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Disease, Defilement, and the Dead

Buddhist Medicine and the Emergence of Corpse-Vector Disease

Although scholars have long taken for granted the notion that disease constituted a form of defilement in ancient and medieval Japan, to date this has only been shown to be true for a single case—leprosy. In this article, I propose that corpse-vector disease—a contagious and deadly affliction that first became known to aristocrats and Buddhist monks in the late Heian period—constituted another case of disease tied to defilement. Examining diary entries describing the illnesses of elite patients together with the texts for a healing ritual created to eradicate the demons responsible for the affliction, I trace the emergence of corpse-vector disease to pervasive anxieties over death defilement in a capital overflowing with dead bodies. In so doing, I suggest one way we might move beyond the existing assumption of a categorical relationship between pathology and pollution in order to better understand why and how certain diseases came to be entangled with defilement at particular moments in history.

KEYWORDS: corpse-vector disease—defilement—death defilement—leprosy—
healing ritual—Onjōji

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IN LATE twelfth-century Japan, preeminent and rising political figures in aristocratic society found themselves facing an apparent outbreak of a disease with which they were unfamiliar. Diarists of the period speculated this disease claimed the lives of at least two prominent individuals. In 1165, the disease was thought to be the final affliction of Nijō 二条 (1143–1165), then a newly retired emperor and the eldest son of Go Shirakawa 後白河 (1127–1192). In 1179, the disease appeared to precipitate the death of Taira no Moriko 平盛子 (1156–1179), daughter of Taira no Kiyomori 平清盛 (1118–1181) and owner of considerable Fujiwara landholdings. On these occasions, aristocrats turned to Buddhist healers for help. In the case of Nijō, they summoned a “holy man” (*shōnin* 聖人) of unknown pedigree to the young man’s deathbed. More consequentially, in the interim years between these two momentous deaths, monks of the Jimon 寺門 branch of the Tendai school based at the monastery Onjōji 園城寺 devised an unprecedented healing ritual in response. This ritual aimed at curing sufferers by eradicating the demons that provoked the disease, which in the eyes of Jimon monks had the potential to transform into a realm-wide epidemic symptomatic of the tumultuous age of the final Dharma (*mappō* 末法). Viewed from the long history of rituals for healing developed in premodern Japan, the one created by Jimon monks stands out as one of the earliest known rituals to have targeted a single, named disease, the same that was instilling fear in the hearts of aristocrats and members of the imperial family.

Corpse-vector disease (*denshibyō* 傳屍病) is a disease concept that derives from Chinese medical literature of the Tang period known in Japan since at least Tanba no Yasuyori’s 丹波康頼 (912–995) *Ishinpō*. Working retroactively from modern biomedical understanding, some medical historians have speculated that corpse-vector disease was the premodern term for tuberculosis (*kekaku* 結核) (HATTORI 1955, 80–81; JOHNSTON 1995, 40–43; MAKI 2010, 13: x–xi). While this identification is not without some merit, the sudden appearance of the term in late-Heian Japan remains mysterious for at least two reasons. First, archeological evidence of skeletons with lesions characteristic of tubercular infection suggests tuberculosis was prevalent in Japan by the sixth or seventh centuries CE, yet nearly six hundred years would pass before the term “corpse-vector disease” was invoked to describe the pathological conditions of actual patients like Nijō and Moriko. Second, dozens of other disease concepts that might conceivably have been used to refer to the symptoms of tuberculosis were known in Japan by this later date. Literary sources such as the *Utsuho*

monogatari うつほ物語, *Makura no sōshi* 枕草子, and *Genji monogatari* 源氏物語 include imprecise references to “ke of the chest” (*munenoke* 胸気), “chest sickness” (*mune no yamai* 胸病), and “chest constriction” (*munese* 胸狭) (HATTORI 1955, 80–81; SHINMURA 1985, 270–273), while medical sources such as the *Ishinpō* and its base texts are replete with more sophisticated concepts, including “depletion-exhaustion” (*kyorō* 虚勞), “bone steaming” (*kotsujō* 骨蒸), “wasting disease” (*sōbyō* 瘦病), and “lung dysfunction” (*haii* 肺萎), to name only a small number of examples. Because many other terms might have been chosen (but were not) to describe elite patients, the unprecedented use of corpse-vector disease might more profitably be understood as an intentional diagnostic choice related to the term itself. Taking the name of the disease into consideration, we must ask: Why did Buddhists and courtiers in the late twelfth century begin attributing the emergence of an apparently new affliction to corpses?

In this article, I examine the “emergence” of corpse-vector disease, by which I mean its appearance as a viable diagnostic term and transformation into the central target of medical and ritual therapies that did not exist prior to the late twelfth century. In particular, I argue that the emergence of this disease was intimately tied to an intensification of anxieties in the early medieval period concerning defilement (*kegare* 穢)—ritual pollution that was imagined to change the ontological status of the body. In so doing, I follow an observation made by Jacqueline STONE (2006, 205) that not enough research has assessed the impact of the notion of defilement in Japanese religion and Buddhism. The issue of defilement also has special importance in the historical study of disease in Japan, since scholars have long taken for granted the idea that disease and defilement were categorically related in premodern eras, whether that be the notion that disease constitutes a form of defilement, the identification of sick persons as defiled, or the etiological premise that defilement might cause illness. The paradigmatic example of this categorical relationship between disease and defilement has always been *rai* 癩, a catch-all term for various, sometimes disfiguring skin disorders, including leprosy. As numerous scholars have demonstrated, sufferers of *rai* were not only stricken with chronic disease; they were also cursed with a polluted status used to justify social discrimination that also made these persons suitable objects for projects of welfare and salvation in the eyes of Buddhist communities. And yet, despite the widespread acceptance that disease and defilement were categorically linked, to date, scholars have shown this to be true only for the single example of *rai*.

In the pages that follow, I suggest that corpse-vector disease constitutes another, hitherto unexamined case of a disease that was profoundly shaped by notions of defilement. In particular, by situating diary entries describing victims of the disease within the context of changing notions of defilement in the early medieval period, I argue that the emergence of corpse-vector disease must be

understood in light of growing anxieties toward “death defilement” (*shie* 死穢). What these diary entries suggest is that, in the eyes of highly educated courtiers, corpse-vector disease was anomalous, quite unlike the disease categories with which they were acquainted, and resistant to conventional treatment modalities. From another perspective, however, these entries demonstrate that aspects of the disease were disturbingly familiar to aristocrats, since they reflected pervasive concerns about death pollution that attended life in a capital overflowing with corpses.

I then turn to the question of how monks of the Jimon lineage responded through an examination of the documents of the healing ritual they created to expel the disease-demons behind the affliction. Rather than focusing on the prescriptions for the ritual itself, I am more concerned with what these documents tell us about how Jimon monks sought to bring understanding and coherence to the disease. In particular, the ritual texts shed light on two interrelated areas. First, they witness the process by which Buddhist monastics of the early medieval period harnessed ritual and medical knowledge to clarify the nature of a strange affliction. Second, because these texts underscore the fact that Jimon monks were very much aware of the ways corpse-vector disease resonated with death defilement, they allow us to understand how notions of pollution came to shape a disease imaginary that Buddhists shared with their elite patients in the period. In this way, understanding the appearance of corpse-vector disease demands that we move beyond existing assumptions about a categorical relationship between disease and defilement, and instead attend to the many factors—religious, medical, material, and social—by which correlations between them were established at particular moments in history.

Defilement and Disease in the Heian Period

One longstanding truism among scholars of Japanese religion is the idea that disease was strongly correlated with the notion of defilement in premodern Japan. As early as 1931, Sir George Bailey Sansom suggested the link between disease and defilement might be discerned in the very etymology for *kegare*. “Wounds were a source of pollution,” Sansom wrote, “and the word for a wound, *kega*, still in use, means defilement. Sickness and all the external signs of disease, such as sores, eruptions, and discharges, or contact with sick persons were also defilements” (SANSOM 1931, 52). It appeared only natural to Sansom and other writers that disease and its outflows would be classified as sources of “touch defilement” (*shokue* 触穢), lists in historical documents that typically begin with death (corpses, partial or full, human or animal, as well as involvement in burial practices and mourning) and included childbirth, menstruation, and blood. The association is strengthened by a second popular etymology for *kegare*, which

suggests derivation from *ke* 気 and *kare* 枯れ, to “wither” or “withdraw” (離れ; YAMAMOTO 2009, 13): the idea of sickness as the dissipation of vital energy. Disease and defilement also resemble one another in transmission behavior. Defilement passes from one person (or place) to another as though it were an infectious disease; premodern sources occasionally describe the transmission of defilement with *tenten* 展転, a term that described the “transferring” or “rolling” nature of disease epidemics (FUNATA 2018, 337). Most famously, a strong correlation between disease and defilement appears indisputable in the case of *rai*, a category of disfiguring skin disorders often translated today as leprosy. *Rai* has long been taken to represent the paradigmatic relationship between disease and defilement and is the archetypal example of what I shall call “defiled pathology,” diseases entwined with the polluted status of the sufferer.

A cursory glance at recent scholarship demonstrates that these links between disease and defilement are still largely taken as self-evident,¹ yet the relationship between them is not as transparent as it might seem. In his extensive history of defilement, YAMAMOTO Kōji (2009, 13) points out that etymologies of *kegare* were proposed within ethnology studies (*minzokugaku* 民俗学) seeking to identify the essential characteristics of a timeless Japanese folk. Historical investigation has since revealed that beliefs and practices surrounding defilement were not inflexible or immutable, which should encourage us to suspect that the relationship between defilement and disease also changed over time. As I show below, the historical record from premodern Japan suggests the evidence that disease and defilement were correlated is limited.²

One document that implies such a correlation is the ninth-century *Kōtai jingū gishikichō* 皇太神宮儀式帳, in which “illness” (*yamai*) is included on a list of words whose utterance is forbidden at Ise Jingū 伊勢神宮 (AKASAKA 2013, 302). This suggests that illness—along with blood, death, and related phenomena—constituted a form of defilement whose very name was to be avoided on the hallowed grounds of the shrine. Another example comes from the *Engishiki*

1. For example, see FUJIKAWA (1974, 8–10), OKUTOMI (1983, 2), LOCK (1984, 25), ISHIKAWA (1985, 140), NIUNOYA (2018, 145–148), SHINMURA (1989, 48–59), MARRA (1993, 49), DROTT (2016, 40), LOMI (2014, 256, n. 1), GUNJI (2018, 127), and BURNS (2019, 21). The claim is often made in passing, and therefore does not detract from the significance of these studies as a whole. The association between death and defilement also informs the popular imagination, as can be seen for example in Sawada Tōko’s novel *Kajō* 火定, on the Great Tenpyō Smallpox Epidemic of 735–737, which draws upon much historical scholarship (SAWADA 2017, 41).

2. It is true that sickness can occur downstream a series of unfortunate events. If, for example, you acquire defilement and then break a taboo by entering a shrine in a polluted state, a curse (*tatari* 祟り) from the gods can indeed take the form of illness, sometimes with fatal consequences. NIUNOYA (2018, 51–52) discusses an example from 1405–1406 recorded in the *Kōryaku* 荒曆. For an excellent summary of Japanese scholarship on disease and defilement more generally, see KIM (2004, 226–235).

延喜式, a set of legal codes offering a window into mid-Heian-period notions of defilement from the perspective of the state. One passage defines two types of persons—*shirobito* 白人 and *kokumi* 胡久美—as examples of “earthly transgressions” (*kunitsu tsumi* 国つ罪), a term that typically referred to prohibited acts or states considered defiling. Although the meaning of these terms in this original context is far from clear, a passage in the late Heian-period *Nakatomi harae kunge* glosses *shirobito* and *kokumi* as “white *rai*” (*byakurai* 白癩) and “black *rai*” (*kokurai* 黒癩) respectively, among others.³ However, as AKASAKA Norio (2013, 302–303) points out, this evidence indicates only that in certain documents were certain illnesses correlated with defilement. Moreover, these are not just any illnesses: they are all distinguished by a conspicuous physical presentation on the surface of the body. It may not be appropriate, therefore, to retrospectively project upon these examples a generalized definition about the category of disease writ large and its relation to defilement.

In fact, there is considerable evidence that diseases were not understood to render one defiled. For instance, a record in the *Nihon shoki* 日本書紀 indicates that a gardener from the Paekche kingdom with white *rai* was employed by the state (MARUYAMA 2002, 205). Household and tax registers testify that people with three legally stipulated categories of illnesses and disabilities, far from being the objects of discrimination, sometimes held privileged positions as the heads of residence units (*gōko* 郷戸), with a subset wealthy enough to own slaves (AKASAKA 2013, 301).⁴ These examples are significant if exclusion from “public” roles and spaces is considered a central characteristic of defilement.⁵ In this regard it is instructive to consider court physicians (*kusushi* 医師), who provided medical services for the royal family and aristocrats. As SHINMURA Taku (1989, 48–59) astutely observes, if illness was understood to be defiling, then physicians would have been contaminated regularly by virtue of their occupation, similar to the “purifiers” (*kiyome* 浄) or “non-persons” (*hinin* 非人) of the later medieval period; thus, he suspects, there must have been some apparatus of purification

3. *Shirobito* is also glossed as “idiocy” (*hakuchi* 白痴), *kokumi* as “tumorous flesh growths” (*kokumi* 瘰癧), and goiter as “swollen legs” (*eishū* 癭瘻).

4. With examples from the *Ryōgige*, these three illness/disability categories in order of severity are as follows: *tokushichi* 篤疾 (severe illness [*akushichi* 惡疾, possibly a reference to *rai*], madness, impaired in two limbs, blind in both eyes), *haishichi* 癈疾 (dwarfism, broken back or hip, impaired in one limb), and *zanshichi* 殘疾 (blind in one eye, deaf in both ears, two fingers missing, three toes missing, missing thumb on hand or large toe on foot, baldness sores and baldness [*tokusō* 禿瘡], long-term leakage of sores [*moruyamai* 久漏], lower pressure [*gejū* 下重]).

5. Heather BLAIR (2016, 9–10) reminds us to keep in mind the specificity of the public/private distinction in the Heian period (which holds true for the preceding Nara period as well), pointing out that “the graph now invested with the meaning public (*kō, ku*) meant the court, with the emperor at its center. That said, rituals sponsored by the court were at the core of the shared life of the nobility, and in this sense they may fairly be termed public.”

by which physicians neutralized this pollution. In my reading, Shinmura was ultimately unable to locate such a mechanism, which is especially noteworthy given that he demonstrates the strict attention that physicians paid to calendrical prohibitions in their medical practice. Perhaps, as Shinmura suggests, such a decontamination system existed but cannot yet be recovered from history. More straightforwardly, though, perhaps illness posed no such pollution problems. In any case, SHINMURA (1989, 49) contends that there is no indication that defilement was understood to directly cause illness.

Other evidence conceivably read as linking defilement and disease may have less to do with disease itself and more with a conspicuous “anaphylaxis regarding death” among the aristocracy (ELISONAS 2001, 18). One notable passage comes from the *Engishiki*. Adopted from the earlier *Yōrōryō* 養老令 (718), the passage is found in the third fascicle:

As a rule, those who mourn the deceased, call upon the sick, visit a place where a [burial] mound is formed, or encounter a third-seventh day Buddhist [memorial] ceremony, although that person’s body is not defiled, on that day such a person is forbidden from entering the Imperial Palace.

(cited in SHINMURA 1989, 48)

“Calling upon the sick” (*monbyō* 問病) is included among activities to be avoided before entering the palace, which some scholars have taken to mean that the sick transmitted defilement (NIUNOYA 2018, 146; SHINMURA 1989, 48–49). However, the passage also notes that “the body is not defiled,” implying that those who come into contact with the sick were not considered polluted as a result. Moreover, MARUYAMA Yumiko (2002, 205) calls our attention to the fact that every other item on the list pertains to death in one way or another. She speculates, therefore, that the injunction against visiting the sick relates ultimately to the high possibility of encountering death, the defiling status of which was, by this time, largely beyond dispute. This same interpretation can help us understand the many tragic examples of households abandoning ill family members to the streets throughout the Heian period, an act that at first glance appears motivated by fears about illness-derived defilement. In fact, tossing out the sick was more likely a prophylactic against domestic pollution caused by death, the inevitable terminus for many who acquired illness in this period (MARUYAMA 2002, 206; NIUNOYA 2018, 46–48; KATSUDA 2003, 43–44).⁶

In this way, evidence from the ancient period attesting to any notion that disease and defilement were related is sketchy at best. When we shift our perspective forward in time to the medieval period, however, the picture begins to

6. One story in the *Konjaku monogatari shū*, for example, notes that a husband’s corpse leaves a woman’s home contaminated with “defiled *ki*” (SNKBT 37: 326–328; DYKSTRA 2014, 978–980). See also the discussion in KIM (2004, 178–180) and STONE (2016, 147).

change. The relationship between disease and defilement was still not necessarily categorical, nor was it always explicit in the way we might expect. For example, even well into the medieval period—when, as I discuss below, concerns about defilement grew to an unprecedented extent—illness did not typically feature on lists of “touch defilement” associated with shrines.⁷ What we do begin to see is a conspicuous relationship between defilement and one disease in particular, *rai*. To explain why *rai* came to be associated with defilement, numerous scholars proposed a set of related arguments we might collectively call the “karmic defilement thesis.” In short, this is the idea that starting in the late tenth century the traditional sense of defilement came to be intertwined with Buddhist conceptions of bodily impurity that were grounded in the notion of karma.

The Karmic Defilement Thesis and Disease

A consensus of scholarship points to an intensification of concerns surrounding defilement from the early to late Heian period (YOKOI 1975; SHINMURA 1985; ELISONAS 2001; ABÉ 2002; STONE 2006; BIALOCK 2007; NIUNOYA 2018; YAMAMOTO 2009). This intensification was characterized by an extension of the number of taboo days required after contact with defilement (a marker of increased severity), a flurry of new debates pertaining to what counts as defilement (a marker of increased ambiguity), and an expansion of the Buddhist ritual fields implicated by *kegare* (a marker that monastics felt compelled to respond to a problem previously outside their ritual domain). These shifts developed alongside the emergence of new ways to imagine the ontology of defilement and its relationship to the body. In the earlier legal-ritual conception of “touch defilement” found in texts such as the *Engishiki*, defilement was much like “dirt” in the sense of “matter out of place” (DOUGLAS 1966, 36, 165). So long as defiled individuals waited out the stipulated number of days—typically thirty in the case of contact with the dead—or underwent purification (*harae* 祓, *misogi* 禊), they could rest assured they were “clean” and thus fit to resume court service or religious practice at sacred sites enshrining the kami. While this physicalist and largely amoral understanding of defilement was never supplanted, the newer ontology that began to surface in the mid-Heian period saw defilement as much less amenable to elimination by time or ritual disinfection. Defilement was now imagined to take residence within the body, in some cases interwoven with one’s very skin, thus becoming chronic and much harder or even impossible to remove.

To account for this change to the older notion of defilement, YOKOI Kiyoshi (1975, 267–293) points to the influence of Buddhist notions of impurity related

7. Illness does not appear in the early Kamakura-period *Shosha kinki* 諸社禁忌, *Goryōsha bukkiryō* 御霊社服忌令, or the *Fusaaki oboegaki* 房顕覚書 by Itsukushima Shrine priest Tanamori uasaaki 棚守房顯 (1495–1590) (YOKOI 1975, 289–290; ELISONAS 2001, 12–15; MARRA 1993, 49).

to the accumulation of karma in past lives, what might be called the “karmic defilement thesis.” One key agent cited for this change is Genshin’s 源信 (942–1017) *Ōjō yōshū*, a clearinghouse for Buddhist sentiments on bodily impurity (*fujō* 不淨). To spur in readers’ feelings of aversion for the “defiled body” (*eshin* 穢身) residing in this “defiled world” (*edo* 穢土), Genshin offers an unsettling and vertiginous tour of the body’s disgusting anatomy. He discusses at length, for example, the eighty-thousand worms (*mushi* 蟲) that inhabit this polluted body, the process of dying that triggers the worms to devour each other in a fight for survival, and the corpse’s multiple stages of decay (*Ōjō yōshū* 1: 55–61). Genshin’s descriptions would become one basis for textual and visual depictions of the “contemplation on impurity” (*fujōkan* 不淨觀) by which Buddhist adepts, lay and monastic, might learn to see their own living body as they would an abandoned corpse by the roadside (EUBANKS 2011, 100–112; PANDEY 1995).

Soteriological in orientation, Genshin’s program presses readers to sever attachment to this fetid, ever-collapsing physiology so they might direct their mind finally toward rebirth in Amida’s Pure Land (RHODES 2017, 183–225). Yet, as Yokoi argued, Genshin’s evocative and haunting discourse exerted effects beyond matters of salvation.⁸ To the earlier sense of *kegare* was now linked Buddhist terminology surrounding karmic hindrance (*zaishō* 罪障, *zaigō* 罪業), resulting in what Jayne Sun KIM (2004, 191) has called “transgression defilement.” “Doctrine, in brief,” writes David BIALOCK (2007, 226), “was now extending its domain into the body as impurity (*fujō*), was interiorized, and defilement took on the meaning of sinful karmic obstruction (*zaishō*).” It is not the case that older senses of defilement were displaced, for as we shall see shortly, external forms of pollution such as corpses garnered much concern. However, defilement was no longer always simply something acquired through external contact or proximity with polluting substances, nor any longer reliably deactivated through taboo prudence or purification. Defilement came to be envisioned as a chronic feature of one’s anatomy—“a kind of ontological entangling” in the words of BIALOCK (2007, 227)—inherited from previous lives through unwholesome actions.

Raised by Yokoi and cited by many others since, the “karmic defilement thesis” convincingly accounts for the assimilation of two distinct imaginaries surrounding defilement in early medieval Japan, one centered around *kegare* and the other on karma. Rooted in the legal-ritual system of spatial and temporal taboos, *kegare* bifurcates a purification/defilement pairing that pertains largely

8. It would be hasty to believe that the *Ōjō yōshū* single-handedly sparked this transformation. HORTON (2004) casts doubt on the extent to which the work had any major influence on the aristocracy after its completion in 985, while STONE (2016, 387–388) has detailed the many ways this work became normative for deathbed ritual manuals in subsequent centuries. In any case, it must be remembered that this historical shift in the imagination of defilement occurred over a long period of time and was fed by multiple discourses.

to external, superficial contact with—or proximity to—polluting substances. On the other hand, the notion of karmic causality, central to Buddhist “physio-moral discourse,” grounds a purity/impurity binary in which physical features of one’s body are inherited through one’s moral backlog.⁹ Generally speaking, in the ancient period, Buddhist ritual technology did not apply to matters of *kegare*, and still less might purificatory rites performed by shrine priests or *onmyōji* 陰陽師 address karma. To conflate these two imaginaries of defilement in the ancient period would have constituted a category mistake—and ritual action in the wrong direction—whereas the early medieval period saw the distinction variably muddled. This muddling constitutes one key feature of what might be called, to borrow a framework from Bruno LATOUR (2013), the “medieval mode of existence” in premodern Japan, a mode in which two originally separate domains—*kegare* and karma—began to coexist to define a shared ontological field.¹⁰

These changes in how defilement was imagined had wide-reaching implications for matters of sovereignty, space, and ritual. Limiting our attention to Buddhist ritual for the moment, monastics began to assert that Buddhist ritual technologies could erase karmic defilement that had accumulated within the bodies of patrons and donors. Ryūichi ABÉ (2002, 106) has discussed this with reference to Myōe 明恵 (1173–1232) and his use of mantras, writing, “in the medieval period, *kegare* was recognized as being far more dangerous than its ancient counterpart”; thus, “[i]t is not accidental that Myōe employed mantras that were particularly renowned for their effectiveness in erasing evil karma.” Eison 叡尊 (1201–1290), known for his social welfare projects, promoted the mantras of Mañjuśrī to eradicate the karma of those considered most polluted—sufferers of *rai* and other “non-persons” (QUINTER 2007, 443). Benedetta LOMI (2014, 256) uncovers a comparable shift in the “water-facing rite” (*karinhō* 河臨法), the denouement of the *rokuji hō* 六字法 (“ritual of the six-syllable sutra”) conducted by monks of both Taimitsu 台密 and Tōmitsu 東密 persuasions throughout the medieval period. Performed to expel all manner of defilement, sorcery, and illness, the ceremony involved an orchestration of boats from which effigies (*hitogata* 人形) carrying the pollution of the donor were to be discarded into the water. Notably, in the final part of the ceremony, esoteric monks enlisted the help of *onmyōji*, specialists in *harae* purification practices. Lomi draws attention to the fact that donors do not passively watch the purification from the shore

9. I borrow the phrase “physiomoral discourse” from Susanne MROZIK (2007, 6–7) but expand the scope to include not only “positive” discourses linking the body to morality but also “negative” ones as well, the latter of which Mrozik calls “ascetic discourse” in accord with her examination of Śāntideva’s *Compendium of Training*.

10. Although Latour’s project is “an anthropology of the Moderns,” the categories and terminology of his project can shed light on medieval and non-Western epistemologies. For examples pertaining to the medieval European context, see DESMOND and GUYNN (2020, 6).

but rather step onto the boats themselves. Through this embodied participation, LOMI (2014, 297) argues, the “body of the donor, initially a spectator of its own purification, is here in the process of becoming the real object of therapy.” Thus, Lomi’s example points to a crossing of once distinct ritual domains—hence monastics working alongside *kegare* purification experts—as well as a related sense that the body was a site of both defilement as well as illness that might be dealt with in the overarching framework of esoteric Buddhist ritual.¹¹

How did this newer notion of chronic defilement shape the imagination of disease? Despite the fact that aspects of the karmic defilement thesis are widely cited by scholars, this question has received surprisingly little attention. What complicates the inquiry is that images of illness and the body in early medieval Japan were already shaped by Buddhist notions of karmic causality long before any categorical and characteristically “medieval” assimilation with the notion of *kegare*. Ample evidence indicates that in ancient Japan it was acknowledged that karma acquired in this or a previous life (*shukugō* 宿業) might manifest pathologically, as for example numerous tales in the *Nihon ryōiki* demonstrate (MIZUGUCHI 2020).¹² Karmic etiology of this sort is rooted in canonical Mahayana scriptures, such as in this oft-quoted passage from chapter 28 of the *Lotus Sūtra*:

If, again, one sees a person receiving and holding this scripture, then utters its faults and its evils, be they fact or not fact, that person in the present age shall get white leprosy. If anyone makes light of it or laughs at it, from age to age his teeth shall be far apart and decayed, he shall have ugly lips and a flat nose, his arms and legs shall be crooked, his eyes shall be pointed and the pupils out of symmetry, his body shall stink, he shall have sores running pus and blood, his belly shall be watery and his breath short: in brief, he shall have all manner of evil and grave ailments.¹³

(HURVITZ 2009, 309)

As YAMAMOTO Satomi (2020, 41–74, 123–156) has shown, such passages informed diverse depictions of the sick and disabled in illustrated sources in medieval Japan, ranging from works in which disease is the explicit subject (for example, the *Yamai no sōshi* 病草紙), to *engi* in which illness is interwoven into the narrative (for example, *Kokawadera engi emaki* 粉河寺縁起絵巻).¹⁴ The

11. Lomi’s thought-provoking study echoes the work of BIALOCK (2007, 227) who had earlier argued that “[b]y the twelfth century, the [*tsuina* 追儺] exorcist had mysteriously shifted roles, switching from the agent who drove out the plague demons to the embodiment of the plague demon itself.”

12. For example, see tales 1.8, 1.16, 2.35, 3.2, 3.11, 3.12, 3.16, 3.20, and 3.34 in NAKAMURA (1973).

13. In premodern sources, this passage is cited in the *Nihon ryōiki* and in modified form in the *Hannyaji Monju engi* 般若寺文殊縁起, a votive text by Eison 叡尊 from 1267 (QUINTER 2015, 115). See also MARUYAMA (2002, 205), KIM (2004, 229), MOERMAN (2015, 82), BURNS (2019, 24–25), and YAMAMOTO (2020, 43–44).

14. For an English translation of Yamamoto’s analysis this text, see YAMAMOTO (2019).

notion of karma as a cause of illness was, moreover, given explicit conceptualization in a work of much import for Tendai Buddhism in Japan, the *Mohe zhiyuan* by Zhiyi 智顓 (538–597), the putative founder of the Chinese Tiantai school. Zhiyi included “karmic illness” (*gōbyō* 業病) as one of six main varieties of illness, and elsewhere prescribed the practice of repentance as treatment.¹⁵ Zhiyi’s sixfold nosology would be cited by figures in Japan such as Nichiren 日蓮 (1222–1282), monk-physicians such as Kajiwara Shōzen 梶原性全 (1266–1337) (GOBLE 2011, 77–79), and, as we shall observe later, Jimon monks. Karmic illness was thus in itself not a radically new idea.

The karmic defilement thesis is surely most convincing in the case of *rai*, a disease concept in which earlier associations of the more transient *kegare* appear intertwined with an embodied and chronic pathological condition. First, that *rai* sufferers (*raisha* 癩者) were seen as defiled in the earlier sense is clear from the ways they were barred from entering shrines, just as somebody who had recently encountered a corpse might have been;¹⁶ from vow texts (*kishōmon* 起請文) it was suggested they were as damned as those punished by gods and buddhas (*shinbutsu* 神仏) (KURODA 1986, 233–258); encyclopedic works expressly defined them as one of the “plentifully defiled” (*eta* 穢多);¹⁷ and in social practices of marginalization they were grouped along with beggars, the disabled, “purifiers,” and other “non-persons” in what Susan BURNS (2019, 19–46) has called “the geography of exclusion.” At the same time, the chronicity of their condition was grounded in the Mahayana perspective of *rai* as a karmic illness. In fact, the *Da zhidu lun* claims that “of the many diseases, *rai* disease is the most severe. Because of causes and conditions from transgressions of previous lifetimes, it is difficult to treat” (T 1509, 25.479a10–12). It is in light of these facts that Shingon Ritsu monks of the Saidaiji 西大寺 order following Eison and his disciple Ninshō 忍性 (1217–1303) looked to *rai* sufferers as the most suitable candidates for their social and soteriological welfare projects, which took the form of charitable offerings of food, medical treatment, bathing facilities, ordination, and practices to elicit the divine assistance of bodhisattvas such as Mañjuśrī (QUINTER 2015).¹⁸

15. Zhiyi’s sixfold nosology is as follows: (1) discord among the four elements (earth, water, fire, wind); (2) unregulated diet; (3) disharmony in sitting meditation; (4) demonic illnesses; (5) *māra* disturbances; and (6) karmic illnesses (T 1911, 46.106c23–25). On Zhiyi’s prescription of repentance, see T 1911, 46.108a2–5.

16. YAMAMOTO (2009, 311–312) gives an example from the *Korō kujitsu den* 古老口実伝 of the late Kamakura period describing how *raisha* were barred from residing in and passing through the boundaries of Ise Shrine.

17. This definition appears in the *Chiribukuro* (1: 288–289; KEIRSTEAD 2009, 274).

18. GOBLE (2011, 87) writes, “While *rai* was not the only affliction that was determined as being karmic in nature, it appears to have been the only one to have elicited an identifiable range of negative perceptions that resulted in discriminatory social behavior towards sufferers.”

Although this aspect is relatively unexplored, the karmic defilement thesis may also elucidate certain aspects of the medieval perception of madness (*tenkyō* 癡狂, *hakkyō* 癡狂, and others), another category of disorders—albeit primarily psychological rather than physiological—associated with defilement. For example, in an entry from the year 1174, the *Akihiro ōki* 顯広王記 reports that a “mad person” (*monogurui* 物狂) climbed into the main shrine building (*shaden* 社殿) of the Inner Shrine at Ise, resulting in defilement that required rebuilding the floor (YAMAMOTO 2009, 192). As this episode suggests, the association between madness and defilement was possibly linked to an inability on the part of the afflicted to adhere to the disciplined system of taboos by which defilement was enacted as social practice. For instance, in his *Sakeiki* 左経記, Minamoto no Tsuneyori 源経頼 (985 or 976–1039) tells of a “mad woman” (*kyōjo* 狂女) who climbed Mt. Hiei 比叡 and was summarily punished by the deity Sannō 山王 with intense weather (ABE 1998, 89). More interestingly, the defiling nature of madness is suggested by the fact that it was occasionally associated with *rai*. An entry from the *Tamon'in nikki* 多聞院日記 observes that both *rai* and madness were understood as forms of divine punishment (YAMAMOTO 2009, 192). In the late-medieval *sekkyōbushi* 説経節 entitled *Shintokumarū* しんとく丸, the cursed protagonist acquires the “three diseases that people despise”: *rai*, madness, and epilepsy (*tenkyō*) (ISHIGURO 2016, 16). An Edo-period Sōtō Zen *kirigami* 切紙 document preserving Tendai teachings also links sufferers of *rai* and madness/epilepsy along with “non-persons” in its prescriptions for a post-burial ritual to eradicate karma (ISHIKAWA 1985). The document also mentions corpse-vector disease. As we shall see later, the Jimon ritual texts focused on eliminating corpse-vector disease also link *rai* and madness, if in different ways.

Because *rai* appears to exemplify central features of medieval society and religion, it is tempting to conflate *rai* sufferers with *byōsha* 病者, “the ill,” more generally (AMINO 1994, 86), and hence to see disease and defilement as inherently connected. However, this has yet to be substantiated. In fact, it is noteworthy that, besides the much-discussed example of *rai*—and the less-prominent case of madness—no other cases of defiled pathology, to my knowledge, have been addressed by scholars in any extensive manner. This dearth of other examples would appear to signal the limits of the karmic defilement thesis, which perhaps does not describe a generalized entangling of disease and defilement within the medieval mode of existence so much as one remarkably consequential example of that entangling.

In the pages that follow, however, I propose that corpse-vector disease is another example in which we can discern a close link between disease and defilement: not a relationship that is predefined, but one that came into being over the eleventh and twelfth centuries. Moreover, this example is especially illustrative because it reveals three features of that entanglement not seen in the case of *rai*:

corpse-vector disease was an acute rather than chronic disease; it afflicted aristocrats and emperors rather than outcasts; and most important, its emergence was tied to what was long understood as the ultimate source of defilement—death. In the following section, I first address the changing understandings of death defilement in the early medieval period that paved the way for the appearance of corpse-vector disease.

Death Pollution in the Capital and Beyond

In the early medieval period, defilement associated with death (*shie* 死穢) was considered the most pervasive and severe form of pollution. As ELISONAS (2001), STONE (2006), and others have pointed out, the prominent position death had come to occupy was not a transhistorical feature of Japanese culture so much as a product of historical processes. One development that amplified concerns about death defilement was urbanization, in particular the establishment of Heiankyō 平安京. Rapid population growth in an era of relentless natural and man-made disasters—famines, droughts, fires, warfare, and epidemics—would transform Heiankyō into the “ultimate corpse metropolis” (*kyūkyoku no shigai toshi* 究極の死骸都市).¹⁹ Reflecting in his *Hōjōki* on an epidemic in 1182 that piggybacked a famine of the preceding year, Kamo no Chōmei 鴨長明 (ca. 1153–1216) reports an arresting headcount taken by an abbot of Ninnaji 仁和寺: 42,300 corpses in the main streets of the capital, to say nothing of more distant quarters and suburbs (KAMIKAWA 2015, 22–24).²⁰ In lieu of cremation or burial and proper funerary rites, the abbot inscribed the Sanskrit letter A on the foreheads of the deceased. The abbot’s count likely included only the bodies with discernible heads. Streets were also littered with bodies decomposed beyond recognition, together with stray limbs and torsos, which piled up in vacant lots and were scattered here and there by rummaging dogs and crows, sometimes finding their way into the otherwise well-groomed gardens of courtiers. The court occasionally attempted to curb this ongoing and at times acute sanitation problem, in the main by ordering metropolitan police (*kebiishi* 檢非違使), purifiers, *rai* sufferers (*katai* カタイ), “non-persons,” and members of other outcast groups to deposit corpses at the “virtual ring of necropoli [that] took shape in the hills and fields surrounding Heiankyō” (NIUNOYA 2018, 53–62; STONE 2016, 145). Yet these efforts did little to remedy the more worrying problem for aristocrats. To borrow the words of Yoshida Tsunefusa 吉田経房 (1142–1200) from an entry recorded in his diary *Kikki* during the aforementioned famine, “Nanto and Kyoto are pervaded with great defilement” (*daishokue* 大触穢) (*Kikki*, 164).

19. For extensive discussion of the dead in medieval Japan, see KATSUDA (2003).

20. Often treated as a work of literature, Chōmei’s accounts have much to recommend their historicity (IHARA 2017, 94–117).

Although anxieties about death defilement undoubtedly peaked during times of epidemic or disaster, historical records suggest such concerns were a constant throughout the Heian period and defined what it was like to live in the capital. For one thing, the pollution that emanated from corpses short-circuited the ritual apparatus, disarming once-reliable sacred sites upon whose potency depended the well-being of the city's inhabitants. Plans in 1191 to revive prayers for much-needed rain at Shinsen'en 神泉苑 were canceled on account of a site survey that concluded, "corpses abundantly fill [the grounds]; the pollution and defilement is beyond measure" (*Gyokuyō* 13: 42).²¹ A request to remove the offending pollution was conveyed to the head of the metropolitan police (*kebiishi bettō* 檢非違使別当), but the priest in charge of the rites countered that, without proper barriers in the form of walls, protection from additional pollution could not be guaranteed, thus one could not hope for "dharmic efficacy" (*hōgen* 法驗) at the site.²² Similar cases abound in this period of rituals and ceremonies either postponed or canceled.

Far from immune, courtiers increasingly found their day-to-day lives organized by anxieties surrounding defilement, which cast its shadows on their minds, their conversations, and their movements. Much time was spent anxiously deliberating how best to traverse the city roads without crossing paths with the abandoned dead. Courtiers sent metropolitan police ahead of their palanquins to scout for and clear the roads ahead of bodies, heads, and limbs. In this process of trying to navigate a capital fraught with danger, encounters with defilement eventually came to be seen as increasingly hazardous. In an entry from the *Taiki* from the year 1145, a funeral palanquin (*sōsha* 葬車) was said to have passed in front of the procession of Emperor Konee 近衛 (1139–1155). Commenting on the inauspiciousness of the event, Fujiwara no Tadazane 藤原忠実 (1078–1162) recounted to his son Yorinaga 頼長 (1120–1156) an incident some forty years earlier when the imperial procession of Retired Emperor Horikawa 堀河 (1079–1107) encountered a corpse on the road. The emperor is subsequently said to have suffered from "coughing sickness" for many years, and this was thought to have been the cause of his death in 1107 (YIENGPRUKSAWAN 1996, 71). Tadazane, however, hypothesized that it was ultimately the emperor's encounter with death defilement that was to blame. For some courtiers, then, the danger of encountering the dead was no longer limited to inauspicious contamination of shrine, court, or palace; rather, in the anxious rumors of courtiers, defilement

21. The affair is described over entries for two days in the diary (*Gyokuyō* 13: 41–49; KATSUDA 2003, 51–56).

22. This example concerns defilement deactivating ritual efficacy, but SHINMURA (1985, 296) also describes a later case from the *Yoshidake hinamiki* 吉田家日次記 for the year 1402 in which medicines that were in the vicinity of defilement had to be purified in the Kamo River and thus, in this way, reactivated.

was now an “inauspicious sign” (*fukichi no shō* 不吉之象) that might more directly spell death. As Tadazane commented, “When corpses are on the road [the people who encounter them] do not last long; how much more so [when they encounter] funeral palanquins!” (ZST 23: 164).

Among the most disconcerting features of death pollution was the difficulty in discerning the pathways of transmission. In centuries prior, legal codes such as the *Shingishiki* 新儀式 had defined the transmission of defilement in a more or less clear sequence of four positions: *kō* 甲, *otsu* 乙, *hei* 丙, and sometimes *tei* 丁. *Kō* marked the first site or person defiled, as by encountering a corpse. *Otsu*, or secondhand defilement, occurred when a person entered a *kō* space after the corpse was removed, or if a *kō* person entered a second space, rendering that space *otsu*. Thirdhand (*hei*) defilement likewise occurred through interaction with *otsu*, and there was additionally the possibility of fourth-hand (*tei* 丁) defilement (YAMAMOTO 2009, 45–51; STONE 2006, 207).²³ In theory, this linear sequence meant pathways of defilement transmission were easily traceable back to “patient zero” of the contamination. In practice, however, things quickly became messy, spurring debates that often required the intervention of specialists such as *onmyōji*.²⁴ Most important, the reconstruction of transmission pathways was frequently undermined by the fact that defiled individuals were often unaware of their compromised state (YAMAMOTO 2009, 46, 48). Herein lies an important early distinction between defilement and disease: *kegare* was not understood to present on the body, so defiled individuals were largely asymptomatic and might contaminate multiple persons and places without knowing. Thus, while legal descriptions of defilement transmission suggest a resemblance with the spread of disease and thus the possibility that both belong to a shared category of “contagion,” this lack of embodied presentation marks an undeniable difference between disease and defilement and another reason why the two should not be readily conflated.

This already vexing problem of tracing defilement transmission was complicated in the late eleventh century by an unprecedented sense that death defilement was now capable of covering more territory in a new ontological guise. In 1096, crowds flocked to witness the eminent monk Keichō 慶朝 (d.u.) consecrate a new temple to be attached to Sumiyoshi Taisha 住吉大社. The pilgrims were so numerous that crowds began interrupting the assembly. In response, shrine authorities began expelling the pilgrims, sending dozens into a nearby pond, whereupon many drowned. When participants in the ceremony thereafter

23. Roughly the same transmission sequence can be found in the later *Goryōsha bukkiryō* (ELISONAS 2001, 12–15).

24. For example, opinions differed on the question of whether fourth-hand defilement required a taboo period (YAMAMOTO 2009, 51).

went to court, it was declared that the realm at large (*tenka* 天下) was now polluted (YAMAMOTO 2009, 48, 134–135). In another example, just two days after a separate case of realm-wide defilement had ended (the details of which are unknown), a vicious fire broke out at the residence of Fujiwara no Sanemori 藤原実盛 (d.u.), leading to the death of many in the household. In his *Chūyūki*, Fujiwara no Munetada 藤原宗忠 (1062–1141) commented gravely, “In recent days the realm is filled (*henman* 遍満) with thirdhand defiled *ki*.” Munetada further links these events to recent “strange happenings” (*kaii* 怪異) that occurred during the middle of the previous night—a bell in a treasure hall spontaneously ringing all by itself, and an earthquake—taking these as reasons to observe taboos (*monoimi* 物忌) that day (DNK 7: 137). A third example is the well-known battle of Ichi no Tani of 1184. In a recent article, Vyjayanthi SELINGER (2019, 33) has shown that the *Heike monogatari* 平家物語 conceals the gory material realities of war through the deliberate absence of depictions of blood.²⁵ In reality, the bloodshed of the conflict was imagined as having consequences far beyond the battleground. For example, in the *Gūji enji shō* 宮寺縁事抄, a Kamakura-period record of Iwashimizu Hachimangū 石清水八幡宮, the warfare of this one battle is said to have released defilement throughout the realm (YAMAMOTO 2009, 135). Collectively, this new sense of defilement—articulated with phrases such as “defilement in the world” (*seken e* 世間穢), “defilement in the realm” (*tenka e* 天下穢), and “touch defilement in the realm” (*tenka shokue* 天下触穢)—conveyed the concern that certain forms of death defilement were now spreading on a vast scale, comparable to natural disasters, vengeful spirits (*goryō* 御霊), and epidemic deities (*ekishin* 疫神).

A large number of examples of epidemic defilement pertain to contamination of the Imperial Palace and the death of the sovereign. For instance, in one episode reported in the *Chūyūki*, secondhand (*otsu*) defilement contaminating the Imperial Palace resulted in “defiled *ki* pervading the world” (cited in YAMAMOTO 2009, 136). If the emperor was understood to be the center of purity within the medieval mode of existence, the Imperial Palace, once polluted, became the platform by which defilement was broadcast throughout the entire realm. One striking event is the fire of 1177 that destroyed the Daigokuden 大極殿, a critical ritual venue at which ceremonies for national protection were performed (*Hōjōki*, 16–17). The destruction of what occasionally functioned as the emergency center for realm-wide disasters provoked lengthy deliberation by specialists from the Jingikan 神祇官 and the Onmyōryō 陰陽寮, both of whom declared that indeed

25. Selinger’s study of blood as a “zero signifier” in the *Heike monogatari* offers a creative way to trace the broader impact of the imaginary of defilement in medieval Japan, which sometimes requires a careful reading between the lines that admits the possibility that a conspicuous absence might in fact constitute a deliberate semiotic strategy (SELINGER 2019, 35).

this was a case of “defiled *ki*” (DNK 2: 218). Another common cause of the mass spread of “defiled *ki*” was the death of emperors and warrior rulers. The most famous example is the death of Minamoto no Yoritomo 源頼朝 (1147–1199) in Kamakura, which resulted in the postponement of numerous ceremonies across the realm, “a state of national pollution” (ELISONAS 2001, 19–20). As the seat of power had by then shifted to Kamakura, it became the new site from which the deaths of rulers might launch realm-wide defilement (KURODA 2009).

Identifying this phenomenon as a new development in the late-Heian period, YAMAMOTO (2009, 134–138) sees these expressions of epidemic defilement as lacking a clear standard of reference and, as a result, interprets them as subjective exaggerations on the part of aristocrats. Indeed, the possibility of such boundless defilement does not fit nicely with the evidence Yamamoto has gathered suggesting that defilement transmission was not seen as a major concern in open spaces such as large roads, bridges, or fields (YAMAMOTO 2009, 51–62). And yet, the realm-wide circulation of death defilement had palpable effects in the cancellation or postponement of court and shrine ceremonies, as well as temporary bans on hunting, fishing, and the performance of music throughout Japan, thus impacting not only the elite but common people as well (KURODA 2009, 40–41).

More important, to speak and write of defiled *ki* filling the realm was clearly a way to articulate unprecedented concerns as to what defilement was capable of in a capital overflowing with the dead. This new expression of unbound defilement surely evoked another entity wafting through the air, namely the horrific stench of death, a sensory experience that we might imagine was linked to growing concerns about defilement. In his study of the smellscape of Heiankyō, Yasuda Masahiko notes that the smell of death would have been unavoidable, especially during the hot summer months and near places such as the bed of the Kamo River where corpses that could not be cremated were left to decompose in appalling numbers (YASUDA 2007, 91). Indeed, in the *Hōjōki*, Chōmei writes, “There being no one even to dispose of the bodies, a stench filled the whole world, and there were many sights of decomposing bodies too horrible to behold” (KEENE 1955, 203; *Hōjōki*, 23). Pollution was thus conceivably registered through the bodily senses that residents of Heiankyō cultivated through the traumatic experiences of disasters as well as daily life in the capital.

To Heian courtiers, the novel sentiment of defilement circulation they expressed by way of the term “defiled *ki*” would have also conceivably evoked the ontology of diseases, both collective and individual. Although the term *ki* held multiple meanings in classical Chinese medical discourse, in courtier diaries in Japan it was often used to refer to a pathological agent or condition. For example, the proliferation of defiled *ki* throughout the realm immediately conjures images of disease epidemics, one word for which was “epidemic *ki*” (*ekiki*

疫氣).²⁶ An outbreak of measles (*akamogasa* 赤疱瘡) in 1025 was said to afflict “all under heaven,” language that parallels descriptions of defiled *ki* (FARRIS 1993, 379). Second, defilement and epidemic *ki* imagined to fill the realm were much like the *ki* of disease (*byōki* 病氣) said to accumulate within individual ailing bodies. Partly informed by Chinese medical discourse, Heian-period diaries and literature refer to such diseases as “coughing *ki*” (*gaiki* 咳氣), “chest *ki*” (*munenoke*), and “leg *ki*” (*ashinoke* 脚氣) (HATTORI 1955, 80–83).²⁷ Two of the most frequently used disease concepts were *mononoke* 物氣 or 物怪 and “evil *ki*” (*jake* 邪氣), the equivalent of *mononoke* in courtier diaries (*kanbun nikki* 漢文日記). While both terms could refer to the spirits of individual persons, by the late Heian period, these spirits were largely understood as disease entities with nebulous identity yet powerful afflictive force. Treatment against stubborn *mononoke* or *jake* often required the intervention of eminent Buddhist healers known as *genza* 驗者, who would transfer the spirit to the body of a medium and then subjugate it in a ritual known as *abisha* 阿尾奢 (from the Sanskrit *āveśa*; see UENO 2013; ODA 2016; IYANAGA 2019).

In addition to these disease terms using *ki*, physicians and courtiers also remarked on the quantity and quality of the *ki* associated with the disease in question. An “increase in *ki*” meant symptoms had worsened, whereas a “decrease in *ki*” meant the condition had noticeably improved.²⁸ As a kind of pathological barometer for diagnosis, these terms were often used when describing the impact, or lack thereof, of treatment methods, whether medical or ritual. Fujiwara no Sanesuke 藤原実資 (957–1046), for instance, reports that as a result of Tōji 東寺 monks chanting the *Peacock Sūtra* on his son’s behalf, the latter’s “hot *ki* [*nekki* 熱氣] decreased.”²⁹ Diary entries describing illness often reveal multiple guises of pathological *ki* at play, as can be seen in this example regarding the illness of Fujiwara no Kōshi 藤原幸子 (1112–1155), wife of Yorinaga:

26. Defilement and the homophonous term “epidemic demons” (*ekiki* 疫鬼) were already linked in the *Engishiki* (NIUNOYA 2018, 146).

27. On leg (or foot) *qi*, later identified as beriberi, in Chinese medical history, see SMITH (2017).

28. With the exception of SOGA Yoshinari’s (2008) examination of the word “exhaustion” (*shorō* 所勞) in courtier diaries, a careful study of the language used to describe disease and *ki* in this period has yet to be written, leaving much still unknown about the reception of body images and disease concepts deriving from Chinese medical literature.

29. The efficacy of the rite was revealed in the dreams of two separate individuals, a family member and one of the attending priests. The passage reads: “[My son’s] hot *ki* decreased. Last evening, we had Tōji [monks] perform prayers. There were two dream visions. Norisuke 経相 (d.u.) dreamed that a large bird came, ate a large snake, and then flew off. This is surely [a sign of] the efficacy of Jinkyū 尋汲 (d.u.) chanting the *Peacock Sūtra*. The large bird [in the dream] is the peacock. Jinkyū also had a dream in which Jinjaku Sōjō 深覚僧正 (955–1043) came and sat down. These are all [signs of the] unseen assistance (*myōjo* 冥助) of Tōji” (DNK 6: 185–186; UENO 2013, 19–20).

Twenty-fourth day. *Kanoë uma* 庚午. The lady's warm *ki* (*onki* 温気) has yet to disperse, and it has been like this already for some days. Additionally, on some mornings there is no warm *ki*. Is this not epidemic *ki* (*ekiki*)? [Kamo no] Akinori [賀茂]在憲 and [Abe no] Yasuchika [安倍]泰親 both declared a divination of epidemic *ki*, thus there had been no transfer of the *mononoke* [by Buddhist monks]. However, through divination [Kamo no] Chikanori [賀茂]周憲 declared that it is not epidemic *ki*. Therefore, starting today, [Buddhist monks] will transfer the *mononoke* [to a medium], with Sainin 最仁 serving as the *genza*. (ZST 24: 165)

In sum, then, to speak of “defiled *ki*” was to evoke a constellation of images pertaining to the *ki* of realm-wide epidemics, pathological agents associated with the dead that were rampant in aristocratic society, and the presence of disease as it accumulated in individual bodies. In the next section, I show that this period, and the late twelfth century in particular, was also characterized by the emergence of a strange disease intimately tied to death.

Afflicted by Corpses

It was at the peak of these developments in the late twelfth century, when corpses flooded the capital with pollution and anxieties about “defiled *ki*” crisscrossed with rumors about death and disease at court, that aristocrats and members of the imperial family found themselves afflicted with a mysterious and by all accounts unheard-of illness. “Transferring-corpse disease” (*tenshibyō* 転屍病), a term synonymous with “corpse-vector disease,” was thought to be the affliction that struck three high-profile patients in the years 1165, 1175, and 1179, respectively. A close reading of diary entries describing these cases reveals that, while in the eyes of observers this disease was largely anomalous, as I will show, its emergence at this time reflected dis-ease toward corpses as agents of transmission, which became increasingly common in this period.

The first to be afflicted by the disease was no less than a newly retired emperor, Nijō. The eldest son of Go Shirakawa, Nijō had been weak in disposition since his youth. At age twenty-three, in the year 1165, he was stricken with an illness that would spell the end of his reign and eventually his life, on the twenty-eighth day of the seventh month. In the months leading up to that date, monks and shrine priests conducted a dizzying array of ceremonies on Nijō's behalf, including purification rites (*ōharae* 大祓) and offerings (*hōhei* 奉幣) at ten shrines, recitations of the *Peacock Sūtra* at the Imperial Palace led by Go Shirakawa's younger brother Kakushō Hosshinnō 覚性法親王 (1129–1169), an Aizen Myōō 愛染明王 ritual performed at the Seiryōden Futama 清涼殿二間, offerings at Ise Shrine, and the consecration of one hundred images of Fudō Myōō (*Fudō zō*

hyakutai kuyō 不動像百体供養) at Ninnaji (KOMATSU 1977, 141–144).³⁰ Since the stubborn affliction refused to abate, Nijō was forced to retire on the twenty-fifth day of the fifth month, and the throne was passed to Go Shirakawa's second son, Yorihito, then a one-year-old infant. As Nakayama no Tadachika 中山忠親 (1131–1195) reports in his *Sankaiki* on the twenty-eighth day of the sixth month, however, Nijō was not yet abandoned, for his caretakers resorted to unorthodox measures:

The newly retired emperor's affliction has yet to lessen. Today, Iwaya Shōnin 岩屋聖人 visited in secret and applied moxibustion on two spots on [Nijō's] chest, twenty-one cones each. The governor of Sagami, Nobuyasu 信保, offered moxibustion....³¹ [It is said that Iwaya] Shōnin treats transferring-corpse disease. [The idea to summon Iwaya] was proposed by Middle Counselor Taira.

(ZST 26: 284)

Although this is the earliest extant mention of Iwaya Shōnin in the historical record, Tadachika implies that the “holy man” (*shōnin*) has already made a name for himself as a healer of “transferring-corpse disease,” an affliction that, at least in the eyes of Nijō's caretakers, refused all manner of premier treatments and hence called for a special moxibustion treatment (*kyūji* 灸治) employed by a *hijiri* 聖.³² This unusual, last-ditch attempt apparently did not work; Tadachika reports that, not long after his treatment, Nijō got diarrhea after eating coarse

30. The consecration of images as part of the arsenal of treatments for Nijō recalls the broader dynamic of individual illnesses and epidemics fueling the production of Buddhist art in this era, discussed by YIENGPRUKSAWAN (1996).

31. Because of a lacuna in the text, it is unclear in what way Nobuyasu “offered moxibustion.” KOMATSU (1977, 141–144) suggests that Nobuyasu used incense to light the moxibustion, but no justification is given. In any case, it would not have been unusual for Iwaya to require some assistance in performing this treatment.

32. It will become clear in subsequent pages that diarists struggled with correct terminology and transcription, leading to interpretive difficulties for scholars. For instance, KOMATSU Shigemitsu's (1977, 141–144) parsing of the passage leads to a misreading: “Shōnin treated (*ryōten* 療転) death diseases (*shibyō* 死病).” SHINODA Tatsuaki (2006, 73–80) follows Komatsu in his history of the illnesses of emperors written for a popular audience. The confusion stems partly from the preference on the part of diarists for *tenshibyō* over *denshibyō*. I treat these as synonymous, as does UENO Katsuyuki (2013, 260–261). The only other prominent example of *tenshi*[*byō*] outside diary entries is a section in the *Eichikushō* 英蕃抄 titled “Eliminating Transferring-Corpse [Disease]” (*jo tenshi* 除転尸). We should keep in mind that “transferring”—or rolling, transforming, or mutating—was also used to describe the circulation of corpse-vector disease (T 1221, 21.100a3). In any case, the term “corpse-vector disease” has itself proven difficult to detect. In a similar way, in an otherwise meticulous translation of *Qianshou qianyan Guanshiyin pusa guangda yuanman wuai dabeixin tuoluoni jing*, William J. GIDDINGS (2017, 272) renders *chuanshi gui qi* 伝屍鬼氣 as “the carrier of a spirit or a *vetāla*,” thus overwriting the Chinese medical referent—“the *qi* of the corpse-vector [disease] demon”—with the “vampire” of Sanskrit religious literature (T 1060, 20.110b15).

food and lost consciousness, whereafter he refused to eat, beginning the month-long countdown until his death.

Although the previous entry hints at other sufferers of the disease treated by Iwaya, the next known case comes from nearly ten years later, in 1175, when the same diagnosis was proposed for Fujiwara no Chūshi 忠子 (d. 1220), wife of Matsudono Motofusa 松殿基房 (1145–1231). Opposed by certain factions at court, the marriage between Chūshi and Motofusa had been something of a scandal. Her illness thus garnered considerable attention, as Motofusa was then regent and Chūshi five months pregnant. Aspects of the event are described in both the *Sankaiki* and *Gyokuyō*, the diary of Kujō Kanezane 九条兼実 (1149–1207). As the entry for 8/16 in the former record notes, Iwaya was summoned, again because of his reputation. In possibly the only firsthand account of the entries examined here, Tadachika writes that Iwaya is “the dharma master that protects the body from the *tenshinbyō* 転申病 that has arisen in recent years.” It may have been decided that Chūshi’s symptoms recall those of Nijō almost exactly ten years earlier: “[Chūshi] has become unable to eat,” Tadachika reports, “sometimes she has warm *ki*, the inside of her body is acrid and bitter, she is dramatically emaciated from her exhaustion, and she wears fright and fear on her face” (ZST 27: 72). *Tenshinbyō* is undoubtedly a mistranscription for *tenshibyō*, “transferring-corpse disease.”

The second entry concerning Chūshi’s sickness, this one from the *Gyokuyō*, contains additional details. The secondhand report Kanezane conveys indicates first that Chūshi is suffering from evil *ki*. But in an interlinear note, Kanezane wonders: “Was it suspected [that the affliction was] transferring-*gyaku* disease?” Kanezane’s reason for speculating the affliction might be “transferring-*gyaku* disease” (*tengyakubyō* 転虐病) is the fact that Iwaya has been summoned (*Gyokuyō* 3: 252). This is, once more, consistent with Iwaya’s reputation in aristocratic society, and suggests that Kanezane’s *tengyakubyō* is either a conflation of two distinct disease concepts—*gyakubyō* 虐病, a pathology mentioned frequently in diaries of the period, and transferring-corpse disease—or, more straightforwardly, a mistranscription of “transferring-corpse disease,” a disease concept that eluded his vocabulary.

Reading further in Kanezane’s entry, we learn that Iwaya was not the only one summoned, leading to a dramatic scene erupting around Chūshi’s sick bed (parentheses enclose Kanezane’s notes):

Court Chaplain Kakukan (son of Masakane; of Miidera) also [came to] pray for her. During that time, the aforementioned Shōnin, likewise prayed for her, from within the screen. The Court Chaplain overheard this from his side and, in a great burst of anger, stormed out. Although the Regent tried assertively to stop him, he still would not consent [to stay], whereupon another monk was requested [to replace him].

(*Gyokuyō* 3: 252)

On each side of the folding screen enclosing the patient are two Buddhist healers representing different ends of the social spectrum. Son of Minamoto no Masakane 源雅兼 (1079–1143) and priest of the elite monastery of Onjōji, Kakukan 覚寛 (d.u.) holds the title of Court Chaplain (*naigu* 内供), a prestigious position that entailed serving emperors and other members of the imperial family within the palace (HAYAMI 1975, 22). Kakukan performs prayers outside the folding screens that enclose Chūshi. Meanwhile, Iwaya, a holy man of unknown rank and status—Kanezane makes a point to note elsewhere that he does not even know the fellow’s surname—performs prayers and moxibustion from within the folding screen, and presumably close enough to her body to apply moxibustion. Once again, it seems that this strange disease calls for unconventional means in the dual employment of these two healers of different pedigrees.

The third case concerns the illness of Taira no Moriko, daughter of Taira no Kiyomori. In the sixth month of 1179, Tadachika reports that Moriko is “wasting and withering day by day.” Here, he uses the same term he used some four years earlier with Chūshi, *shōsui* 憔悴, to which he adds *kokō* 枯槁, a word that refers to the withering of plants as well as the wasting of persons, perhaps a *kan-bun* flourish to aestheticize (and thus euphemize) this difficult situation. Reflecting on Moriko’s symptoms, Tadachika rhetorically asks: “Is it not *hakushibyō* 博死病?” (ZST 27: 294). Since Tadachika used “transferring” (*ten*) as the first character in previous entries on Nijō and Chūshi, the first character here (*haku*) is a mistranscription; correctly, it should be *ten* 転 (or *den* 伝). Tadachika moreover uses the character for “death” where we might expect “corpse,” yet the meaning is largely the same. In sum, it is evident Tadachika speculates that, like Nijō and Chūshi before her, Moriko was suffering from transferring-corpse disease.

The second relevant entry on Moriko, from the *Gyokuyō*, was written after Moriko had passed away but reports the final stages of the illness:

The aforementioned honorary empress (*jugō* 准后) [Moriko] had been afflicted and not eating since the past spring. The *ki* [of the illness] gradually increased. The head of the Bureau of Medicine, Yasushige, applied moxibustion, but because [the *ki*] did not decrease even after this, a body-protection [rite] (*kago shin* 加護身) was carried out to transfer the evil *ki* (*jake*) [out of her body and into a medium’s body]. Although the [*ki* of the disease] diminished a little after that, these means had not taken care of it for good, and so she passed away.

(*Gyokuyō* 6: 210–211)

Once again moxibustion is tried, recalling the precedent of Iwaya, but this time it is applied by the head of the Bureau of Medicine (Tenyakuryō no kami 典薬寮頭), Wake no Yasushige 和氣定成 (1123–1188). Because the *ki* of the disease did not diminish, however, they change strategy, and an unnamed monk is called upon to perform a “body-protection rite.” Because this involved “transferring

a *jake*,” this was probably an *abisha* rite. As such, it represents a possible change in diagnosis from transferring corpse-disease to evil *ki*, which as we noted above was related to the generalized pathology of evil spirits of the dead. In fact, however, transferring-corpse disease may have already been associated with such disembodied spirits. The ritual to transfer the disease-causing spirit into the body of a medium may have been performed by Iwaya, given his reputation for “protecting the body” from this very affliction. Either way, the rite is not successful and Moriko soon passes away.

Several important takeaways emerge from across these diary entries. For one, the inconsistent and incorrect transcriptions of what was in all likelihood the same disease term makes it clear that the disease was seen as an anomaly to those involved. Writing in 1175, Tadachika comments that the disease has “arisen in recent years,” suggesting that it was indeed considered new and thus unfamiliar. The mistranscription is particularly surprising in the case of Kanezane, who was one of the best educated men in his day and whose formidable medical knowledge rivaled that of court physicians. The undecidability of the diagnosis—accompanied by changes in treatment methods—suggests the unfamiliarity extended to the healers as well, and there were likely disagreements about how to identify the affliction. Notable here are the attempts to make this strange disease legible by drawing upon a more ordinary disease vernacular in the way of *ki* diagnostics and better-known pathologies such as *gyakubyō* and evil *ki*. That said, even as they floundered in their attempts at transcription, they were already in the process of making this anomalous disease less alien. As Charles E. ROSENBERG (1992, 305) comments, “In some ways disease does not exist until we agree that it does, by perceiving, naming, and responding to it.” These entries indeed witness the emergence of a disease.

One of the least ambiguous indications that the disease was seen as anomalous is the unconventional treatment that was attempted. In the case of Nijō, a raft of rituals were performed, including rites based on the *Peacock Sūtra*—long revered in Japan for its efficacy in healing and safe childbirth—and rituals for the wrathful wisdom kings, Aizen Myōō and Fudō Myōō 不動明王, the latter of whom was the central divinity in five altar ceremonies (*godanhō* 五壇法) that, beginning with Ryōgen 良源 (912–985) in the mid-tenth century, proved successful in treating emperors (HAYAMI 1975, 89). When these tried-and-true rituals failed, as a final option, those caring for Nijō chose to summon the “holy man” Iwaya. We can surmise that a similar sequence happened in the later case of Chūshi as well. While *hijiri* like Iwaya played critical roles as healers and were praised by figures such as Kanezane, as KIKUCHI Hiroki (2011, 80–95) notes, these semi-reclusive figures with sometimes unknown pedigrees were looked upon with much suspicion in aristocratic society. Thus, in the case of Nijō, the idea to employ Iwaya was suggested by Middle Counselor Taira no

Kiyomori—himself an eccentric figure seeking to establish what BIALOCK (2007, 273, 316) calls a “heterotopic court,” and whose daughter Moriko would later acquire the disease. In the case of Chūshi, the presence of Iwaya ends up offending a career cleric (*kansō* 官僧) serving as *naigubu zenji* 内供奉禪師, a venerable office long associated with treating the emperor and members of the imperial family.

Despite the anomalous character of the disease, the presence of a *hijiri* points to another dimension that was likely unsettling in its familiarity: the association between this disease and the dead. As STONE (2006, 225) points out, *hijiri* were seen as “death-managing monks” who, like those *zenchishiki* 善知識 who guided and assisted deathbed rituals (*rinjū gyōgi* 臨終行儀), “represent an important step in the development of an emergent class of Buddhist practitioners able to handle the dying and diseased and contain the pollution of death” (STONE 2016, 372). Indeed, it would appear that all three elite patients were presumed to be on their deathbed. Nijō and Chūshi both passed away not long after the events were recorded. In his entry for Nijō, Tadachika explicitly references the stories of Myōren 命蓮 and Mitaki Shōnin 三瀧聖人, two *hijiri* said to have cured emperors on their deathbeds (ZST 26: 284). As such, the defilement expected to attend the death of the patient would have been less of a concern for *hijiri*, who performs their prayers in close proximity to the patient inside the folding screen, than it might for an official cleric such as Kakukan, who performs his healing rituals on the other side of the folding screen safe from potential defilement.

More immediately, the association between this disease and death is evident in the name of the affliction, “transferring-corpse disease.” Indeed, why was this newly emergent disease given a name that suggested dead bodies were somehow involved in the transmission? The diarists did not record a rationale for the diagnosis, yet it is still possible to reconstruct some of the thinking process. First, because the disease concept appears in Chinese medical literature, it is reasonable to suspect that a healer conversant with that literature drew a relatively felicitous correlation between what they were reading and what they were seeing—the symptoms exhibited by the patient. However, this answer only takes us so far, since Chinese medical texts contain numerous other disease concepts with sets of symptoms that might just as reasonably be mapped onto the above cases. This includes “wasting disease” (*sōbyō*), “bones steaming” (*kotsujō*), and many other ailments within the categories of “depletion exhaustion” (*kyorō*) and the closely aligned “infusion” (*chū* 注) (*Ishinpō* 3: 1093–1160). I suggest that “transferring-corpse disease” was chosen over these other available options because, in both name and concept, it most directly expresses a more recently developed image of corpses as agents of pathological contagion, which was in turn tied to growing anxieties about death defilement in the capital.

In Chinese medical discourse, one predominant meaning for *ten* is “transferring,” referring to the movement of a pathological entity from one body part or organ to another within the body or, as in the case of infectious diseases, from one entity or person to another. For example, the entry on “transferring infusion” (*chuanzhu* 転注) in the *Zhubing yuanhou lun* reads: “Transferring infusion refers to [the illness acquired] when one individual dies and [the disease] is exchanged with the people nearby” (TIZS 6: 124). This is also the basic sense of “transferring-corpse disease” (*tenshibyō*), the term used in courtier diaries above, which expresses the notion that the disease is transmitted to persons by corpses. In Japan, the term was used interchangeably with “corpse-vector disease,” which is by far the more commonly used term in medical literature in both Japan and China to describe diseases transmitted by corpses. Indeed, perhaps the diarists meant to transcribe this term, which differs from *tenshibyō* by the radical of only a single character.

These facts suggest that courtiers and their healers in the late-twelfth century, in conversation with Chinese medical literature, had begun to imagine that there was a particular disease that came from corpses. In fact, the *Gotai shinbun shū*—a medical text long thought to date to the Muromachi period but recently redated to 1191–1194—includes a description of a “corpse disease” (*shigai toiu yamai* 屍骸卜云病) acquired when, unawares in the middle of the night, you step on the bones of a corpse of a person or animal (*Gotai shinbun shū*, 71). This newer sense that contact with a corpse might “transfer” a sickness is not far from the older notion that contact with a corpse leads to the transference of death defilement. Although I have insisted on differences between disease and defilement, I suggest the diary entries above witness connections between these two that were beginning to come into existence. At this time, however, “transferring-corpse disease” was still nascent, elusive, and—most consequentially for those involved—treatment-resistant. I turn now to examine a healing ritual created by Buddhist monks of the Jimon lineage designed specifically to solve this problem.

The Jimon Moxibustion Ritual for Expelling Corpse-Vector Disease

One monastic community that came to take special interest in diseases associated with death and the dead was the Jimon lineage of Tendai based at Onjōji. For example, Jimon monks had drawn upon continental sources focused on Fudō Myōō to craft a ritual titled “Expelling the Great Death Ritual” (*jo daishi hō* 除大死法; *Hōhiki*, 110–114). Numerous references to the ritual are found in the *Hōhiki*, Keihan’s 慶範 (1155–1221) compilation of the teachings of his master, Shin'en 真円 (1116–1204) (MATSUMOTO 2010; DOLCE 2011). The Expelling the Great Death Ritual was aimed at quelling epidemics of contagious diseases

(*shitsueki* 疾疫) that threatened to bring about the calamity of mass death (*daishi nan* 大死難). One distinctive feature of the performance of this practice appears to have been the burning of “skeletal grass” (*kotsurosō* 骨婁草), a substance whose adoption likely relates to the symbolic evocation of the relationship between epidemics, death, and corpses embedded in its name.

However, the most direct response to death-related afflictions that Jimon monks would launch was a healing rite aimed expressly at treating corpse-vector disease in individual sufferers. As noted above, although identical to the “transferring-corpse disease” noted in diary entries, corpse-vector disease was the standard term in Chinese medical literature. The *Shōshiki daikongō yakusha byakima hō* (hereafter, *The Ritual for Expelling Demons*) that targeted this affliction was an extensive multiday ritual program (*shuhō* 修法), in particular a fire ceremony (*goma* 護摩) centered on Shōmen Kongō 青面金剛, a deity largely unknown at the time. Designed to eliminate disease-causing demons, the rite fits squarely within the genre of esoteric rites for subjugation (*chōbuku* 調伏 or *gōbuku* 降伏). However, the most innovative feature of the rite in terms of therapy is its promotion of moxibustion, which a ritualist is to apply to the patient’s body on specific locations in the context of the fire ceremony. Thus, although the ritual itself is not mentioned in any courtier diaries, as a combination of moxibustion and Buddhist ritual technologies against a disease caused by corpses, in practice, it appears to be remarkably similar to the method for which Iwaya gained a reputation. Given the renown Jimon monks had garnered throughout the Heian period at court as healers, their rite was undoubtedly designed to respond to the recent transferring-corpse disease outbreak and bring relief to ailing aristocrats and members of the imperial family (MACOMBER 2020).

Jimon monks compiled both a liturgical text and oral transmission documents for the practice. The liturgical text was titled after the ritual itself, *The Ritual for Expelling Demons*.³³ “Oral transmissions” (*kuden* 口伝) and notes (*shōmotsu* 抄物) concerning the ritual were collected in the *Denshibyō kanjin shō narabi ni sōbyō chihō* (hereafter, *Essential Notes*). Surviving editions of the liturgy and secret teachings were put to writing at around the same time, in the 1170s, when Jimon monks were in the process of consolidating numerous

33. The Taishō edition of this text (T 1221, 21) is rife with lacunae and errors, and the whereabouts of the parent manuscript, once held by Tōji Hōbodaiin 東寺宝菩提院, are now unknown. Many missing sections were transcribed by Yoshioka Yoshitoyo using the Koyasan University (Haruobon 春雄本) manuscript (YOSHIOKA 1997). A complete manuscript of the liturgy, copied by Anō 穴太 monks of Sanmon-Tendai some 130 years after the earliest Jimon dates, survives today in the Ōsu Bunko collection at Shinpukuji 真福寺 in Nagoya (Ōsu Bunko 56–157). This is the primary manuscript used throughout this article. I am indebted to Abe Yasurō for making the Shinpukuji manuscript and several others available for my research. Another copy with identical Anōryū colophons is held at Shōren’in Kissuizō 青蓮院吉水藏.

lineages under the Jimon umbrella through the collection and collation of teachings (MATSUMOTO 2010).³⁴ For this larger project, Jimon monks availed themselves of textual resources on hand at Tōin 唐院, the library of sacred writings (*shōgyō* 聖教) at Onjōji. Central to this work was Keihan, otherwise known for his compilation of the aforementioned *Hōhiki*, an important collection of Jimon ritual knowledge in the early medieval period. Colophons in the *Record of Secret Treasures* show much of that work was completed at Nyōiji 如意寺, originally a clan temple of the Taira—to which Keihan, son of Taira no Chikanori 平親範 (1137–1220), belonged—that came to be assimilated into Onjōji. Other parts were composed at a villa of the Kujō 九条 family, one of the five branches of the powerful northern Fujiwara, which had close ties to Onjōji in the Heian and Kamakura periods. In the *Record of Secret Treasures*, Keihan records rites performed by his teacher Shin'en to ensure the safe delivery of the child of Kujō Taeko 九条任子 (or Ninshi; 1173–1239), consort to Emperor Gotoba 後鳥羽 (1180–1239) and daughter of the progenitor of the Kujō family, Kujō Kanezane (MATSUMOTO 2008). Unsurprisingly, Keihan's name appears in the colophons for most surviving editions of the *Ritual for Expelling Demons* texts dating from this period as well. As a typical pattern in those documents, following Keihan, the texts were copied in the 1220s by Keisei 慶政 (1189–1268), grandson of Kanezane, older brother to Kujō Michiie 九条道家 (1193–1252), and author of *Kankyō no tomo* 閑居友 and *Hirasan kojīn reitaku* 比良山古人靈託. Keisei's copies were in turn transcribed and edited by Rishin 理真 (d.u.), possibly the grandson of Michiie.

The liturgical and oral transmission documents draw upon numerous Chinese Buddhist texts, including Zhiyi's *Mohe zhiguan*, the *Tuoluoni ji jing*, the *Qianshou qianyan Guanshiyin pusa zhibing heyao jing*, scriptures about Kujaku Myōō 孔雀明王 (Mahāmāyūrī), and others. In addition to these works, given their focus on corpse-vector disease and the use of moxibustion, Jimon monks also likely drew upon classical medical literature. The pathways by which Jimon monks acquired such texts remain unclear, but two conceivable possibilities, both stemming from the relationship between Onjōji and the Kujō family, deserve mention. First, we know that Kujō possessed a collection of medical texts from the *Fumon'in kyō ron shōsho goroku jusho tō mokuroku*, a catalog for the library of Fumon'in, a hall belonging to the temple Tōfukuji 東福寺, today a

34. Designated an Important Cultural Property in 2007, this Kamakura-period manuscript belongs to the Bunkachō 文化庁 annex of the Tokyo National Museum but in recent years has been held at the Kyushu National Museum in Dazaifu, Fukuoka. Incomplete transcriptions cleaving the text in two were created for the Taishō canon, *Denshibyō kuden* and *Denshibyō kyūji*. The latter is a tracing of two moxibustion body charts from the original manuscript. I use the more recent and complete transcription in ŌTA (2014). For a partial translation of the *Denshibyō kuden* along with images of the body charts from the manuscript, see MACOMBER (2017).

major Rinzaï Zen monastery located in eastern Kyoto. Although the catalogue is primarily composed of writings imported from China by Enni Ben'en 円爾弁円 (1202–1280), the first abbot of Tōfukuji, Michiie was perhaps another contributor to the library's collection (GOBLE 2011, 10–12). The catalog mentions one *Yōketsu shō* 要穴抄, a text likely prescribing body loci for moxibustion that may have been composed in Japan. Another text suggesting a link is the *Gekyō chihō* 外境治方, which, judging from the title, concerns the treatment of external injuries (*Fumon'in kyō ron shōsho goroku jusho tō mokuroku*, 491). This text is cited within the *Ritual for Expelling Demons* liturgy, the only other text in which I have seen the work mentioned. Perhaps, then, Jimon monks had access to these documents as early as the 1170s or when Keisei copied the documents in the early 1220s.

Second, the Kujō family likely had access to at least one fascicle of Tanba no Yasuyori's *Ishinpō*, in particular the copy that survived at Kongōji 金剛寺 located in Kawachi, Osaka (TAKAYAMA 2018). Taeko, the daughter of Kanezane, took the temple as her place of prayer (*kigansho* 祈願所). The temple came to be affiliated with nuns of Shingon pedigree such as Kakua 覚阿 and her sister Jōkaku 淨覚, who had served Taeko as ladies-in-waiting. As noted above, however, Keihan's teacher Shin'en performed rituals for the safe delivery of Ninshi's child in 1195, as recorded in the *Record of Secret Treasures* (MATSUMOTO 2008). TŌNO Haruyuki (1994) dates this copy of the *Ishinpō* to the early Kamakura period. What is significant is that the surviving copy is fascicle thirteen, "Section on the Five Exhaustions and Seven Damages" (*gorō shichishō bu* 五勞七傷部), the fascicle that contains the dedicated section on corpse-vector disease (*chi denshibyō hō* 治傳屍病方). Jimon monks were thus probably working with medical texts of some kind as they were compiling the ritual documents.

In terms of Buddhist healing practices in Japan, the Jimon ritual was largely unprecedented in its time: it was one of the earliest rites created in Japan that focused on a single, named disease.³⁵ Why did Jimon monks create a ritual at this particular moment to face corpse-vector disease? In the same way that the

35. This is not to suggest that other disease concepts are not mentioned in these ritual documents, nor that the notion of disease in the singular in premodern Japan is not without issue, given the fluid boundaries between disease categories as well as the multiplicity of etiologies in these and contemporaneous works. A slightly later example of a ritual focused on a particular, named disease is the *Unbyō kaji hō* 温病加持法, which, like the Jimon ritual, has a companion text of secret teachings, *Kaji unbyō hō kuden* 加持温病法口伝. Produced around 1207, both of these works are attributed to Myōe and both focus rather idiosyncratically on warmth disease (*unbyō* 温病), an ailment deriving from a Chinese apocryphal scripture of uncertain origins, *Que wenhuang shenzhou jing* 却温黄神呪经 (KOYAMA 2015; 2016). Two other texts with similar names are attributed to Myōe: *Kyaku un shinju kyō sharakyō no koto* 却温神咒经娑羅怛事 and *Kyaku un shinjyū kyō kuden* 却温神咒经口伝 (NOMURA 2002, 165, 284). On warmth disease in Song-period medicine, see HINRICHS (2015).

appearance of “transferring-corpse disease” in diaries was not arbitrary, I suggest that the Jimon rite is best understood as a response to new configurations of disease, defilement, and the dead in the late twelfth century. Moreover, as I demonstrate in the next section, evidence from the ritual documents reveals that, rather than simply summarizing existing medical or ritual knowledge on the disease, Jimon monks were responding specifically to fears about death-related diseases in the capital.

Pathologizing Death Defilement

Descriptions of corpse-vector disease in the Jimon ritual texts, which were written first in the 1170s, resonate on the one hand with contemporary accounts of transferring-corpse disease in aristocratic society, and on the other with death and defilement in the capital at large. For example, *Essential Notes* begins with the “signs of the disease” (*byōsō* 病相) summarized thus: “In general, [corpse-vector] disease is moderate at first but thereafter turns serious. Gradually the [sufferer] declines and wastes away, just as fish in evaporating water remain unaware of their impending death” (ŌTA 2014, 8).³⁶ The statement immediately invites comparison with symptoms experienced by sufferers of transferring-corpse disease as reported in diaries, namely Chūshi’s dramatic emaciation from exhaustion and Moriko’s wasting and withering day by day as she approached her final moments. At the same time, the analogy to the fate of fish in evaporating water corresponds nearly verbatim to how some described the dire conditions of the defiled capital. In 1182 Kamo no Chōmei wrote, “It was thought that the new year would see an improvement, but it brought instead the additional affliction of epidemics, and there was no sign of any amelioration. The people were starving, and with the passage of days approached the extremity, like fish gasping in insufficient water” (KEENE 1955, 202; *Hōjōki*, 22–23). Chōmei’s metaphor of the “fish gasping in insufficient water” echoes a similar line in Genshin’s *Ōjō yōshū* (1: 65). Cited as the one of the “signs” of corpse-vector disease in the Jimon ritual text, the metaphor points to two distinct but interlinked registers outside of the ritual text: the disease then afflicting the bodies of nobility, and the epidemic of manifold suffering afflicting the urban body of Heiankyō.

36. A version of this phrase appears in Chinese medical literature. In particular, the part from “gradually” (*zenshū* 漸就) to “die” (*shii* 死矣) appears in the *Waitai miyao fang*, where it is attributed to the *Xuangan chuanshi fang* 玄感伝屍方 (*Waitai miyao fang* 4: 245). However, the inclusion of the character for “fish” 魚 is not found in the *Waitai miyao fang*, nor in any subsequent medical texts where that quote appears, for example, the *Taiping shenghui fang* and the *Shengji zonglu*. Intriguingly, this character does appear in the description of the disease in the *Ishinpō*, suggesting the possibility that Jimon monks were working with a related text or a fascicle of the *Ishinpō* itself.

Other striking parallels between descriptions of corpse-vector disease and death defilement are evident when we turn to the subject of contagion. Regarding the transmission of corpse-vector disease, an “oral transmission” reports the following: “At the onset when only a single person is suffering, this affliction is not contagious. Upon the passing of the sufferer, however, it spreads to ten thousand people. It is like when a vessel shatters and the water in it splashes out in all directions” (ŌTA 2014, 8). Court physicians familiar with accounts of corpse-vector disease in Chinese medical literature would here recognize a similar passage from the *Xuangan chuanshi fang*, a Tang-period monograph on corpse-vector disease now presumed lost: “When [a sufferer] dies, the [disease] then spreads to the family or somebody close, thus it is called ‘corpse-vector’” (*Waitai miyao fang* 4: 246). This description was in turn based on earlier conceptualizations of similar afflictions of corpse contagion, as we see for example in this passage from the *Comprehensive Treatise on the Origins and Symptoms of Diseases* regarding an affliction known as “corpse-zhu infusion” (*shizhu* 尸注): “After one dies, [the disease entity] is exchanged with people nearby, eventually bringing about the destruction of the family line. It is because this corpse disease pours into and transfers to people nearby that it is called corpse-infusion” (TIZS 6: 122). For aristocrats in Heian Japan, such passages from medical literature would surely evoke a striking similarity between these afflictions and death defilement: both cases describe contagious entities that are activated at the precise moment one person dies. Thus, where previously courtiers might look at an abandoned corpse on the roadside first and foremost as a locus of defilement, familiarity with medical descriptions of corpse-vector disease spurs them to now see the corpse as a locus of disease contagion as well. From this view, defilement takes on an etiological dimension, an association that the Jimon ritual texts encourage.

Yet the same passage also reveals a key difference between the contagiousness of corpse-vector disease and the earlier conception of the contagiousness of death defilement. We saw previously that the ancient legal account of defilement transmission described a straightforward linear sequence consisting of the four positions of *kō*, *otsu*, *hei*, and *tei*. In contrast, to compare contagion to the moment “when a vessel shatters and the water in it splashes out in all directions,” as the Jimon ritual texts do for corpse-vector disease, is to imagine a nonlinear and rather unpredictable and chaotic mode of transmission, whereby the death of a single infected individual causes the malicious entity to spread to “ten thousand.” At the same time, where the contagiousness of corpse-vector disease differs in that regard from the ancient legal account of death defilement transmission, it corresponds closely to the newer way in which death defilement transmission had come to be anxiously reenvisioned beginning in the eleventh century. As I noted, the deaths of many—of the innocent, or of emperors or rulers—could generate “defiled *ki*” capable of pervading all “under heaven” or “the world.” The

nature of realm-wide defiled *ki* sounds remarkably close to how Jimon monks describe the explosive nature of the corpse-vector disease contagion.

The ontology of realm-wide defiled *ki* linked to death was only vaguely described by courtiers in their diaries, and no specialized texts were produced to explain the phenomenon in further detail. In contrast, the Jimon ritual texts offer much specification and elaboration on the ontology of corpse-vector disease. Rather than reducing the phenomenon to a single explanation, Jimon monks offer a patchwork of multiple ways to concretely imagine the nature and effects of corpse-vector disease transmission as well as the agents behind it. One key passage is found in the *The Ritual for Expelling Demons*:

This demonic disease progressively circulates from place to place, spreading around. It spreads from husband to wife to children, and then to brothers and sisters. Thus, some call it corpse-vector demon-disease. None under heaven, even eminent physicians, can treat it. When the Dharma of the Buddha is diluted and wanes, kings, officials, queens, concubines, and monks and nuns of the realm will all suffer harm wrought by this demon-god. For those of high virtue, [the disease] will become *rai*; for those of middle virtue, it will become corpse-vector [disease]; and for those of low virtue, it will become madness (*kyōran* 狂乱). As a result, fathers and mothers will forget their parental affections and wives and children will become suspicious of gratitude and justice.

(*The Ritual for Expelling Demons*, Ōsu Bunko 56–157)

The passage describes a realm-wide epidemic at first glance not wholly dissimilar from defiled *ki*. Indeed, the word “circulation” (*tenten* 展転)—which also has the character *ten* we saw in *tenshibyō*, transferring-corpse disease—was also used to describe the travel of defilement. Moreover, like the way that defiled *ki* typically began at the center of the realm, with the emperor or the Imperial Palace, it is also suggested that corpse-vector diseases spread out concentrically from the sovereign to the aristocracy, the Sangha, and the rest of the populace. Jimon monks specifically locate the emergence of the corpse-vector disease epidemic within the age of the declining Dharma. One aim of such rhetoric is to make clear that corpse-vector disease is a problem of such severity that only Buddhist monastics—and the producers of this rite—can effectively respond. In dismissing outright the possibility that eminent physicians (*meii* 名医) are capable of treating the illness, Jimon monks assert the superiority of their therapeutic program over court physicians, those professionals who, owing to their education in classical Chinese medicine, were likely more familiar with corpse-vector disease than anybody in the late Heian period. This argument that emperors and rulers must seek the help of monastics for relief from epidemic affliction in the latter age of the Dharma is also found, for example, in the *Kissa yōjōki* by Yōsai 榮西 (1141–1215), compiled in roughly the same period. Yōsai writes:

In the final Dharma, when the lifespan of a person amounts to one hundred years, the four monastic communities will in great numbers violate proper deportment. When people do not accord with the teachings of the Buddha, the realm will be thrown into wild chaos, the hundred generations [that is, all people] will pass away. In these times there will be demons and spirits (*kimi mōryō* 鬼魅魍魎) that will send the realm into chaos and antagonize the people, creating manifold diseases for which no medical treatment exists, of which medical knowledge proves ignorant, against which medical formulas provide no salvation. There will be no way to save those who suffer long of this exhaustion in the extreme.

(FURUTA 1994, 204–205)

In still other ways the passage from *The Ritual for Expelling Demons* confers technical specificity to the disease not found in diaries. The attributions “corpse-vector demon-disease” (*denshikibyō* 伝屍鬼病) and “demon god” (*kishin* 鬼神) evoke a demonic etiology for the affliction. The Jimon ritual texts thus align with much esoteric ritual literature, in which demonology plays a perennial role in the understanding of disease causation. In the Jimon ritual texts, beyond the above passage, this attribution appears in many other passages, beginning with the title of the liturgy itself: *The Ritual of Shōmen Kongō for Expelling Demons and Māras*. The phrase “demons and māras” (*kima* 鬼魔) likely borrows from Zhiyi’s widely cited etiological framework, in which these figure as two closely related disease categories of the six Zhiyi delineates (T 1911, 46106c23–c25; DEMIÉVILLE 1985, 80–82).³⁷ Elsewhere in the ritual texts, however, Jimon monks eschew general categories and call out several demons by name: Tenmarakeishittaki 天魔羅雞室陀鬼, Tokeiraki 兜醜羅鬼, and Myōki 猫鬼. A citation in *Essential Notes* also includes an abbreviated form of the myth of Harita Yakṣa, the demon who, in the distant past, devoured human flesh and vital energy until he was finally subdued by the demon-god of the wastelands, Āṭavaka. Although not spelled out, the inclusion of this myth implies that Harita Yakṣa is yet another demon responsible for corpse-vector disease, and that Āṭavaka is identical to Shōmen Kongō, the *honzon* 本尊 of this subjugation rite. It is important to note that these demonic attributions demonstrate more than the mere influence of continental esoteric ritual texts. By specifying the demonic culprits behind the rise of corpse-vector disease, Jimon monks confer upon the disease a specific agential identity. This also marks a key difference with the otherwise faceless spread of defiled *ki*, the ontology of which was never clarified through a comparable project of specification.

37. For a translation of the entire “Contemplating the Realm of Disease” (*guan binghuan jing* 觀病患境) section, see SWANSON (2018, 2: 1322–1362). For other ways in which the Jimon monks draw upon the work of Zhiyi, see MACOMBER (2020, 211–216).

That said, the passage also betrays an important link to the notion of defilement that we must not overlook in thinking about how an alliance might form between disease and defilement. The link is evident in the passage's description of the ontology and transmission of the corpse-vector disease epidemic. The passage notes that those of high virtue will be afflicted with *rai*, those of middle virtue with corpse-vector disease, and those of low virtue with madness. That these three diseases in particular would be constellated in this way is significant. I noted above that *rai* is the only widely recognized example of defiled pathology and proposed that madness might be included in this category as well. Further, I have suggested throughout that the emergence of corpse-vector disease ought to be understood in relation to defilement as well. However, the above passage indicates that Jimon monks understood the matter differently. That is, they did not necessarily view these three diseases as separate examples of a single category like defiled pathology. Rather, in their view, as the epidemic spreads throughout the realm, the morphology of corpse-vector disease is configured by the socio-moral status, the particular grade of "virtue," of the individuals it afflicts, so beyond family resemblance, corpse-vector disease, *rai*, and madness are in fact different manifestations of the same roaming entity, the pathological form of which changes through a kind of physiomoral transformation. This model of disease is noteworthy for at least three reasons. First, because it suggests multiple disease entities circulate together in the collective form of a single epidemic, the model complicates any attempt to retroactively identify disease referents in history using only a biomedical framework focused on discrete diseases. Second, the model undermines the distinction that is sometimes drawn between—to borrow useful terms revived by HINRICHS (2015, 19–22), following Rosenberg—"functional-configurational" and "ontological-contaminationist" models of disease causation. The Jimon compilers draw attention to the way that one's internal karmic configuration shapes how external disease agents afflict the body, which is in turn embedded in the disordered environmental conditions symptomatic of the dismal age of the latter days of the Dharma. Finally, the model speaks to the key role karma plays in the spread of corpse-vector disease, which, as proponents of the "karmic defilement thesis" have pointed out, was also central for *rai*.

A similar entangling of internal moral status and a notion of an external disease agent is found elsewhere in the Jimon ritual texts where compilers imply that corpse-vector disease is caused by the "three corpse-worms" (*sanshi* 三尸). Quotations on the corpse-worms from the *Rōshi shu kōshin gu chōsei kyō* 老子守庚申求長生經 are given in the liturgical text, but *Essential Notes* provides the lengthiest citation and is the earliest extant source for this text (ŌTA 2014, 10–12). The basic idea is that the three corpse-worms are born together with the host, in whose body they parasitically reside, always monitoring the vices committed by

their host until the latter dies. On the fifty-seventh day (*kōshin* 庚申) of the sexagenary cycle (*eto* 干支) of days, the corpse-worms exit the body and ascend to the heavens, where they submit a report on their human host's vices to the celestial emperor, leading to reductions in the host's lifespan.

Scholars have understood the significance of the citation of this scripture in terms of the question of "Daoism" in premodern Japan and the later development of the popular *kōshin* vigil (KOHN 2015). However, in the immediate context of the Jimon ritual documents, the inclusion of the notion of the three corpse-worms contributes to the compilers' efforts to specify and explain corpse-vector disease, which was, at this time, still an anomalous affliction in the eyes of their aristocratic audience. First, the notion of the three corpse-worms appeals to physiomoral sensibilities already part of court life. On the one hand, the *kōshin* vigil was a custom familiar to aristocrats, since they performed it on a regular basis following the calendar that defined nearly every aspect of court life. On the other hand, the idea that the body is inhabited by small malicious entities that live parasitically off their host until the latter's death parallels the Buddhist concept of the manifold worms inhabiting the body, one manifestation of the body's impurity discussed extensively by Genshin. Second, the three corpse-worms were not understood to simply monitor their host's behavior; they also provoked it. As one passage reads, "The upper corpse makes people fond of horse-driven carriages and clothes. The middle corpse causes people to enjoy the five flavors of food and drink. The lower corpse entices its host to sexual passion, makes him poor, and causes him to enjoy killing" (ŌTA 2014, 11). Together, in cyclical fashion, this passage suggests that it is the three corpse-worms who are in fact responsible for the vices of their hosts, in other words, the karma-producing actions that incrementally engender an impure body.

Second, the notion of the three corpse-worms tethers into a kind of coherently distinct etiology related to the dead, demons, and corpse-vector disease, and thereby helps to supply a concrete image of disease transmission. One key idea is that the sooner the corpse-worms are able to murder their host by docking years off from their life, the sooner the corpse-worms are able to roam free. As one section of the cited *kōshin* scripture reads, "By cutting short a person's life registry, [the three corpse-worms] hope to hasten the person's passing. The earthly soul [of the deceased] enters the [three] springs while the three corpse-worms alone remain on earth, becoming what are known as 'ghosts'" (ŌTA 2014, 11). Given that this quote has been reinscribed in the text of an esoteric ritual, "ghost" (*ki* 鬼) is perhaps best translated as "demon," which is more likely how Jimon monks read the term. That is, the Jimon compilers imply identification between the three corpse-worms and the disease-causing demons discussed above. This can be seen, for example, in the following passage from the liturgy, in which Jimon

monks bridge a quotation about the three corpse-worms with statements about demons and medical discourse about corpse-vector disease and its relatives:

[The three corpse-worms] always want to make [their host] die quickly so that the *hun* souls enter the three springs. Sometimes these demons cause harm to people, provoking pain in the chest and paralyzing the person with exhaustion. The disease suffering [caused by] one demon transmits to offspring and between brothers and sisters. Therefore, people of the time also call it death-vector, progressing calamity (*enchō* 厭蝶), hidden link (*fukuren* 復連), and bone-steaming diseases.³⁸ Also, when within one household all are dying and there are none to determine the reason, soon it will progressively increase, and those with severe cases will die if not treated within a few months. Therefore, in despising [the situation caused by the disease], parental ties between father and son are terminated, and husband and wife become suspicious of their marital obligations. This is a disease of accumulated karma.

(*The Ritual for Expelling Demons*, Ōsu Bunko, 56–157).

Although in Chinese medical discourse the three corpse-worms and corpse-vector disease are given as two distinct (if sometimes associated) phenomena, it is evident from the above passage that Jimon monks saw an important connection in the common element of the “corpse.” Beyond the literal meaning of the character *shi* of *sanshi* as “corpse,” the corpse-worms are imagined to desire above all to make a corpse of their own host, much like how corpse-vector disease brings sufferers to their deathbeds. Moreover, when the corpse-worms escape the spent body of their host they become demons that, according to Jimon monks, are in turn responsible for provoking corpse-vector disease in new victims.

In collecting ideas about epidemics, demons, and corpse-worms together in their ritual texts, Jimon monks were trying to articulate the affliction of corpse-vector disease by way of the ritual and medical knowledge that was available to them.³⁹ We can imagine how this elaboration of corpse-vector disease

38. *Enchō* corresponds to *enchō* 殞蝶 (*yedie*) in Chinese medicine. Although today the term refers to a mild illness, in works such as the *Waitai miyao fang* it refers to an early stage of corpse-vector disease, which ZHANG and UNSCHULD (2015, 1: 263) translate as “progressing calamity.” *Fukuren* is correctly written *fukuren* 伏連 (*fulian*), which ZHANG and UNSCHULD (2015, 1: 175) translate as “hidden link.” As with *enchō*, “hidden link” refers to a stage of corpse-vector disease, in particular when the disease infects the five viscera (*gozō* 五臟).

39. Although beyond the scope of the present article, one important function played by the distribution of the disease over multiple meta-agents is performative. As described in the liturgy (Ōsu Bunko, 56–157), in the performance of the rite, three effigies made of dough would be boiled in a vat of oil and then tossed into the hearth of the *goma* fire altar. These three effigies function as substitute bodies for the “three demons” (*sanki* 三鬼) that provoke the disease, a simultaneous invocation of the three corpse-worms. Particular notions of disease, then—especially agentive ones, such as those that feature pervasively in esoteric ritual—do more than serve

might have appeared to some onlookers as an application of technical, specialized medical and Buddhist knowledge to the more generalized yet pervasive anxieties surrounding death defilement. In effect, the Jimon ritual texts offer a compelling patchwork of explanatory models for what happens when somebody gets sick in a corpse-ridden and defiled capital from a strange and mysterious disease. In the next section, I show how a sustained focus on death and dying shaped how Jimon monks depicted even the living patients of the affliction.

Ministering to the Living Dead

Although the Jimon ritual is designed for the elimination of the demons that cause corpse-vector disease and thus aims ultimately at curing sufferers, descriptions of the patient in the ritual texts underscore an inextricable connection between this disease and death, a connection that can be further understood in relation to issues of defilement. As we saw above in the descriptions of the transmission of corpse-vector disease, the still-breathing patient was figured as a kind of “becoming-contagion,” a being already home to demonic corpse-worms whose pathology would be activated once the patient crosses over the threshold into death. This way of imagining a disease of the living in terms of the dying and the dead shaped how Jimon monks chose to describe the living patient that was to be the object of a ritual ostensibly meant to heal. Indeed, these descriptions of the patient blur the boundaries between life and death in arresting ways.

For example, already at the very beginning of *Essential Notes*, in a section labeled “Signs of the Disease,” we find the analogy to fish gasping in evaporating water discussed previously, followed by descriptions hinting that the patient is already well on their way to another realm of existence:

Some experience agony in body and mind, progressively dehydrate, and become emaciated. While trying to abide in correct mindfulness, some sufferers indulge [in thoughts of] demonic paths; others trying to abide in correct mindfulness begrudge [losing] their human body. Some sufferers cannot eat at all and constantly desire to sleep. Some might awaken the aspiration for enlightenment at the wrong time [when it is already too late] and weep sporadically. Lustful desires may develop, along with feelings of hatred and anger. At times the sick one is excited but at other times they rest. When the great matter of death approaches, they favor lying down on their lower left side; when they die, no effort is expended. In the beginning, the disease throbs under the left breast. When this [throbbing sensation] transfers to the right breast, death

an epistemological need of explanation; they also render treatments actionable, according to a certain esoteric ritual logic. A comparable (and undoubtedly historically related) use of three effigies, the “three foxes” (*sanko* 三狐), is employed in the *rokujikyōhō* ritual described by LOMI (2014, 271–274).

is certain. After the sufferer has passed away, one observes that [the corpse] resembles the flesh of a rat. (ÔTA 2014, 8)

For a description of the signs and symptoms to be observed in a living patient, this passage places considerable emphasis on the process by which that patient dies. Any court physician in Japan with passable knowledge of fascicle thirteen of either Wang Tao's 王壽 (670–755) *Waitai miyao fang*, or the *Ishinpō*, who encountered this passage would have been reminded of the “signs of [impending] death” (*si zhi zheng* 死之証) that attend the advanced stages of corpse-vector disease. In his monograph on corpse-vector disease, *Recipes for Mysterious Influences and Corpse Transmission*, Su You 蘇遊 (d.u.) includes the analogy of water evaporating to explain the sufferer's lack of awareness of their own gradual death. He also notes, for example, that “death may be just around the corner, while [the sufferer remains] in good spirits” (TIZS 4: 246). In medical discourse, corpse-vector disease sufferers were understood to vacillate between presenting signs of an imminent death and returning back to what appears to be a normal state of health. This is one of the reasons Su You warns readers that corpse-vector disease is apt to resemble a “feigned illness” (*yang bing* 佯病) (TIZS 4: 246).

Reading the same description of the patient from *Essential Notes*, a Buddhist monastic (Jimon or otherwise) might make a similar observation as that made by court physicians but with Buddhist discourses in mind. The signs of corpse-vector disease are virtually synonymous with what might be called, in other genres of Buddhist literature, the “signs of death” (*shisō* 死相).⁴⁰ In particular, the language used to describe corpse-vector disease sufferers is reminiscent of discourse found in sources describing deathbed rites, end-of-life practices through which those nearing their end might secure an auspicious rebirth in Amida's Pure Land. For example, consider the above passage from *Essential Notes* along with this one from the *Jūgan hosshinki*, authored by the Onjōji monk Senkan 千觀 (918–983), which details the “three attachments” (*san'ai* 三愛) that may present themselves with the “suffering [experienced] on the verge of death” (*shihensai no ku* 死辺際の苦):

At the time of death, three kinds of attachment are certain to arise. First is attachment to objects (*kyōgai ai*). When the signs of imminent death appear, one arouses with respect to one's beloved wife and children, relations and dependents, dwelling, and so on a profound and redoubled possessive love. Second is attachment to self (*jitai ai*). As body and mind become increasingly exhausted and life is truly about to end, one relinquishes one's beloved wife, retainers, and others and clings to one's own person, begrudging one's bodily

40. Signs of death, and indeed many other “signs,” are described extensively by Kokan Shiren 虎関師鍊 (1278–1346), otherwise known for the *Genkō shakusho* 元亨釈書, in the context of his personal reflections on diseases in his *Byōgiron* 病儀論; see the translation in DROTT (2017).

life. And third is attachment to the place of rebirth (*tōshō ai*). That is, when life truly reaches its end, one sees one's interim body coming to meet one, and conceives attachment to one's future existence. Because the mind is bent by these three attachments, mental anguish arises... so that one cannot concentrate on the Buddha. (STONE 2016, 230; original in SATŌ 1979, 198–199)

The second attachment, “attachment to self,” echoes the corpse-vector disease sufferer's reluctance to give up their body and life to the death that approaches. Additionally, the third type of attachment—toward one's future site of rebirth—parallels the deviance that overtakes the corpse-vector disease sufferer's mind. As the Jimon ritual texts note, the sufferer tries to “abide in correct contemplation” (*jūshōnen* 住正念), a foundational deathbed practice of keeping one's mind trained on the Pure Land so as to facilitate rebirth there, as in Stone's “right thoughts at the last moment” (STONE 2016). Yet the afflicted sufferer finds their consciousness gravitating uncontrollably toward the “path of ghosts” (*kidō* 鬼道), a reference to the realm of hungry ghosts (*gakidō* 餓鬼道), those insatiable creatures who, as if trapped between this life and the hell realms, live off polluting substances such as urine, feces, vomit, discarded food scraps, newborn infants, and dead bodies. One wonders if Chūshi, who in her emaciated and exhausted state was said to “wear fright and fear on her face,” had begun to see her own impending descent into the lower paths. In any case, it is clear that descriptions of the corpse-vector disease patient in the Jimon ritual texts, while relying upon Chinese medical literature, also fit well alongside early medieval discourses on death and dying in Buddhist contexts.

Another noteworthy area of resonance—and one much related to the ideal of correct contemplation on one's deathbed—pertains to the sense that both the sufferer of corpse-vector disease and those who will fail to achieve rebirth in the Pure Land are likely to expire in a state of madness. *The Ritual for Expelling Demons* reports: “Sometimes [the sufferer] falls into despair and goes mad. Sometimes, without a path, they give rise to an evil mind of anger. Sometimes they are broken to their core” (*kotsuzui kudaite* 骨髓碎イテ), that is, they suffer tremendously (Ōsu Bunko, 56–157). This grim prognosis is repeated in *Essential Notes*: “Sometimes the sufferer loses consciousness. (This is like epilepsy.) This resembles despair and madness (*kyōran*).” This passage is immediately followed by a description of the beginning stages of dying: “Around the time of death the legs will gradually swell...” (ŌTA 2014, 8). To define madness as the final condition preceding death recalls what was dubbed, in deathbed discourses, the “death of madness and losing contemplation” (*kyōran shitsunen shi* 狂乱失念死), the term “losing contemplation” (*shitsunen*) here being nearly synonymous with “despair” (*shitsui* 失意), or literally “losing one's intention,” in *Essential Notes*. The “death of madness and losing contemplation” was in turn one of the “fifteen types of

bad deaths” (*jūgoshu akushi* 十五種惡死), a list we find enumerated in continental Buddhist texts such as the *Qianshou qianyan Guanshiyin pusa guangda yuanman wuai dabeixin tuoluoni jing*, which provides an associated *dhāraṇī* to avoid each (T 1060, 20.107a29–b11; MOCHIZUKI 1954–1963, 3374c). These deaths also appear in esoteric texts in Japan, such as the *Gyōrin shō* (T 2409, 76.199c24) by Jōnen 靜然 (c. 1154) and the *Hishō mondō* (T 2536, 79.416a12) by Raiyu 賴瑜 (1226–1304).

This idea of bad deaths brings us back again to issues surrounding death defilement. On the one hand, we have observed repeatedly that death was generally understood to be defiling, regardless of how it transpired. Yet as Stone has pointed out, an important distinction was made between good and bad deaths in deathbed discourse in the early medieval period (STONE 2016). Good deaths, which were understood as facilitating successful rebirth in the Pure Land, were sometimes seen to radically transcend the polluting nature of death; the bodies left behind were thus not defiled but in fact materially auspicious, as marked by the appearance of purple clouds or the emanation of incense-like fragrance. In contrast, bad deaths were not only seen as failed attempts at advantageous rebirth, but also described as thoroughly defiling. While the Jimon ritual texts do not describe the death of patients in so many terms, the descriptions of symptoms examined above suggest that the death of a corpse-vector disease sufferer would have been seen as especially defiling.

One of the fascinating takeaways Stone offers in her study of deathbed rites is the insight that those practices for the dying very much resembled other ritual practices in early medieval Japan with one crucial difference: deathbed rites were the only ones at the conclusion of which you were guaranteed a corpse (STONE 2016, 144–148). As Stone explains, the establishment of “halls of impermanence” (*mujōin* 無常院) to which the dying were relocated served not only to better enable the dying to break attachment with the world of the living and thus improve the chances of a favorable rebirth. Rather, these halls also likely functioned to minimize the risk of death defilement that was imagined to attend the death of any ordinary individual, harking back to Heian-period fears of illness as a prelude to death and thus defilement (STONE 2016, 144). Yet, as we have seen above, it is evident from how Jimon monks insist on describing living sufferers of corpse-vector disease as teetering on the mercurial edge between life and death that the Jimon ritual ought to be included among rites after one might expect a corpse—and a thoroughly defiled one at that. Despite the fact that *The Ritual for Expelling Demons* was designed to heal by ridding sufferers of disease, its ritual texts demonstrate, perhaps unexpectedly, that anxieties concerned with healing the living were shaped by discourses concerned with death and dying, especially when anxieties surrounding defilement seem to loom in the background of both.

Conclusion

In this article, I have suggested that in a capital littered with the unburied dead, a city that aristocrats feared was stalked daily by the specters of defilement, a previously unfamiliar pathological entity rose to the surface of the elite's disease imaginary. In Heiankyō of the late twelfth century, "corpse-vector disease" could become more than just a single disease concept lost in the textual sauce of Chinese medical texts, a corpus in which hundreds of other disease concepts are described. As a pathological figure for unprecedented anxieties about death pollution, corpse-vector disease could take on a life of its own—and take lives in the process. In this way, the apparently novel emergence of this mysterious affliction was not completely novel, since that emergence was grounded in material conditions several centuries in the making (urbanization, overpopulation, disaster, disease epidemics), and prefigured by an anxious imaginary surrounding the most severe form of defilement, that produced by death.

I have proposed that corpse-vector disease be understood as one example of the ways by which pollution and pathology became entangled in medieval Japan. Compared to *rai*, the only case of "defiled pathology" widely acknowledged by scholars to date, corpse-vector disease is a distinctive example for at least three reasons. First, unlike *rai*, a state of chronic illness and pollution, corpse-vector disease was understood to be acute and fatal. Second, in their liturgical text, Jimon monks had noted of the epidemic that "those of high virtue will be afflicted with *rai*, those of middle virtue will suffer from corpse-vector [disease], and those of low virtue will be overcome by madness." Yet if we assume Jimon monks took their aristocratic patrons to occupy the position of high virtue, the manifestation of disease at court played out according to a different hierarchy. Unlike *rai*, which had afflicted aristocrats but was by far most associated with the downtrodden and outcast, corpse-vector disease appears to have started among the aristocracy and the imperial family. This is not without irony. While the marginalized were tasked with handling the bodies of deceased members of the elite so the latter might avoid pollution, the elite began to acquire a sickness that could be traced to the proliferation of the dead bodies of the common people that were too many to remove from the city. Third, although some *rai* sufferers may have been involved with the management of corpses in the medieval period, Buddhist monks most often attributed the cause of their affliction and polluted state to their dismal karmic conditions. In contrast, in corpse-vector disease, an affliction imagined to be transmitted by corpses in the same manner of defilement, we have an example of defiled pathology for which death defilement is more closely analogous, and perhaps even causally related.

In assessing these shifts in the imagination of disease and defilement in the early medieval period, it is noteworthy that the most substantial response to

corpse-vector disease came from Buddhist monks, whether the *hijiri* Iwaya or those affiliated with the Jimon lineage. As a matter of disease, we might expect a greater response from court physicians, in whose professional literature—the corpus of classical Chinese medical literature—corpse-vector disease finds the most lengthy discussion. As a matter of defilement, we might expect a greater response from shrine priests or *onmyōji*, practitioners traditionally tasked with the purification rites for expelling defilement. Although beyond the scope of the article, we know that court physicians did respond to some degree (MACOMBER 2020, 217–222). The same might be true of shrine priests and *onmyōji*, but at present, no evidence of this is known. In any case, as we noted above, *hijiri* were less squeamish about defiled, diseased, and deceased bodies; from that view, it is no wonder that Iwaya intervened.

On the other hand, the creation of a healing ritual by Jimon monks—who belonged to an elite monastery that long received imperial sponsorship—perhaps represents another way in which eminent Buddhist monastics sought to increase their control over matters of defilement (MARRA 1993; STONE 2006), and more broadly, over the mercurial edge between life and death. No matter of precarious human existence was unaddressed by Buddhist (and especially esoteric) ritual in early medieval Japan: monks conducted rites for safe childbirth, to heal illness, to expel parasitic and demonic nonhumans, for life extension, to ensure safe passage of the deceased to the Pure Land, and for improving karma for those wandering in the lower paths. The development of the Jimon ritual should thus be seen not only in terms of competition between monastic lineages in the marketplace of healing rites for living patients but also as an attempt on the part of a major monastic institution to grapple seriously with issues of death that plagued their patrons, a project for which the matter of death defilement could not be ignored.

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