated to the Seyaku-in 施薬院 at Yamashina-dera 山階寺 [Kōfukuji 興福寺]. It is my wish that because of this good merit, I, together with all sentient beings, extend the three merit fields (*fukuden* 福田) into eternity. May the medicinal trees of the ten bodies spread to cover this world of dust, and the sorrow of sickness and suffering be forever extinguished. May we preserve the bliss of long life, attain the mysteries of understanding, and self-realize the perfection of the wonderous body. 普為救養疾病及貧乏之徒, 以越前国墾田一百町、永施山階寺施薬院. 伏願, 因此善業, 朕与衆生, 三檀福田窮於来際, 十身薬樹蔭於塵区, 永滅病苦之憂, 共保延寿之楽, 遂契真妙之深理, 自証円満之妙身.[49]

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listing 'Vow Sutras of the Office of the Empress', indicating that it would have been directly known by Empress Kōmyō, discussed below. See Iwamoto, 'Kōfukuji no seyakuin', 54, 56.

[48] There is exceptionally little scholarship in English on these institutions. Triplett, *Buddhism and Medicine in Japan* makes no mention of them in her overview healing and medicinal gardens in the premodern period. One of the few available references in English is a brief discussion in Sakai, *Tales of Plague*, 40–43. Salguero, 'Fields of Merit', despite the title, focuses on the healing powers of karma generally and does not address the institutions that developed in East Asia from *fukuden* thought.

[49] Tenpyō-Hōji 1.12.8, *Shoku Nihongi* 3, 238–39. This edict combines *fukuden* concepts with an image based on a passage from the *Kegon-kyō* 華厳経 (Ch. *Huayan jing*) that metaphorically likens the cosmic Buddha Vairocana

The Seyaku-in, seen here to receive a large donation of land from Kōken's court, was an apothecary that served as a repository for plant and animal materials used for medical treatment. This Seyaku-in was located at Kōfukuji, the family temple of the Fujiwara 藤原 family, and it was paired with a Hiden-in, a care institution for the poor and needy. The *Kōfukuji ruki* 興福寺流記 describes a 'Northern *Hiden* Gate', recording that 'In front of the gate there are four *chō* for housing and giving care to the sick and the orphaned. The Tenpyō-Hōji record says: At the north treatment facility, there are two thatched roof buildings' (前四町, 為病苦孤独之所住為労養也. 宝字記云, 北治者院, 檜皮葺屋二口).[50] The Seyaku-in and Hiden-in seem to have been located close together and carried out the dual functions of healing the sick and housing the infirm. While its reliability is debated, the *Fusō ryakki* 扶桑略記 gives the founding date of these institutions as 722 (Yōrō 7), stating 'The Seyaku-in and Hiden-in were built within Kōfukuji. They were provided 50 service households, 100 *chō* of wet rice fields from Iyo Province 伊予国, and 130 thousand sheaves of rice from Echizen Province' (興福寺内建施薬院悲田院. 施入封戸五十烟, 伊予国水田一百町, 越前国稲十三万束).[51]

A second Seyaku-in and Hiden-in also appear in the historical record, although it is debated whether they are different institutions from those described in Kōken's 757 edict. This pair was founded by

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(Jp. Dainichi nyorai 大日如来) to a medicinal tree that takes root across all realms of the universe, *Kegon kyō*, *T* no. 278, 9: 623a29-623c1. See Morimoto, *Flower Ornament Sutra*, 296 and Wong, 'Art of Avataṃsaka Buddhism' for influences of the Kegon-kyō on the eighth-century Japanese court.

[50] Katsuura, 'Bukkyō shakai kyūsai katsudō', 50–51. The hall at the hiden gate is described as a 'treatment facility (*chisha-in* 治者院)' rather than as a *hiden-in* or *seyaku-in*, but its function is clear. The *Kōfukuji ruki* is a twelfth-century text, but it quotes from a 'Hōji-ki' 宝字記 (now lost) that is thought to date to the Tenpyō-hōji era (757–765).

[51] Iwamoto, 'Nara jidai seyakuin no hensen', 88. Also discussed in also Katsuura, 'Bukkyō shakai kyūsai katsudō' and Iwamoto, 'Seyakuin no hensen'. The *Fusō Ryakki* is an eleventh-century text, and its timeline for the ancient period may be unreliable, as discussed below.

the Office of the Empress (*kōgōgū-shiki* 皇后宮職), an extra-codal bureaucratic division headed by Empress Kōmyō, the mother of Kōken and the wife of Shōmu. A *Shoku Nihongi* entry for 730 tells us that in this year, 'The Seyaku-in of the Office of the Empress was first established. The many provinces were made to substitute the *yō* 庸 portion of the tax from the Office's stipend landholdings and from the Great Minister's [Fujiwara no Fuhito's] family stipend landholdings by purchasing medicinal plants of equal value to the tax and sending them to the capital every year' (始置皇后宮職施薬院. 令諸国以職封，并大臣家封戸，庸物充価，買取草薬，毎年進之).[52] The Seyaku-in of the Office of the Empress was also accompanied by a Hiden-in; the 760 obituary of Kōmyō states that 'she established both the Hiden-in and the Seyaku-in in order to care for and heal all under heaven who were starving and sick' (又設悲田施薬両院, 以療養天下飢病之徒也).[53] The locations of this Seyaku-in and Hiden-in are not specified, and there has been significant debate over whether they are one and the same as the Kōfukuji institutions.[54] After all, Kōmyō was a Fujiwara scion and Kōfukuji was the Fujiwara's family temple—it would be natural for the Office of the Empress to base its welfare system at the family's most influential Buddhist complex. It is also possible that the two Seyaku-in/Hiden-in pairs began separately and were merged into one later. Due to their overlap in function and possibly personnel, this paper will proceed from the assumption that the Kōfukuji Seyaku-in/Hiden-in and the Office of the Empress Seyaku-in/Hiden-in were a single institution. It is clear that the Fujiwara family and their representatives within the imperial house had great interest in constructing medicinal infrastructure and welfare aid

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[52] Tenpyō 2.4.17, *Shoku Nihongi* 2, 134–35. The *yō* 庸 was standard *ritsuryō* tax category indicating a corvee labor tax that could be substituted by commodities.

[53] Tenpyō-Hōji 4.6.7, *Shoku Nihongi* 3, 352–53.

[54] See Amino, *Chūsei no hinin*; Iwamoto, 'Kōfukuji seyakuin'; and Katsuura, 'Bukkyō shakai kyūsai katsudō'. If the Office of the Empress Seyaku-in/Hiden-in is indeed the institution located at Kōfukuji, then the founding date of 722 given in the *Fusō ryakki* is incorrect.

dispensaries.[55] The large funding packages granted to the institutions indicate that they were essential pieces of state welfare practice, working in a similar space as shingō ritualized charity to aid 'those who cannot provide for themselves'.[56]

Buddhist Medicine as State-Temple Collaboration

The activities of the Seyaku-in and Hiden-in demonstrate how Buddhist temples became interwoven with the developing centralized state, and we can see that the court's vision of charity was accomplished through collaboration with the Buddhist establishment. Management and funding for these institutions came from both official and monastic sources. The medicinal materials for the Seyaku-in were said to come from tax proceeds from the stipend lands of the Office of the Empress and those of the late Fujiwara no Fuhito, indicating that the acquisition of medicine was integrated with official systems of tax collection. However, these funds were supplemented by land donated directly to Kōfukuji, and the endpoint of

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[55] However, the Fujiwara-sponsored Seyaku-in was not the only institution of its type during this period. Shitennōji 四天王寺 is said to have had a Seyaku-in, Hiden-in and Ryōbyō-in 寮病院 ('Disease Treatment Center') that were founded by Shōtoku Taishi 聖徳太子 himself, ca. 600. While this founding narrative is anachronistic, it is thought that institutions of this kind did exist by 806. Saidaiji 西大寺 is also thought to have had a Seyaku-in by 780, and institutionalized giving to the poor also occurred at Daianji 大安寺 by 747. See Katsuura, 'Bukkyō shakai kyūsai katsudō', 53–55.

[56] Iwamoto Taketoshi has pointed out that the Kōmyō's founding of the Seyaku-in/Hiden-in in 730 and Kōken's rededication of land to the institutions in 757 should be understood as merit generating acts aimed at particular events in the lives of the royal family and circumstances at court. The 730 founding was likely influenced by the death of Kōmyō's son in 728, as well as the unrest at court following the violence of Prince Nagaya's forced suicide in 729. Kōken's 757 donation was likely to produce merit for her father, Shōmu, who died the previous year in 756. See Iwamoto, 'Kōmyō kōgō'.

these medicines' journey was a Buddhist temple in the capital.

A petition dated to 764 from the Seyaku-in to Tōdaiji 東大寺 reveals further aspects of the workings of the institution.[57] This petition requested cinnamon to be sent from Tōdaiji to the Seyaku-in and is co-signed by two administrators, 'Head Administrator [of the Seyaku-in]' (*chiinji* 知院事) Takaoka no Muraji Hiramaro 高丘連比良麻呂 and a 'Head Administrator Monk [of the Seyaku-in]' (*chiinji-sō* 知院事僧) Jikei 慈瓊.[58] These names and titles indicate that both a secular and a monastic administrator were jointly entrusted with overseeing the Seyaku-in's material acquisitions.[59] The text of the request reads: 'Cinnamon, 150 *kin* 斤. This above medicine has been depleted. We have searched to purchase it but have found none. Because of this, the production of many medicinal prescriptions has been halted. We hope to receive this medicine in order to provide charity' (桂心小, 一百五十斤. 右件藥, 既盡, 覓買亦无. 因此雜藥合作既停. 望且請件藥欲作施).[60] This document reinforces our understanding of the Seyaku-in's sourcing of medicine—proceeds from moderately distant stipend lands would ordinarily be used to purchase medicinal materials and send them to the capital. However, in this case, there was no cinnamon available for purchase and the Seyaku-in was forced to request the plant from Tōdaiji. The fact that borrowing from another major temple within the capital was an exceptional

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[57] *Seyakuin ge*, in *Dai Nihon komonjo* 16, 504–05. Initial petition dated to Tenpyō-Hōji 8.7.25. This document is found in the Shōsōin monjo archive, a collection of more than ten-thousand documents preserved by the scriptorium of Tōdaiji. See Lowe, *Ritualized Writing*, 21–26 for an overview of the document corpus.

[58] Hiramaro's position is given as Upper Fifth Rank, *daigeki* 大外記 (Grand Outer Scribe) and *kuranosuke* 内蔵助 (Treasury Assistant), indicating that he was a moderately high ranking bureaucrat partially in charge of court finances. See Katsuura, 'Bukkyō shakai kyūsai katsudō', 52.

[59] This configuration was not a Japanese invention. See Katsuura, 'Bukkyō shakai kyūsai katsudō', 47–48, for evidence in Tang-era jointly managed medical dispensaries.

[60] *Seyakuin ge*, in *Dai Nihon komonjo* 16, 504.

circumstance requiring additional paperwork further indicates that the Seyaku-in's ordinary functioning likely relied on the acquisition of medicinal materials through tax-based collection. We can therefore see that the Seyaku-in was thoroughly integrated into both official and monastic networks. It was a jointly managed project that depended on the movement of material resources enabled only through the collaboration of state bureaucracy and Buddhist institutions.

The plants and animal products required for Chinese style medicine were exceedingly rare in eighth-century Japan. In addition to the above 764 petition, the Seyaku-in also requested from Tōdaiji 100 *kin* of cinnamon in 759 and 50 *kin* of ginseng (Jp. *ninjin* 人参) in 756, demonstrating consistent problems in acquiring necessary medical materials.[61] We have no further documentation of the medicines used in the eighth-century Seyaku-in, but we do have records of their lender: the Shōsōin 正倉院 at Tōdaiji. In 756, Empress Kōmyō dedicated a large collection of precious materia medica to Tōdaiji for the ritual marking of the forty-nineth day since the death of her husband, Shōmu. The contents of this donation are detailed in the *Hō Rushana butsu shuju yakucho* 奉盧舎那仏種々薬帳 (commonly abbreviated to *Shuju yakuchō* 種々薬帳, 'Memorandum of Medicines'), preserved within the Shōsōin monjo 正倉院文書 archive.[62] The *Shuju yakuchō* lists sixty items ranging from wasp galls to elephant teeth presented on the twenty-first day of the sixth month of Tenpyō Shōhō 8 (756), including the weight of each item given in units of *kin* and *ryō* 両.[63] Remarkably, remnants of many of these items have been preserved to this day: thirty-eight of the items listed in the *Shuju yakuchō* are still extant, while twenty-two are lost or completely consumed.[64] Furthermore, the current Shōsōin

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[61] Records of cinnamon removal (Tenpyō-Hōji 3.3.25) from Tōdaiji to the Seyakuin found in *Dai Nihon Komonjo*, 4.188. Ninjin (Tenpyō-shōhō 8.10.3) in *Dai Nihon Komonjo*, 4.187.

[62] *Shuju yakuchō*, in *Dai Nihon Komonjo* 4, 171–75.

[63] Triplett, *Buddhism and Medicine*, 142–44 gives a brief English overview of the Shōsōin medicine cache.

[64] The extant remains of the Shōsōin medicine stockpile have been subject to

medicine cache also contains numerous items that were not acquired through Kōmyō's 756 donation, indicating that there were multiple sources of materia medica that converged at Tōdaiji.

Shibata Shōji and his team of pharmacologists at the University of Tokyo have shown that nearly all the surviving medical materials in the northern division of the Shōsōin storehouse were not native to the Japanese archipelago.[65] Rather, it has been demonstrated that the plants, animal remains, and objects in the stockpile came from shockingly distant geographical origins, spanning northern India, Southeast Asia, China, and the Korean peninsula. The specimens would have been acquired through trade routes with the continent and would have held tremendous economic value in the eighth-century court. It is for this reason that Kōmyō's dedication of these items was such a meritorious act—these plant and animal products were valuables on par with the jeweled treasures from the Shōsōin collection.

The challenge faced by the early Japanese court was one of localization. Purchasing foreign medicines was difficult and expensive, but insufficient knowledge existed within the Japanese archipelago to easily discover or cultivate local sources. Identification of plants and animals, both in the context of foreign purchases and domestic cultivation, would have relied on literate specialists with knowledge of continental pharmacological sources.[66] In early Japan, Buddhist

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two large scale scholarly/scientific investigations. The first study on these materials was performed at the behest of the Imperial household Agency in 1948–1949, resulting in Asahina et al., *Shōsōin yakubutsu*. Fifty years later in 1994–1995, a second investigation of the Shōsōin materials was proposed by the Shōsōin Office of the Imperial Household Agency, resulting in Shibata et al., *Zusetsu Shōsōin yakubutsu*.

[65] Komeda, 'Shōsōin yakubutsu no sanchi', 170.

[66] Pharmaceutical specialists would have needed to both recognize plant features in real life specimens and match foreign names to known species. Katja Triplett explains that the pharmacological knowledge represented in the *Shuju yakuchō* and the Shōsōin medicines was likely derived from the Tang dynasty pharmacopoeia *Xinxiu bencao* 新修本草 (Jp. *Shinshū honzō*), which appears in

monks were uniquely well positioned to serve this role. In fact, monastic specialists can be seen acting as necessary pharmacological experts as early as the late seventh century. The *Nihon shoki* records that in 685 two monks originating from the Korean kingdom of Baekje 百済 were dispatched by Tenmu's court to help locate the medicinal plant *okera* 白朮 (*Atractylodes rhizome*) in Mino Province 美濃国.[67] Neither local nor central officials could identify the plant, and so Buddhist monks armed with continental knowledge were employed to search for it on Japanese soil. In this way, the need for materia medica known only through foreign sources made the state reliant on Buddhist monks and temple institutions for the on-the-ground functioning of medical practice.

A similar pattern can be observed in the history of cinnamon in Japan. Cinnamon was one of the most highly desired medicines in eighth-century medical practice. Inventory records tabulating removals from the Shōsōin show that cinnamon was one of the most quickly consumed substances from the storehouse: of the 560 *kin* of cinnamon originally stored in 756, only 188 *kin* remained at the time of the 787 inventory, and only 9 *kin* remained in the final inventory in 856.[68] Despite these consumption rates, however, cinnamon was not known to grow in the Japanese archipelago. The *Konjaku Monogatari shū* places the discovery of local Japanese cinnamon in

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Japanese sources starting in 731. The first text to provide Japanese names for non-native plants is the Heian-period *Honzō wamyō* 本草和名 [Japanese Names for Materia Medica], compiled 901–923. See Triplett, *Buddhism and Medicine*, 142–44.

[67] Tenmu 14.10, *Nihon shoki* 29, 450–51. See also Katsuura, 'Bukkyō shakai kyūsai katsudō', 46.

[68] *Narabikura kita zōmotsu shutsuyō chō* 雙倉北雑物出用帳, in *Dai Nihon Komonjo* 4, 187–204. This text is an inventory record of the Shōsōin storehouse beginning from 756 at the time of Kōmyō's donation. See Miyake, 'Shōsōin yakubutsu no rekishi', 194–95 for a chart of consumption rates of all Shōsōin medicines. Only cane sugar was fully consumed before the cinnamon dwindled. However, the starting amount of sugar was a miniscule 2 *kin* and 12 *ryō*, making the cinnamon consumption far more impressive.

the Tenryaku era (947–957); we are told in a tale that a former physician-monk from China named Chōshū 長秀 recognized cinnamon where others could not:

> He looked up at the branches of the katsura tree and said, 'Alas, there is cinnamon in this land, it is only that people do not know it! I will harvest some'.... Chōshū then used a sword to cut open the part of the branch where the cinnamon is found and took it to the residence, where he used some to make medicine. The cinnamon was even more effective than the cinnamon found in Tang China, so Chōshū said, 'The fact that there are no physicians who know that there is cinnamon in this country is a terribly regrettable thing' 此ノ桂ノ木ノ末ヲ見上ゲテ云ク,「桂心ト云フ薬ハ此国ニモ候ケレバ, 人ノ否不見知ヌコソ候ケレ. 彼レ取リ候ハムトテ」.... 刀ヲ以テ桂心有ル所ヲ切取テ, 宮ニ来ケリ. 少しヲバ申シ給ハリテ薬ニ仕ケルニ, 唐ノ桂心ニハ増テ賢カリケレバ, 長秀ガ云ケルハ,「桂心ハ此国ニモ有ケル物ヲ, 見知ル医師ノ無カリケレバ, 事極テ口惜キ事也」.[69]

This story comes from a twelfth-century tale collection and cannot be taken as a historical record of the discovery of cinnamon in Japan, but it gives a plausible description for the types of specialist knowledge commanded by Buddhist monks with continental connections that allowed them to take center stage in all early Japanese medical endeavors. In this story, a visiting foreign monk was able to recognize a useful plant growing in plain sight, utilize harvesting and preparation techniques unknown to locals, and concoct a celebrated remedy as a result. It is therefore no surprise that large temples like Tōdaiji and Kōfukuji, armed with extensive continental connections and knowledge, became centers for medicinal storage and dispensation in early Japan.

While almost all specimens in the Shōsōin medicine cache were imported from the Asian continent, a few examples show the beginnings of pharmacological localization. For example, a cloth bag from the middle storeroom of the Shōsōin that once held opium poppy

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[69] *Konjaku monogatari shū* 24, 269–70. Chōshū is otherwise unknown.

seeds carries an ink inscription that reads: 'Produced by the *chūnan* 中男 boys of Shinano Province 信濃国, Minochi village, 2 *tō* 斗 of poppy seeds. Tenpyō Shōhō 2 (750), tenth month' (信濃国水内郡, 中男作物, 芥子二斗. 天平勝宝二年十月).[70] This inscription indicates that opium poppy seeds were locally produced in the province of Shinano (modern Nagano Prefecture) and supplied to the capital at Heijō-kyō in the form of a tax good. The producers of the seeds are described as *chūnan*, a *ritsuryō* census category designating partially taxable males between the ages of fifteen and twenty, further reinforcing the conclusion that these seeds were collected and forwarded by a provincial bureaucracy operating through official *ritsuryō* systems. While this item is an exception to the rule—most materia medica would continue to be purchased from abroad throughout the eighth century—it points to an early phase of interest in the local cultivation of medicinal plants outside the capital center. Based on their original location of storage, these seeds were likely not a part of Kōmyō's lavish donation in 756.[71] The fact that they ended up at Tōdaiji anyway further demonstrates how the process of identifying local medicinal resources, domestically producing them, and transporting them to the political center was a joint endeavor of both temple and state.

Conclusion

The *Shuju yakuchō* concludes with a prayer text in the voice of Empress Kōmyō:

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[70] Shibata, *Zusetsu shōsōin yakubutsu*, 229. The seeds themselves are no longer extant. Shibata and his team have transcribed the numerous ink inscriptions found on the cloth bags holding the Shōsōin medicines, but little research has been done on them from a social-historical perspective.

[71] This item is found in the middle storehouse, #202. Most of the items in the *Shuju yakuchō* are from the north storehouse, indicating a different point of origin.

> If there is anyone who should use these medicines due to illness and suffering, if the Council of Priestly Affairs (*sōgō* 僧綱) is notified, their use is permitted. We pray that the ten-thousand diseases will be eliminated and victims of the thousand sufferings shall be saved. May all goodness be realized and may evil be cut away. Since we are free of the evil realms, may we live long without being cut short. When our lives are over, may we be reborn in the World of the Lotus Storehouse and stand before Vairocana Buddha. 若有縁病苦可用者, 並知僧綱, 後聴充用. 伏願, 服此藥者, 万病悉除, 千苦皆救. 請善成就, 諸悪断却, 自非業道, 長無夭折. 遂使命終之後, 往生花蔵世界, 面奉盧舎那仏.[72]

This passage sums up several aspects of eighth-century court charity. We see that material medicine produced immaterial benefits. The act of ritually donating medicine could both save the people from suffering and produce limitless karmic merit for the court, the realm, and the imperial family. With a striking rhetorical flourish, we learn of the power of medicine to advance universal salvation, but not before we are reminded that none of this can occur without proper paperwork being processed by joint temple-state bureaucrats.

In this paper, I have argued that ritualized giving was an essential aspect of court culture in early Japan. Royal acts of giving were pursued for a variety of reasons. On the one hand, giving was a component of the performance of empire. Routinized acts of welfare distributed to provincial and capital subjects, even if unilateral, implied inclusion in a vast Chinese-style imperium with a benevolent king at its center. However, charitable giving was also a ritual activity meant to impact the cosmos and the state of the realm. *Shingō*-type disaster aid and compassionate dispensation of medicine at the Seyaku-in and Hiden-in both operated within Buddhist-infused ritual frameworks, generating merit to curb epidemics, heal the emperor, and benefit the deceased in their next rebirth. The charitable activities of Emperor Shōmu, Empress Kōmyō, and Empress Kōken drew inspiration from strands of Buddhist thought that prioritized the poor and sick as the

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[72] *Hō Rushana-butsu shuju yakuchō*, in *Dai Nihon Komonjo* 4, 175.

greatest of all fields of merit, and they did not hesitate to plant their karmic seeds through large-scale aid projects.

Kings needed medicine to give, and the primacy of Buddhist institutions in the realm of medical infrastructure further intertwined the workings of state and temple. Both doctrinal and material concerns caused Tenpyō-era rulers to rely on Buddhist temples to accomplish their large-scale charitable practices. The identification and processing of medicinal plants demanded specialized knowledge and skills most readily available to Buddhist monks, and as a result state projects of medical dispensation were jointly administered by officials and monastics. This collaborative program generated new welfare-type institutions, the Seyaku-in and Hiden-in, that were tied financially and administratively to both large temple complexes and *ritsuryō* governmental systems. In this way, the linkage between Buddhism and rulership in eighth-century Japan was not only one of symbolic and ritual dominance, but also an institutional connection necessitated by the challenges of material medical practice. Charitable welfare can therefore be understood as a ritual act that was essential to the wellbeing of the empire, tying together Buddhas and kings, capitals and provinces, as well as Japan and the Asian mainland.

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Abbreviations

T *Taishō shinshū daizōkyō* 大正新脩大藏經. See Takakusu and Watanabe, eds.

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