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**Bodies and Borders:  
Syphilis, Prostitution, and the Nation  
in Japan, 1860–1890**

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In June 1860, a ship of the Russian navy called the *Posadnik* sailed into the port of Nagasaki, one of a number of Japanese coastal cities designated as a “treaty port” in the mid-1850s, when the Bakufu, the government headed by the Tokugawa Shogun, reluctantly signed a series of treaties with Western nations that “opened” Japan to foreign contact. The commander of the ship applied to local authorities for permission for his crew members to put ashore for several months of rest and recreation while the ship was repaired, restocked, and refueled. Permission was quickly granted by the Bakufu magistrate of Nagasaki, a man named Okabe Suruga no mori, and the sailors moved into Goshinji, a local temple complex near the harbor.<sup>1</sup>

Within days, however, local residents began to complain that Russian sailors were molesting Japanese women and girls in the area. When Okabe in turn complained to the Russian commander, the latter applied for permission for his men to visit the area of Nagasaki designated as the *yūkaku*, the so-called pleasure

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quarters where officially authorized brothels were segregated from the rest of the city. Again permission was granted, but a new problem emerged when the Russian commander insisted that the women in the quarter be subjected to genital examinations to discover if they were suffering from syphilis before they engaged in sexual relations with his sailors. This suggestion met with dismay on the part of Okabe and outrage on the part of those within the *yūkaku*.

In this paper, I analyze the *Posadnik* incident by examining not only the issues involved and their resolution, but also how this incident came to function in the rethinking of the nature of the body that occurred in Japan in the nineteenth century. The incident might seem to be just another curious if contestatory moment in East-West relations, but in the 1870s and 1880s, after the formation of the Meiji state, it came to resonate within a new discourse on the public implications of disease—a discourse that contributed to the rethinking of notions of female social roles and sexuality, and to the articulation of a new relation between the individual body and the emergent body of the nation.

### Nagasaki as the "Borderlands"

In exploring the *Posadnik* incident, it is important first to recognize the special nature of the site where it occurred, the treaty port of Nagasaki, which was a kind of borderland in Japan in 1860—a borderland in the geopolitical sense, but also in cultural terms. W. G. Beasley, borrowing the terminology of C. R. Fray, John Gallagher, and Ronald Robinson, has described the establishment of the treaty ports as a system of "informal imperialism" by means of which countries such as Great Britain, Russia, and the United States imposed "legal and commercial disabilities" on China and Japan.<sup>2</sup> The standard clauses of the treaties signed by the Bakufu in the 1850s—in particular, freedom of entry and extraterritoriality—gave the citizens of the Western powers special rights and privileges that proved difficult for Japanese authorities to mediate.<sup>3</sup> The problem that confronted Okabe Suruga no mori was that he could neither deny the *Posadnik* sailors access to Nagasaki nor could he punish them for the rape and molestation of the female residents of his city.

But if Nagasaki was a borderland vis-à-vis the West, it was equally so in relation to the rest of Japan. Nagasaki was, of course, the only place in Japan that remained open to foreign traders after the formulation of the policy of "national seclusion" in the early seventeenth century. The presence of the Dutch and Chinese in Nagasaki gave it a special status in early modern culture—a status that was heightened in the nineteenth century as Western pressure for trade mounted. Nagasaki was the site where privileged new forms of knowledge, imported from the West, were accessible through organized schools; thus ambitious and patriotic young men aspired to study there. These new forms of knowledge became known as "Dutch Learning" because the Dutch traders at Nagasaki were the conduit through which they reached Japan.<sup>4</sup>

There were schools of mathematics, gunnery, cartography, and astronomy, but most important for our purpose here is the fact that Nagasaki was well established as the place where new forms of medical knowledge imported from the West were available. In the mid-seventeenth century, for example, the Dutch physician Caspar Schambergen founded the so-called Caspar school of surgery. He was followed by a series of physicians, including Engelbert Kaempfer, Carl Peter Thunberg, and Phillip Franz von Siebold,<sup>5</sup> who were influential in introducing Western medical techniques and theories. In 1857, the Bakufu invited a Dutch naval medical officer, Pompe van Meedervoort, to teach medicine at the Kaigun Denshūjo, the Bakufu naval training school in Nagasaki that had been created to strengthen Bakufu defenses against the West.<sup>6</sup> During the five years he remained in Japan, Pompe taught medicine to a total of 133 students, many of whom became prominent medical officials in the Meiji period. Chief among Pompe's students was a man who played a central role not only in the *Posadnik* incident but also in its aftermath. This man was Matsumoto Ryojun.

Matsumoto was born in 1832 as the second son of a Tokugawa retainer named Satō Taizen (1804–1872). About the time of Matsumoto's birth, his father became interested in the new discipline of "Dutch Studies," and after studying in a school in Edo he traveled to Nagasaki, where he spent several years. Satō moved to Sakura in Shimofusa (present-day Chiba prefecture), where he founded his own school of

Dutch Studies, the Juntenđo, which, together with the Tekijuku in Osaka, became one of the premier schools of Dutch Learning.

As a teenager, Satō's son Ryōjun—or Junnosuke, as he was then known—was adopted into the Matsumoto family, which for more than a hundred and fifty years had served as physicians of the Shogun's household. In 1858, he traveled to Nagasaki to receive medical training from Pompe.<sup>7</sup> When Okabe Suruga no mori was confronted with the Russian demand, he turned to Pompe and Matsumoto for advice. Thus the medical issue involved in the *Posadnik* incident—namely, the status of syphilis as an infectious disease—came to involve an emergent body of experts who looked to forms of knowledge derived from very different cultural systems.

Nagasaki was a borderland in a third sense as well. Like other Japanese cities and towns of the early modern period, it was configured spatially according to notions of social hierarchy and function.<sup>8</sup> Thus the city itself took form as a network of borders. In relation to the *Posadnik* incident, the most important border was constituted by the walls, gates, and canals that demarcated Murayama-chō and Yoriai-chō, the two *yūkaku* districts, from the rest of Nagasaki. Central to the conflict at the heart of the *Posadnik* incident was the cultural understanding of this site and the women within it.

In the Edo period, women who sold sexual services were of two types: those who were licensed, and those who were not. The licensed *yiō*, most of whom had been indentured to brothels by their families, were confined within the enclosed districts, whereas the unlicensed ones were scattered around the towns, the object of surveillance, arrest, and punishment.<sup>9</sup> The notion of regulating prostitution by licensing either prostitutes themselves or brothels would have been a familiar one to the Russian crew of the *Posadnik*, for the nineteenth century was marked by a wave of regulation in almost every European country.

But if licensing was a technique used in Japan and Europe alike, the reasons for and implications of the control of prostitutes differed substantially. The rise of regulation in Europe was intimately tied to concerns about syphilis. There is a substantial literature on the cultural history of syphilis in Europe. In a phrase that

characterizes the conclusions of many writing on this topic, Claude Quétel states, in his *History of Syphilis*, that because of its primary mode of transmission through sexual intercourse, syphilis was the most "social" of all diseases. It was a "cultural phenomenon," in that theories of its origin, nature, and treatment were always mediated by religious, ethical, political, and social concerns about sexuality and gender.<sup>10</sup>

When syphilis began to spread around Europe at the end of the fifteenth century, via French and Spanish armies fighting on the Italian peninsula, both religious and political authorities seized the opportunity to polemicize. Nations named it for their enemies: Italians termed it the "French sickness," the French called it the "pox of Naples," Poles called it the "German disease," and so on.<sup>11</sup> At the same time, church authorities castigated the individual sufferer, whose symptoms were taken to be signs of God's punishment for sins of a sexual nature.<sup>12</sup>

The tendency to identify cultural Others as the source of syphilitic infection lasted only a few decades; thereafter, from the seventeenth century to the nineteenth century, it was the Woman as Other who began to figure in discussions of the origin and transmission of the disease. According to Winfried Schleimer, Renaissance physicians believed that women were the agents responsible for producing the disease, as well as the active infectors. They argued that the disease was produced in the "filth" of menstrual blood and the heat of female genital organs, or that it resulted from the mixing of semen from multiple men in the vagina of a promiscuous woman.<sup>13</sup> As Mary Sponberg has demonstrated, such theories continued to circulate in medical discourse in Great Britain well into the nineteenth century.<sup>14</sup> Similarly, Sander Gilman, in his study of the iconography of syphilis, argues that, in visual images of the disease, men are overwhelmingly represented as the sufferers or victims of the disease, while women appear as its corrupt and venal source.<sup>15</sup>

In the late eighteenth and early nineteenth century, this gendered discourse on syphilis came to be mediated by the rise of a new political discourse. Enlightenment thinkers such as John Locke, Denis Diderot, and Johann Peter Frank argued that a healthy citizenry was a necessary prerequisite for a stable and strong society and

state. This contributed to the rise of "public health" as an object of popular and political discourse and, in almost every European country, to attempts to control the spread of contagious disease through legislation designed to improve sanitation, to quarantine the sick, and to extend medical care to the poor.<sup>16</sup>

The result of this series of conjunctions was a new concern in the nineteenth century for limiting and treating the spread of syphilis by controlling those seen as primarily responsible for its transmission—namely, prostitutes, who were now conceived of as a threat to men, to the family, and to society. The first country to attempt to regulate prostitution in order to control syphilis was France. The system, which began to be implemented in 1810, required that every prostitute register with the police. Inscription meant that the prostitute would now be free from police harassment, but in return she had to submit to regular medical examinations for syphilis, and if found ill, she had to agree to confinement in a prison hospital for treatment.<sup>17</sup> Russia followed the French model in 1843, when the Ministry of Internal Affairs began to regulate commercial sex in the Russian empire. Medical police committees oversaw the operation of brothels and issued licenses to prostitutes that obligated them to appear for periodic medical examinations. Authorities were allowed to incarcerate in hospital wards prostitutes believed to suffer from syphilis.<sup>18</sup>

The identification of the prostitute as the primary source of syphilitic infection—and the regulations that called for compulsory examination and confinement—had a profound effect on the social understanding of the prostitute in European society. These regulations "professionalized" prostitution, transforming it from the occasional act a poor woman might perform to make ends meet into a fixed source of identity that was increasingly difficult to escape or negate.<sup>19</sup> The contrast with the status of the *yūkaku* and the *yūjo* in early modern Japan is very great. Terms the Russian sailors must have associated with this site, such as "brothel" and "prostitute," while certainly accurate in the sense that the exchange of sex for money took place there, fail to convey the cultural significance that the *yūkaku* had in early modern Japan. Although unlicensed prostitutes, referred to as

*baita* (literally, "sold women"), were the object of official denigration and punishment, the *yūjo* was popularly celebrated and idealized.<sup>20</sup>

The *yūkaku* was the preeminent site in the production of commoner culture and figured in the plays of *kabuki* and *jōruri* (the puppet theater), in the art of woodblock prints, and in the popular prose genres of *sharebon* ("witty books," i.e., comic fiction), *ninjobon* ("love stories"), and *yomiton* ("reading books," i.e., serious fiction). Popular fashions in such things as hairstyles and clothing were modeled on the styles set by women within the *yūkaku*. Within these cultural forms, the woman of the *yūkaku*—namely, the *yūjo*—was constituted as the object of multiple forms of desire—sexual certainly, but also aesthetic and emotional.<sup>21</sup> Thus, in early modern literature, we encounter again and again the theme of buying out the contract of the *yūjo* and transforming her into a wife. Nor was this only a literary device. As Sone Hiromi has noted, Bakufu legal records reveal several cases of Tokugawa retainers, one of the rank of *hatamoto* ("bannerman," middling vassals of the Tokugawa Shogun), who were punished with banishment because of their attempts to elope with women of the *yūkaku*.<sup>22</sup> Thus the suggestion on the part of the Russians that the *yūjo* be examined for evidence of the syphilis chance ignored the set of meanings that surrounded the figure of the *yūjo* and the site of the *yūkaku*.

Another cultural difference that came into play was the social understanding of the disease itself within early modern Japan. In contrast to what some scholars have described as "syphilophobia" in Europe, syphilis in Japan was perhaps "just" a disease, for it does not seem to have evoked the intense political, religious, and ethical scrutiny that occurred in Europe, nor was it posited as the object of shame, fear, horror, and disgust. Syphilis is generally thought to have been introduced to East Asia in the early sixteenth century by Portuguese seamen trading with the Chinese. From China the disease was transmitted to Japan, where it was initially known as *tōkaza*, or the "Chinese pox," reflecting the same strategy of naming that occurred in Europe. Later, the disease came to be referred to colloquially simply as *kasa*, while in medical texts it is referred to as *baidoku* and *baishō*. By the end of the sixteenth century, syphilis had spread all around Japan, and European missionaries and traders active in Japan in the late sixteenth century left numerous expressions of

astonishment over the fact that infected Japanese made no attempt to hide the disfigurement that resulted from the disease in its tertiary stage.<sup>25</sup>

Moreover, although some scholars have argued that the creation of the *yūkaku* in the early seventeenth century was a strategy to contain the spread of the disease, there is no explicit mention of it in the various laws and edicts that established these districts. For example, the Bakufu authorized the creation of the Yoshiwara district in Edo in 1617 after a brothel-owner named Shōji Jim'emon presented a petition arguing that segregation of the brothels would prevent reckless spending and laziness on the part of the commoner population of the city, would protect young girls from kidnapping by pimps, and would make effective surveillance of the male population possible.<sup>26</sup> Nowhere in this document or in the Bakufu's response is syphilis mentioned.

Suggestive of the "unproblematic" nature of syphilis is its treatment in eighteenth- and nineteenth-century medical texts. Fujikawa Yū, the scholar who pioneered the field of medical history in Meiji Japan, cites thirty medical texts produced in Japan between 1764 and 1866 that are devoted to the treatment of syphilis—not a very large number in light of the endemic nature of the disease.<sup>27</sup> An indication of how common the disease was is found in a statement by Sugita Gempaku, a physician and Dutch Learning scholar, who wrote in 1810 that of one thousand patients he saw each year, perhaps seven or eight hundred suffered from syphilis.<sup>28</sup> The form of these texts is quite similar—they describe the modes of transmission, the symptoms of the disease and the course of its progression, and forms of treatment. What is remarkable, in light of the European medical literature, is the absence of sanctimonious, moralizing language. There seems to be no expectation of shame on the part of the sufferer, nor is there a distinction made between victims and victimizers among those infected.

A case in point is the series of medical texts authored by a physician who describes himself as a "syphilis doctor" (*bai'i*). This was Funagoshi Keiyū, who practiced medicine in Osaka in the early nineteenth century. Funagoshi's works were aimed at a popular as well as professional readership. They were illustrated, had catchy titles such as *Baisō gundan* and *Baisō chadan*, and included on their

covers advertisements for a kind of patent medicine sold by Funagoshi as a syphilis cure.<sup>29</sup> Each work takes the form of a list of "case studies" of patients who were treated by Funagoshi, with names, occupations, ages, and addresses all cited. Also described are the course of the disease in each patient, its treatment, and whether or not the patient recovered. What is not stated is how, where, or by whom patients were infected. Funagoshi reveals no interest in such issues. Moreover, the "typical" syphilis sufferer is represented not as a female prostitute, as in Europe, but as a man in his late twenties or early thirties. Also of note is the nature of the relation that Funagoshi, as a doctor, establishes with this disease. He reveals that both his parents died of syphilis and that he himself was infected as a young man.

Funagoshi's work thus suggests that syphilis in this period was regarded as just another infectious disease, no different in its social implications from smallpox, measles, or cholera. Perhaps this is why, when we move outside the realm of medical discourse, we find very little written about syphilis. It simply did not carry the potent metaphorical force that it did in Europe. The only genre in which it is mentioned frequently is the satirical verse form known as *senryū*, and here the tone is one of mocking humor, not pathos or critique. A typical verse on the topic of syphilis states, "Just when I thought I was cured, my nose fell off!"<sup>30</sup>

#### Matsumoto Ryōjun and the *Posadnik* Incident

Next, I would like to explore the articulation and intersection of the geopolitical, cultural, and social borders traced above in the *Posadnik* incident. I take as my text the memoirs of Matsumoto Ryōjun, who was at the center of the resolution of the incident. Matsumoto figured prominently among Pompe's students at the Naval Training School, in part because of his status as a Bakufu official, but also because he, unlike his fellow students, had some knowledge of Dutch and thus took notes on Pompe's lectures and translated them for his fellow students. Matsumoto's memoirs were written in 1902; in the four decades between the *Posadnik* incident and his narration of it, Matsumoto had become deeply involved in the remaking of the medical system in Japan and in the articulation of the new concept of public health.

Here we find, then, yet another border—the temporal border of 1868, which saw destruction of the Tokugawa Bakufu and the establishment of a new Japanese state. In the aftermath of the Meiji Restoration, health—and its opposition, illness—very quickly acquired a significance they had not possessed heretofore, because achievement of the goal of a “rich nation, strong military” (as the popular slogan put it) required the production of healthy workers and soldiers. Matsumoto was an active participant in the government-sponsored remaking of medical discourse and institutions. After being confined for more than a year because he remained loyal to the Bakufu until its final defeat at the hands of the pro-imperial forces, Matsumoto became an official in the Ministry of the Army and Navy, the first surgeon-general of the new imperial army, and, from 1879, served as an official in the Central Hygiene Society (Chūō Eiseikai). In these capacities he became a central figure in the refiguring of syphilis that took place during the Meiji period. Thus, in his memoirs, Matsumoto relates the course of his life in terms of a number of other “stories”—the modernization of Japan, the rise of Western medicine, and the establishment of a public health system. Within these intertwined narratives, the years in Nagasaki are situated as a point of origin, the moment when the set of transformations that concerned Matsumoto began.

Nonetheless, a critical reading of the memoir allows for the uncovering of some of the conflicts involved in this incident as it occurred in 1860, particularly as they relate to cultural tensions between Japan and the European countries in the “borderland” that was Nagasaki. Even before he describes the *Posadnik* incident, Matsumoto focuses on tensions of this nature. For example, he describes how difficult it was, as a student of Pompe’s, to engage in anatomical studies because Bakufu authorities refused to allow foreigners such as Pompe to dissect Japanese corpses.<sup>29</sup> According to Matsumoto, “at that time the theory of ‘expel the barbarians’ was very popular, so to take the corpse of a Japanese, even that of a criminal, and give it to a foreigner so that he could divide the entrails and cut up the eyes was something of consequence for the honor of the nation.”<sup>30</sup> Matsumoto also describes at some length the devastating cholera epidemic that began in Nagasaki in 1858 and swept through Japan’s major cities, killing hundreds of thousands—an epidemic

attributed to an American steamer, the *Mississippi*, which had entered Nagasaki harbor with infected seamen aboard.<sup>31</sup>

When Matsumoto turns to the *Posadnik* incident, the cultural tensions already present assume a sexual dimension because the Russians’ desire to have access to Japanese women took forms that violated Japanese norms. Matsumoto notes that the Russian sailors “complained at the prohibition against expressing their lust and soon began to molest the wives and daughters of farmers.” When their commander requested that the women of the *yūkaku* be examined for syphilis, Okabe, the Bakufu magistrate, is quoted as stating that “that is something which has never occurred in our country.” According to Matsumoto, when brothel-owners and the *yūjo* were approached by Okabe, they “complained bitterly and expressed their indignation.”<sup>32</sup>

It is clear that it was not sexual relations with the foreigners that was the object of their protest—Dutch and Chinese traders at Nagasaki had long been allowed to frequent the pleasure quarters—but rather the indignity of the medical examination. Eventually Matsumoto, presumably because of his association with both the Bakufu and Pompe, was asked to mediate and resolve the situation. He describes the solution he proposed and the issues at stake in the following terms:

The magistrate was unwilling to coerce the two *yūkaku* districts to agree, and so asked me to try to resolve things in a harmonious manner. Therefore I explained my plan to the brothel-owners. First we must build a simple structure in the vicinity of Goshinji, where the Russians are residing, and then we must recruit ten or so healthy women from the Shinabara area, without regard to whether they are pretty or ugly, by promising them twice the usual payment. They can live in that place and service the Russian sailors. If you don’t offer the Russians food or drink, it will not cost much to do this. Limit the hours of this establishment from ten in the morning to six at night, with one hour for rest at noon, and limit the time each sailor spends with a woman to three hours. If we do it this way, every other day from eight in the morning we can conduct the syphilis inspections. We can bring the women back and forth each day from a lodging near the port and can have the magistrate order the innkeeper to accept a reduced fee. The charge for the services of the woman will be four times that of a first-class

*yi/jo* in the *yi/zaku*. The examinations can be carried out by myself and the other students.<sup>35</sup>

What Matsumoto takes great pride in describing is, of course, the creation of an alternative brothel designed to service the foreign sailors, but with none of the cultural and social embellishments that characterized sexual encounters within the *yi/zaku*. The area known as Shinabara of which Matsumoto speaks was one of the poorest wards in Nagasaki, and the women recruited from it were not required to have the beauty, charm, or artistic skills expected of the *yi/jo*. In return for good compensation, they were asked to accept not only the attentions of the Russian sailors but also frequent medical examinations by Pompe and his students.

The plan outlined by Matsumoto in his memoir was in fact put into place. The building where the women were housed became known as the "Russian Sailors' Brothel," and the women as the "Russian whores." The syphilis examinations came to be referred to colloquially in Nagasaki as "viewing the whores' private parts."<sup>36</sup> Matsumoto reports that his solution to this crisis was well received by all. The brothel-owners were greatly pleased because they pocketed the profits from running the foreigners' brothel. Likewise, the magistrate Okabe, upon hearing of the happy resolution of the plan, is described as laughingly declaring, "How wonderful indeed that the people in my jurisdiction can profit off these foreigners."<sup>37</sup>

Left unmentioned in this account are the sexual and social tensions that were not resolved by the creation of the alternative brothel. The examination procedure was based on the notion that the physician's gaze on the woman's genitals was purely professional, rational, and scientific, but there is evidence that neither the women nor the physicians regarded the "gaze" in those terms. Matsumoto himself found the examination procedure extremely distasteful and, after performing it only twice, turned responsibility over to his junior colleagues.<sup>38</sup> They found it equally unpleasant and consequently developed a special chair designed to position the woman for the new medical gaze. The seat of this device was quite high off the ground, so that a set of stairs was necessary to mount it. When the woman was

seated on the chair, her genitals were at eye level, creating a relation of bodies designed to objectify the woman as much as possible.<sup>39</sup>

Also unexplored in the text is when and how Matsumoto began to perceive the examination of prostitutes for syphilis not merely as a way of appeasing foreigners in the treaty ports but as a necessary and vital technique that had implications for Japan as a whole. As we have seen, in his memoir the suggestion is that the creation of the foreigners' brothel had the aim of preserving the *yi/zaku*—and the *yi/jo* within it—as privileged cultural sites, while allowing the proprietors of the brothels to profit at the expense of the foreigners.

Upon his return to Edo from the borderland of Nagasaki, Matsumoto began to serve in a variety of medical positions within the Bakufu. He was the head of the Bakufu medical school, physician to the Shogun's household, and chief medical officer of the Bakufu army. When he returns to the subject of syphilis in the context of narrating his activities in Edo during the final years of the Bakufu, the problem is taken up in very different terms. After noting the rise of licentious behavior in Edo after the opening of the country, Matsumoto declares that "the failure to regulate syphilis is worse than allowing arson. Fire just destroys property, but the spread of syphilis continues without limits from children to grandchildren, and thus it is the most serious of all diseases. By killing people, it destroys the strength of the nation."<sup>40</sup>

With this thought in mind, he writes that he began a campaign to begin syphilis examinations in the *yi/zaku* in Edo, and approached brothel-owners as well as the Edo officials. However, the resistance was such that he eventually abandoned the notion of regulating the preexisting quarters and, drawing on his Nagasaki experience, formulated a new plan—to create a new *yi/zaku* based on the goal of a syphilis-free zone in the area of Edo called Nezu, then known as a place where many unlicensed prostitutes gathered. This new *yi/zaku* was in fact authorized and initially consisted of twenty-one brothels. On the entrance gate to the quarters, a large sign was posted that declared it to be the Syphilis Hospital District of the Bakufu Medical School. However, the examinations for syphilis never got

underway. As Matsumoto notes ruefully, "Suddenly the Bakufu fell, so we couldn't perform the examinations, and all I succeeded in doing was creating another brothel district."<sup>39</sup>

It is clear from this account that Nagasaki as a treaty port became for Matsumoto the site where a critical rethinking of notions of health and disease, social controls and values, national power and culture difference took place. But it was not only Matsumoto, of course, who participated in this rethinking. Just as he left Nagasaki behind to become an influential voice in the formation of state medical and public health policy, so did his fellow students. Indeed, the roster of former Pompe students reads like a *Who's Who* of Meiji medicine. Nagayo Sensai became the head of the Bureau of Hygiene, Ogata Koreyoshi founded the first public hospital in Osaka and became the head of the army's medical school, Seki Kansai became the head of the Navy Hospital, and Iwasa Jun served as the personal physician to the Meiji Emperor for thirty years.

Moreover, the "imperialist" relations of power that gave rise to and shaped the *Posadnik* incident were not peculiar to Nagasaki. In 1867, the British consul in Yokohama, Sir Harry Smith Parkes, complained to Bakufu officials about the high incidence of syphilis among the women in the district known as Miyazaki, the *yūkaku* of that city, who offered sexual services to the foreign residents there.<sup>40</sup> In response, the Bakufu authorities ordered the brothel-owners to provide a building where syphilis inspections could take place. George Bruce Newton, a British naval officer and physician, took charge of the inspections, which occurred once a week. Any woman found to be infected was forcibly confined for a term of treatment until she was pronounced cured.<sup>41</sup>

### The Meiji State and the Construction of the National Body

In the aftermath of the Meiji Restoration, the refiguring of syphilis as a social problem that began in the treaty ports continued—but the participants now included the leadership of the new central government. The context of this heightened interest in syphilis and other contagious diseases was the new concern for national

strength and national wealth that emerged in conjunction with the formation of the new imperial state. As the "national body" (*kokutai*) emerged as a new object of reverence, the government began to show concern for the health of its citizens. In December 1868, only two months after the emperor's triumphant entry into his newly renamed capital of Tokyo, an imperial proclamation was issued in which the emperor stated his intention to address medical issues. Then in January 1869, two officials were appointed to take charge of the process of building a new medical system. They were Iwasa Jun (1836–1912) and Sagara Chian (1836–1906), both of whom had been students of the Naval Training School in Nagasaki. In 1871, Nagayo Sensai, another Pompe student, was assigned the task of studying medical matters as part of the Iwakura mission that traveled to the U.S. and Europe. He was most impressed with the authoritarian public health system of Prussia, and upon his return to Japan, he began to argue that it should serve as a model for Japanese reforms.<sup>42</sup>

These early efforts at defining the relation between the individual body and the national body culminated in the promulgation in 1874 of a plan for reform consisting of some seventy-six articles. Titled "the Medical Policy" (*isei*), the plan envisioned the creation of a system of licensing for doctors, nurses, and midwives. It called for the creation of a network of medical schools to train the new medical elite, as well as for the formation of public hospitals where the poor could seek treatment. The pharmaceutical industry, too, was to be regulated through a system of testing and the regulation of the distribution of drugs. But the foundation of the Medical Policy was the creation of the Bureau of Hygiene (*Eisei-kyoku*), a central administrative body with authority over matters of health. Beneath the Bureau, the entire country was to be divided into a system of seven public health districts. A public health office was to be established in each district and empowered to direct local authorities in the enforcement of health directives issued by the central government. Moreover, physicians in private practice were to be required to report all cases of contagious disease to these local authorities.<sup>43</sup>

As "public health" emerged as an object of governmental concern, all diseases, but particularly infectious diseases—and, by extension, those infected with them—



came to be understood as a threat or danger to the nation, and thus a new imperative of containment through confinement emerged. In the late nineteenth century, the Japanese government began to keep records listing the number of hospitals that were being created, proof of how "modern" the country was becoming. But most of the new institutions designated as "hospitals" were in fact quarantine sites that offered little or no medical care but simply sought to isolate those infected with diseases such as cholera, diphtheria, and typhoid, which swept through Japan in the late nineteenth century.

According to government statistics for the year 1910, of some 2,400 institutions recognized as "hospitals," more than 1,500 were in fact quarantine sites where the infected were dumped and left to die.<sup>44</sup> The policy of confinement that ordered the establishment of these institutions was applied not only to acute contagious diseases but also to noninfectious illnesses. In 1878, for example, Tokyo-prefecture established a new law that dealt with "the nursing of the insane and the control of delinquent minors." It allowed families to confine those they judged to be insane or uncontrollable within the home against their will by simply submitting a petition to local police authorities and receiving their permission.<sup>45</sup>

The transformation of disease into a social and political issue in the 1870s coincided with a new concern for prostitution. In 1872, in the aftermath of the "Maria Luz incident," the Grand Council of State issued the "prostitutes liberation law" (*shōgi kaihō rei*), which allowed the *yūjō* to leave their brothels with no requirement that they pay the *migawarikin* (literally, "money instead of the body") usually required.<sup>46</sup> However, as both Yoshimi Kaneko and Tōme Yuki have argued, the intent of this law was not bring an end to either prostitution or licensed brothels, but rather to address European and American criticisms that the brothel system constituted a form of female enslavement.<sup>47</sup>

Only two days after the promulgation of the new law, Ōkubo Toshimichi, governor of Tokyo-prefecture, informed the heads of that city's wards that women were free to stay within the brothels "if they wished," and that the brothels were free to continue their business. In short order, the nomenclature of prostitution changed: The brothels were redefined as "rooming houses" (*kashiyashiki*), and the

*migawarikin* came to be termed "advance money" (*maegarikin*). All these changes made it possible for the authorities to maintain that women who worked as prostitutes did so voluntarily, even though many of them clearly remained within the brothels because they had nowhere else to go and no other means of making a living.<sup>48</sup>

In spite of the symbolic "liberation" of prostitutes by government statute, the Meiji leadership was committed to the continuation of the licensed brothel system. And it was the conviction that syphilis was a serious social problem that was the foundation of this policy. Like public health authorities in Europe, Meiji leaders had come to view prostitutes as the primary means of the spread of the disease. Thus, in 1871, the Council of State ordered the Home Ministry to direct the local governments to establish examination centers for syphilis. The text of the directive that was issued reads as follows:

In recent years, in every area, the number of prostitutes has increased, and they cause much harm. Because of them, men in their prime enter into lives of dissolution and entire families are ruined. Moreover, they spread syphilis and thus harm the bodies of many, and in some cases that disease is spread to the next generation. This is a most unfortunate thing. . . . Therefore, no new brothels may be opened. Nothing can be done about those already in existence, but each district must establish an examination center for syphilis.<sup>49</sup>

Not only is syphilis represented as a problem with profound social consequences, but the woman of the *yūkaku*—indeed, that site itself—is demarcated as a source of infection and thus an object of state intervention. In response to this directive, the cities of Tokyo, Kyoto, and Osaka began to require that prostitutes submit to medical examinations.

Government support for the policy of licensing prostitution in order to control the spread of syphilis was further strengthened in 1873, when Kawaji Toshiyoshi (1836–1879), who had been given the job of surveying the police systems of the European nations, returned from a year abroad. He provided Ōkubo Toshimichi and the Home Ministry with a detailed account of how Berlin and Paris made use of

police authority to require licensed prostitutes to submit to syphilis examinations.<sup>50</sup> Drawing upon these European examples, in 1873 Tokyo prefecture designated five districts (Yoshiwara, Shinagawa, Shinjuku, Jidabashi, and Senjū) where brothels could carry on their trade. In each district a "hospital" was established, and the women who worked in the brothels were required to submit to medical examinations at these institutions.<sup>51</sup>

Just how much thinking had changed toward both syphilis and the *yūjō* is perhaps best illustrated by quoting a government directive from 1876 issued by the Home Ministry to the local police bureaus that now had authority over matters of public health:

Of the infectious diseases, there is none more virulent than syphilis. The source of this plague is none other than prostitution, and so there is no better way to prevent it than examining prostitutes for the disease. In those areas where there are brothels, these inspections must take place . . . . From the perspective of public health, there is no more urgent matter.<sup>52</sup>

In keeping with this new understanding of the disease, between 1878 and 1884 a series of ever more stringent laws was issued requiring the obligatory examination of all prostitutes for syphilis—and their confinement if infected in what had come to be known as "prostitute hospitals." Again the statistics on hospitals are illuminating: In 1878, there were 40 venereal disease hospitals in Japan; in 1882, that number had more than tripled, to 130. This meant that, of 626 institutions named as hospitals in 1882, fully 20 percent were syphilis treatment centers located in or adjacent to the *yūkaku* districts.<sup>53</sup>

Just as government policy was involved in identifying the prostitute as responsible for the plague of syphilis, so popular discourse, too, began to participate in the redefinition of syphilis as *karyūbyō*, or the "disease of the pleasure quarters." There was an explosion of discourse on and about syphilis in this period. One of the most important genres for diffusing the new knowledge about the disease and its social consequences was the popular health handbook known as *eiseiton*, or "hygiene book." The emergence of the "hygiene book" dates to 1864, when none

other than Matsumoto Ryōjun authored a health handbook entitled *Yōjōho (Methods for Promoting Health)*.

Works on *yōjō*, or "health cultivation," had a long tradition in early modern society, but Matsumoto's innovation was to draw upon Western medicine as the basis for improving personal health. Moreover, unlike the Edo period health manuals, Matsumoto's was organized around preventing and treating specific infectious diseases. He devotes an entire section, entitled "Matters of the Bedroom," to delineating the threat posed by syphilis:

Syphilis spreads from person to person, and gradually its poison increases. Because of this, not only is one's own life lost but also the poison is spread to one's children, and this gives rise to every kind of terrible illness. Indeed, it is impossible to know how many thousands of people are infected by one syphilitic woman.<sup>54</sup>

The answer to the "social problem" of syphilis was clear to Matsumoto. He describes the intertwined policies of licensing brothels, examining prostitutes, and confining those infected as the norm in "all the countries of the West," and calls upon the authorities in Japan to emulate this system. In the 1870s, works on hygiene became a very popular form of reading material. And as was the case in Matsumoto's pioneering work, they typically contained a chapter devoted to syphilis in which the prostitute was identified as the primary source of infection.

Meiji period newspapers also participated in the public discourse on syphilis, but in ways that called into question the "public health" view of the disease that emanated both from the state and from the physician-authors of the "hygiene manuals." The newspapers of the 1870s and 1880s contain many articles on syphilis. A substantial number of these merely publicize the new laws and policies that the central, prefectural, and municipal governments were putting into effect. Others, however, take the form of commentary or reportage on the effects of the new policies and adopt a tone of critique. For example, in 1872, the Osaka newspaper, *Osaka Nippō*, reported that a young prostitute named O-Raku had committed suicide rather than submit to the indignity of the genital examination.

The article went on to describe the examination procedure that took place in Osaka under the direction of the students of the Naniwa Medical School: In the presence of four or five doctors, the woman was required to hitch up her skirts and sit on a specially designed chair that had a round opening in it. The doctors would then examine her by peering beneath the seat of the chair.<sup>55</sup>

Another article, this one published in *Shinbun Zasshi* in 1873, suggests how the women—and perhaps some among the readers of the newspaper—viewed the examination procedure. It quotes a poem written on the wall of the examination room, presumably by one of the prostitutes, which stated, “Instead of looking at the pictures in pillow books, they want to see the real thing, these stupid officials.”<sup>56</sup> Another mocking commentary on the government obsession with syphilis is offered up by a *nishiki-e* (colored print) that appeared in *Tokyo Nichi-nichi Shinbun* in 1876. According to the text, the man depicted in the illustration as lying on a futon is a Yokohama merchant who, after suffering from syphilis for thirteen years, has begun to be delusional. His friends have gathered around him to carry out *tsukimono-barai*, the exorcism of the spirit that possessed him. The merchant tells them, “You must be possessed by a badger or a fox. It is the disease called syphilis that has a hold on my body. If you don’t leave me alone, I will report you to the Kanagawa authorities.”<sup>57</sup>

Here we discover yet another border—the border between the individual body and the “national body.” In its articulation of public health as a goal, the government made reference to notions of science, rationality, national purpose, and social benefit. However, the implementation of state medical policy required a popular consensus not only on what these terms meant, but also on what sickness and health “meant” in social, cultural, and political terms. The forging of this consensus was not easy, and there were multiple moments of contestation. For example, between 1878 and 1890, in Okayama, Chiba, Aichi, Niigata, and elsewhere, a series of so-called cholera uprisings occurred in which rioters violently attacked quarantine hospitals as well as the doctors and police who established and maintained them.<sup>58</sup> And from 1887 until 1896, the newspapers of Meiji Japan closely followed a series of events that collectively came to be termed “the Sōma

incident,” which involved the public scandal that occurred when a former *daimyo* (a feudal lord under the Tokugawa Bakufu) was confined as insane by his family according to terms of the 1878 confinement law.<sup>59</sup>

### Prostitution and the Nation

What is remarkable about the critical discourse on syphilis and prostitution is how quickly it came to an end. After 1890, there were no more newspaper articles of the kind described above. The medical examination of prostitutes had been rendered routine and commonplace with an ease not replicated in other aspects of the new public health system. This occurred because the articulation of the prostitute as something outside of—and as a potential threat to—the new national culture was taking place in multiple and overlapping discourses. As public health authorities and the medical establishment were labeling her a source of disease, the Japanese state was also addressing her through the writing of family law that valorized female chastity and through the articulation of “good wife, wise mother” as proper female roles. In state discourse, women were exhorted to contribute to the nation through hard work, frugality, the management of the household, and the care of children and the elderly.<sup>60</sup> In relation to this conception of female roles, prostitution was seen as a “shameful profession” (*shūgyō*)—so much so that *shūgyōfu*, or the “woman of a shameful profession,” became another word for prostitute.

Perhaps nothing is more indicative of how stigmatized prostitution had become than the discourse that emanated from the prostitution abolition movement that took form in the 1880s. Originating as local groups, the mainstays of which were Christian reformers and “peoples’ rights” advocates, the movement gave rise in 1890 to the “National Association for the Abolition of Prostitution.” The name of this movement is something of a misnomer, however, because the object of its attack was not prostitution itself but the system of licensed prostitution that existed in Japan. As Tōme Yuki has noted, the abolitionists attacked prostitution on ethical grounds, charging that it encouraged immorality, led to wasteful spending and laziness, and was the origin of a variety of vices. The state’s regulation of

prostitution, they charged, constituted de facto authorization of such immoral behavior. What they called for was the criminalization of the prostitute.

Far from viewing the state regulation of prostitution as the exploitation of the women involved, the abolitionists attacked it as something that besmirched the national honor. Thus the rhetoric of the movement was ordered by attacks on the prostitutes themselves. They were "criminals from the perspective of ethics" who did not deserve "protection under the nation's law," according to one editorialist. Yet another member of the movement declared that the prostitutes should be moved to the villages of the outcaste people known as *burakumin* so as to "keep separate the education of daughters of good people and those of prostitutes." In keeping with this view of prostitution, the abolitionist movement did not attack the compulsory syphilis examinations of licensed prostitutes, arguing that they should be required of unlicensed prostitutes and *geisha* as well.<sup>61</sup>

The rendering of the prostitute as a marginal figure in relation to national culture did not mean that the number of prostitutes decreased. Indeed, the reality was quite the opposite. For example, in the Yoshiwara *yūkaku* in Tokyo, in the decade between 1888 and 1898, the number of licensed prostitutes increased from 2,072 to 2,929—a pattern that was replicated in almost every *yūkaku* district.<sup>62</sup> This growth in the number of prostitutes is indicative of the depth of poverty that characterized the lives of many women in late-nineteenth-century Japan. But it is equally revealing of how dependent the state goal of a "rich nation, strong army" was on prostitution, even as it simultaneously authorized the prostitute's transformation into a public health hazard.

Economically, prostitution functioned on multiple levels to fund the modernization process that the Japanese government undertook in the name of national development. Beginning in 1876, the Council of State authorized prefectural authorities to tax both the licensed brothels and the prostitutes within them. In addition, the possibility of indenturing one's daughters to a brothel in hard economic times came to function as a "safety net" for many rural families, allowing the state to maintain a policy of taxing agriculture heavily. At the same time, the exportation of Japanese women to work as prostitutes in brothels in China,

Southeast Asia, and America served as a foundation for the expansion of Japanese trade overseas. In Singapore, Shanghai, and elsewhere, the brothel trade provided much-needed capital for Japanese entrepreneurs.<sup>63</sup>

### Conclusion

The rise of the public health discourse on syphilis transformed the place of the prostitute in Japanese society and culture in the mid-nineteenth century. The *yūkaku* districts underwent a similar reevaluation, so that by the early twentieth century they were routinely referred to as "public latrines" by Japanese officials.<sup>64</sup> But the very fact of the marginalization of prostitution in relation to state-sponsored notions of national culture led some to valorize this space. In the early 1920s, a new discourse of nostalgia for the *yūkaku* districts—and for the pre-Meiji world they now came to represent—emerged, a literature perhaps best represented by the works of Nagai Kafu. In a series of short stories published in popular literary magazines such as *Shinshōsetsu*, *Chūō Kōron*, and *Mita Bungaku*, Kafu described the *yūkaku* as the site where an authentic Japanese sensibility survived, in the form of remainders or traces of pre-Meiji Japan that had somehow eluded the formation of "modern" notions of gender, marriage, work, success, and happiness authorized by the state.

Yet in Kafu's stories there are constant reminders of the state's presence even in the *yūkaku*. We find repeated mention of venereal disease clinics and of the examinations to which the prostitutes were subject. And Kafu's male protagonists have frequent encounters with the police, who seem always present in and around the quarters. I end, then, with the constitution of yet another "borderland" in the site of the modern *yūkaku*—a borderland capable, perhaps, of exposing that the desires of the individual body and the national body were not the same. This was a place where, in Kafu's words, "the fraud of the just and open society" was made visible.<sup>65</sup>

## Notes

1. Also known as Okabe Nagatsume (1825-1866), Okabe Suruga no mori served as the magistrate of Nagasaki from 1858 through 1861.
2. See W. G. Beasley, *Japanese Imperialism, 1894-1945* (Oxford: Clarendon Press, 1987), esp. chapter 1, "Explanations of Imperialism," and chapter 2, "The Treaty Port System and Japan." The term "informal imperialism" originates with C. R. Fry, *Cambridge History of the British Empire* (Cambridge: Cambridge University Press, 1940), p. 399, and was adopted by John Gallagher and Ronald Robinson, "The Imperialism of Free Trade," *The Economic History Review*, 2nd series, 6.1 (1953):1-15. The term also provides the framework for Peter Duus, Ramon H. Myers, and Mark R. Peattie, eds., *The Japanese Informal Empire in China, 1895-1937* (Princeton, N.J.: Princeton University Press, 1989).
3. Nagasaki became an open port in 1855, when the Bakufu signed a treaty with Russia. This was the first treaty to include a provision for extraterritoriality. A second treaty with Russia, signed in 1857, allowed for regulated trade. The Harris Commercial Treaty of 1858 gave Americans access to trade at Nagasaki as well and was followed by similar treaties signed with the Dutch, Russians, British, and French. On the creation of the treaty ports, see W. G. Beasley, "The Foreign Threat and the Opening of the Ports," in Marius B. Jansen, ed., *Cambridge History of Japan, Volume 5: The Nineteenth Century* (Cambridge: Cambridge University Press, 1989), pp. 259-307, and James Hoare, *Japan's Treaty Ports and Foreign Settlements: The Uninvited Guests, 1858-1899* (Folksstone, Kent: The Japan Library, 1994).
4. On Dutch Learning, see Grant K. Goodman, *Japan: The Dutch Experience* (London and Dover, N.H.: The Athlone Press, 1986), and Donald Keene, *The Japanese Discovery of Europe* (Stanford, Calif.: Stanford University Press, 1969).
5. On Englebert Kaempfer, Carl Peter Thunberg, and Phillip Franz von Siebold, see Ishibashi Choei and Kawai Teizō, *Oyatoi gaikokujin, Volume 9: Igaku* (Tokyo: Kajima Kenkyūjo, 1969).
6. The Kaigun Denshūjo was established in Nagasaki in 1855 and offered instruction in navigation and other forms of maritime technology. Holland, then the only country which had relations with Japan, donated a steamship and sent 22 officers and crewmen to teach at the school. The student body, which numbered about 200, was drawn from samurai retainers of the Bakufu and the various domains. On Pompe van Meedervoort, see Elizabeth P. Wittermans and John Z. Bowers, trans. and eds., *Doctor on Desima* (Tokyo: Sophia University Press, 1970), which includes chapters from Pompe's memoirs, *Vijf jaren in Japan (Five Years in Japan)*.
7. Ogasawa Kenzō and Sakai Shizu, eds., "Kaisetsu," in idem, *Matsumoto Jun jiden Nagayo Sensai jiden* (Tokyo: Heibonsha, 1980), pp. 216-217.
8. On the spatial organization of the early modern city, see Tamai Tetsuo, "Kinsei toshi kakkan no tokushitsu," in Yoshida Nobuyuki, ed., *Nihon no kinsei, Volume 9: Toshi no jidai* (Tokyo: Chūō Kōronsha, 1992), pp. 33-80.

9. On the distinction between licensed prostitutes (*kōshō*) and unlicensed prostitutes (*shishō*) in early modern Japan, see Kobayashi Masako, "Kōshōsei no seintsu to tenkai," in Joseishi Sogō Kenkyūkai, ed., *Nihon josei shi, Volume 3: Kinsei* (Tokyo: Tokyo Daigaku Shuppankai, 1982), pp. 127-162; and Sone Hiromi, "Baita' ko: Kinsei no baishō," in Joseishi Sogō Kenkyūkai, ed., *Nihon josei seikatsu shi, Volume 3: Kinsei* (Tokyo: Tokyo Daigaku Shuppankai, 1990), pp. 11-141.
10. Claude Quéfrel, "Introduction: Syphilis as a Cultural Phenomenon," *The History of Syphilis* (Ithaca, N.Y.: Cornell University Press, 1989), pp. 1-8.
11. *Ibid.*, p. 16.
12. *Ibid.*, chapter 3.
13. Winfried Schleiner, "Infection and Cure Through Women: Renaissance Constructions of Syphilis," *Journal of Medieval and Renaissance Studies* 24:3 (Fall 1994):502-555.
14. Mary Spongberg, *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth Century Medical Discourse* (New York: New York University Press, 1997).
15. Sander Gilman, *Disease and Representation: Images of Illness from Madness to Aids* (Ithaca, N.Y.: Cornell University Press, 1988), pp. 252-256.
16. On the rise of the notion of "public health," see Jeanne Brand, *Doctors and the State* (Baltimore, Md.: Johns Hopkins Press, 1965); John Duffy, "History of Public Health and Sanitation in the West Since 1700," in Kenneth Kiple, ed., *The Cambridge World History of Human Disease* (Cambridge: Cambridge University Press, 1993).
17. Jill Harsin, *Policing Prostitution in Nineteenth-Century Paris* (Princeton, N.J.: Princeton University Press, 1985), p. 6.
18. Laurie Bernstein, *Sonia's Daughters: Prostitutes and Their Regulation in Imperial Russia* (Berkeley, Calif.: University of California Press, 1995), p. 2.
19. Judith Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State* (Cambridge: Cambridge University Press, 1980).
20. The status of the *baita* is the focus of Sone Hiromi's article (see note 8 above).
21. On the "pleasure quarters," see Tenuka Yasuoka, "The Pleasure Quarters and Tokugawa Culture," in C. Andrew Gerstle, ed., *Eighteenth Century Japan* (Sydney: Allen and Unwin, 1989), pp. 3-32; and Cecilia Segawa Seigle, *Yoshiwara: The Glittering World of the Japanese Courtesan* (Honolulu: University of Hawaii Press, 1993). The classic work in Japanese is Takigawa Masajirō, *Yūjo no rekishi* (Tokyo: Shbundo, 1967).
22. Sone, pp. 127-128 (see note 8 above).
23. Kariya Haruo, *Edo no seibiyō: Baidoku ryakō jijo* (Tokyo: San'ichi Shobō, 1993), pp. 25-29.
24. A listing of the various laws and edicts associated with the establishment of the "pleasure quarters" in Edo can be found in Yamamoto Shun'ichi, *Baidoku kara etzu e* (Tokyo: Chosō Shoten, 1994), pp. 5-15. Kobayashi Masako explores at length the circumstances surrounding the formation of the Yoshiwara *yūkaku* in Edo, as well as the background of those in Mito-han and the Gion district of Kyoto (see note 9 above).

25. Fujikawa Yu, *Nihon igakushi* (Tokyo: Nisshin Shoin, 1941), p. 124.
26. Tatsukawa Shōji, *Kinsei byōsōshi: Edo jidai no byōki to iyō* (Tokyo: Heibonsha, 1979), p. 145.
27. Both the *Baisō gundan* and *Baisō chadan* are held in the Fujikawa Yu Bunko, Kyoto University Library, Kyoto, Japan.
28. Quoted in Kariya, p. 52 (see note 23 above). Kariya lists many of these poems, see pp. 47-54. For other examples, see Suzuki Katsutada, *Senryū zappai Edo shomin no sekai* (Tokyo: Miki Shobō, 1996), pp. 174-178.
29. Ogawa and Sakai, p. 11-12 (see note 7 above).
30. *Ibid.*, p. 13.
31. *Ibid.*, p. 14-15.
32. *Ibid.*, p. 24.
33. *Ibid.*, p. 25.
34. Kariya, p. 111 (see note 23 above).
35. Ogawa and Sakai, p. 25 (see note 7 above).
36. Kariya, p. 111 (see note 23 above).
37. A photograph of the device is included in Nihon Ishi Gakkai, ed., *Zuroku Nihon jiji bunka shiryō shūsei* (Tokyo: San ichi Shobō, 1979), p. 109.
38. Ogawa and Sakai, p. 42-43 (see note 7 above).
39. *Ibid.*, p. 45.
40. This was in keeping with British domestic policy. Great Britain had instituted a program of regulation in the form of the Contagious Disease Acts of 1864, 1868, and 1869. This legislation provided for the compulsory examination by a naval or military surgeon of a woman believed by the police to be a common prostitute within the so-called protected districts adjacent to major military garrison stations. If a woman was diagnosed, she was to be detained in a venereal disease treatment ward for up to one year and was subject to genital examinations every two weeks. See F. B. Smith, "The Contagious Disease Acts Reconsidered," *Social History of Medicine* 3-2 (1990):197.
41. On the syphilis inspections in Bakumatsu Yokohama, see Kariya, pp. 112-125 (see note 23 above).
42. On the rise of state medicine and public health in Meiji Japan, see Miyamoto Shi nobu, *Igaku shisōshi, Volume 3: Nihon ni okeru kindai igaku no seiritsu* (Tokyo: Keiso Shobō, 1975), esp. chapter 5.
43. Kawakami Takeshi, *Gendai Nihon iyō shi* (Tokyo: Keiso Shobō, 1990), pp. 105-120.
44. Kawakami Takeshi, *Gendai byōin shi* (Tokyo: Keiso Shobō, 1988), p. 71.
45. *Ibid.*, p. 292.
46. In July 1872, the Peruvian ship *Maria Luz* docked at Yokohama with more than 200 Chinese laborers aboard. Two of them escaped and complained to British and Japanese authorities that they and the other Chinese were being confined against their will in terrible conditions aboard the Peruvian ship. The Japanese government created a special court to

hear testimony from both sides. It eventually declared that the captain of the ship was guilty of illegally confining the Chinese. The Peruvian government protested the decision and accused the Japanese government of hypocrisy because it allowed the confinement of its own female citizens in the licensed brothels.

47. Yoshimi Kaneko, "Baisō no jittai to hasshō undō," in Joseishi Sōgō Kenkyūkai, ed., *Nihon josei shi, Volume 4: Kindai* (Tokyo: Tokyo Daigaku Shuppankai, 1982), pp. 223-258; Tōme Yuki, "Kindai Nihon no koshō seido to hasshō undō," in Wakita Haruko and Susan B. Hanley, eds., *Jendā no Nihonshi* (Tokyo: Tokyo Daigaku Shuppankai, 1994), pp. 461-492.
48. Yoshimi, p. 224 (see note 47 above).
49. *Ibid.*, p. 25.
50. Tōme, pp. 463-464 (see note 47 above).
51. Yoshimi, p. 227 (see note 47 above).
52. Yamamoto, p. 44 (see note 24 above).
53. Koseisho Imukyoku, ed., *Isei Hachumenshi* (Tokyo: Okurasho Insatsukyoku, 1955), p. 820.
54. Excerpts from this work are included in Nihon Kagakushi Gakkai, ed., *Nihon kagaku gijyūsusshi taikō, Volume 24: Igaku* (Tokyo: Daiichi Hōki Shuppan, 1965), p. 40.
55. Nakayama Yasunasa, ed., *Shinbun shūsei Meiji hennenshi*, volume 2 (Tokyo: Honpō Shoseki, 1982), p. 472.
56. *Ibid.*, vol. 1, p. 493.
57. Nihon Ishi Gakkai, ed., *Zuroku Nihon jiji bunka shiryō shūsei*, p. 180 (see note 37 above).
58. On the cholera uprisings, see Tatsukawa Shōji, *Meiji jiji ōrai* (Tokyo: Shinchōsha, 1986), pp. 67-73; Yamamoto Shun'ichi, *Nihon korera shi* (Tokyo: Tokyo Daigaku Shuppan, 1982).
59. Susan Burns, "The Soma Incident: Medicine, Madness, and the Meiji State," paper presented at the annual meeting of the Association for Asian Studies, Chicago, Illinois, March 1997.
60. Matsumoto Tenuo, *Kindai Nihon ni okeru kazokuhō* (Tokyo: Kōbunkan, 1975); Sharon H. Nolle and Sally Ann Hastings, "The Meiji State's Policy Toward Women, 1890-1910," in Gail Bernstein, ed., *Recreating Japanese Women, 1600-1945* (Berkeley, Calif.: University of California Press, 1991), pp. 151-174.
61. Tōme, pp. 476-479 (see note 47 above). Sheldon Garon explores the post-1900 abolition movement in his article "The World's Oldest Debate? Prostitution and the State in Imperial Japan, 1900-1945," *American Historical Review* 98.3 (1993):710-733.
62. Yoshimi, p. 227 (see note 37 above).
63. On the economic value of prostitution for the nation, see James Francis Warren, *Ah Ku and Karyuki-san: Prostitution in Singapore, 1870-1940* (Oxford: Oxford University Press, 1993), pp. 25-37.
64. Garon, p. 721 (see note 61 above).

65. The phrase is from "A Strange Tale from East of the River," in Edward Seidensticker, trans., *A Strange Tale from East of the River and Other Stories* (Rutland, Vt.: Charles E. Tuttle, 1965), p. 138.

**"Bad Girls":  
Representations of Unsuitable, Unfit,  
and Unsatisfactory Women in Magazines**

Laura Miller

Young women's magazines in Japan contain unrelenting advertising that promotes conformity through consumption of expensive clothing, cosmetics, and body transformation technologies and products. Feature articles in these same magazines may nonetheless reflect a humorous, often sassy, in-your-face engagement with cultural ideology about proper personality and behavior.<sup>1</sup> Contradictory portraits and advice can be found in any given issue. One perspective we can use when analyzing these magazines is to view them as manuals for how to survive in a patriarchal society, to borrow Winship's assessment of their American counterparts.<sup>2</sup> Their content reflects an interplay between the forces of incorporation of and resistance to culturally sanctioned and class-based ideals of femaleness.

A growing scholarship that draws from Japanese women's magazines examines such topics as environmentalism, advertising, and body image.<sup>3</sup> Currently, there are about 140 publications directed specifically toward Japanese women, with subcategories pegging readerships of various age ranges. Although some magazines

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