

This book is sponsored by the  
UCLA Center for Chinese Studies

## Rethinking Confucianism

Past and Present in China, Japan,  
Korea, and Vietnam

Edited by

Benjamin A. Elman

John B. Duncan

and

Herrman Ooms

**UCLA Asian Pacific Monograph Series**

University of California, Los Angeles  
2002

## Chapter 6

The Body as Text: Confucianism,  
Reproduction, and Gender  
in Tokugawa Japan

Susan L. Burns

In Japan in the Tokugawa period, the female body became the object of multiple new forms of discourse that addressed reproduction, pregnancy, and childbirth. The late seventeenth century saw the emergence and diffusion of what were known as “edifying texts for women” (*yokunsho* 女訓書). Authored by Confucian scholars and physicians, these works provided a female readership with advice about a wide range of topics from a perspective shaped by Confucian conceptions of gender roles. Discussion of issues of pregnancy and childbirth was a standard part of the “edifying texts,” and some were devoted solely to the discussion of reproductive issues. Then, in the second half of the eighteenth century, a new “obstetrical” discourse took form in the works of physicians associated with the Kagawa school. Established by Kagawa Gen’etsu 寶川 玄悦 (1700–77), the Kagawa school pioneered the use of new techniques that were “surgical,” in contrast to the “medicinal” approaches of the Confucian physicians. Gen’etsu and his disciples produced many texts, some intended to instruct physicians in their methods, but others followed the tradition of “edifying texts.” They were manuals or handbooks that offered advice and guidance to pregnant women. Reproduction was the concern of a third genre that also emerged in the late eighteenth century. Described as “instructive works on infanticide” (*mabiki kyōyusho* 間引教諭書), these works aimed to “encourage the raising

of children” by attacking infanticide and abortion, then widely regarded as the cause of population stagnation.

Since the late 1980s, these early modern discourses on pregnancy and birth have been the subject of much analysis by Japanese historians of medicine, gender, and the family, most of whom have focused on the late eighteenth century and have detected in the work of the Kagawa school and in the anti-infanticide writings evidence of the formation of the modern body as the discrete, objectified, and corporal boundaries of the subject.<sup>1</sup> It is from this perspective that Sudō Mikako has argued that the medicalization of birth “freed” it from cosmology; Ochiai Emiko has spoken of the “reproductive revolution” of the late eighteenth century, and Sawayama Mikako and Ōta Motoko have described the reconceptualization of fetuses and infants as “human beings” that took place in relation to the anti-infanticide policies.<sup>2</sup> In an earlier article, I, too, described the birthsite that developed in Kagawa practice as a point of origin for the modern clinical situation.<sup>3</sup> But as Barbara Duden has demonstrated in her own work on gender and the body in eighteenth-century Germany, the history of how the modern body took form is a task distinct from that of discovering how a different “body” was perceived and experienced in the past.<sup>4</sup>

It is from the latter perspective that I explore the early modern discourses on reproduction in this chapter. In the late seventeenth century, the Confucian “edifying texts” for women valorized pregnancy and childbirth as the manifestation of the generative power of Heaven. To safely deliver a healthy child was portrayed as an ethical achievement that was of profound social significance. Using the concepts of “fetal education” (*taikyō* 胎教) and “health cultivation” (*hojō* 保養, *yōjō* 養生), Confucian-style physicians constructed a new reproduc-

<sup>1</sup> The classic work on this issue is, of course, Michel Foucault, *The Birth of the Clinic*.

<sup>2</sup> Sudō Mikako, “Edo jidai no shussankan taijikan,” pp. 76–77; Ochiai Emiko, “The Reproductive Revolution at the End of the Tokugawa Period,” pp. 202–11; Ōta Motoko, “Shoshika to kinsai shakai no kosodate: Mabiki no shakaishi”; Sawayama Mikako, *Shussen to shintai no kinsai*, pp. 154–57.

<sup>3</sup> Susan Burns, “Kenryōku, chi, sassei suru shintai,” p. 15.

<sup>4</sup> Barbara Duden, *The Woman Beneath the Skin*, p. 1.

tive ideology that held women responsible for the outcome of their pregnancies. In the late eighteenth century, new medical, ethical, and political discourses began to address reproduction, but they did not constitute a decisive epistemological break with the Confucian-influenced view of pregnancy and birth. In fact, the Kagawa practitioners and the authors of the anti-infanticide texts, even when they did not identify themselves as Confucianists, spoke of the female body and of reproduction in terms derived from the reproductive ideology of the late seventeenth century. Far from negating the "body" defined by Confucian medicine, the authors of the medical and political texts of the late Tokugawa period incorporated the Confucian views of reproduction and used them to sustain their own practices.

### Confucian Medicine and Reproductive Ideology

Until the late seventeenth century, Japan had no sustained medical discourse on pregnancy and childbirth. The medieval works that addressed reproduction, such as the Kamakura-period *Sanseirui shūshō* 産生類聚抄 (A collection of miscellany on reproduction), were basically ritual texts that explained directional and other taboos and listed prayers, spells, and charms to expel or soothe the spirits that were said to enter the female body and injure the woman or the fetus.<sup>5</sup> In this period, Buddhist priests such as Nichiren, Ennin, Ippen, and Kakubun, associated with the new schools of Buddhism such as the Pure Land and Lotus sects, also discussed reproduction, but in light of the Buddhist goal of salvation. The perspective that emerged was that reproduction was inherently "unclean" (*fujō* 不淨) because it resulted from the expression of sexual desire, and that pregnancy and birth were sources of sin for both parents and child. Nichiren gave voice to this view when he wrote, "since I was born from the mixing of my parents' semen and blood, I am composed of the three poisons (lust, an-

ger, and foolishness) and my origin is in lewd desire."<sup>6</sup> In this view, the female genitals, in particular, came to be seen as "dirty" and "polluted." As Shimamura Taku has noted, one motif among popular medieval tales was the "pure" birth of legendary heroes such as the imperial prince Shotoku Taishi or the priest Kūkai, who were said to have entered their mother's body through her mouth, so that conception was achieved without contact with the "filth" of the mother's sexual organs.<sup>7</sup>

It was only in the last two decades of the seventeenth century that medical texts addressing pregnancy and childbirth began to appear. The earliest was *Fujin kotobukigusa* 婦人壽草 (A manual for female longevity), by Katsuki Gyūzō 香月牛山 (1656–1740). In his youth, Katsuki had studied Neo-Confucianism with Kaibara Ekiken 貝原益軒 (1630–1714), the author of many popular texts on Confucian principles, but he made a name for himself as a physician of the so-called Rishu 李朱 school, the treatments of which were based on Chinese medical texts of the Song, Yuan, and Jin periods. While it was not published until 1709, *A Manual for Female Longevity* seems to have been circulating in manuscript form in the 1680s.<sup>8</sup> In 1690, a work known as *Inagowusa* 蠶草 (The grasshopper manual) was published in Edo. Its author, Inō Kōken 稻生恒軒 (1610–80), was another physician associated with the Rishu school. The "grasshopper" of the title is an allusion to the Chinese *Poetry Classic* (*Shijing*) in which the insect appears as a symbol of fecundity and familial harmony. Two years later, *Onna chōhō ki* 女重宝記 (A compendium of treasures for women), one of the best known and most widely read of all the "edifying texts" for women, was published. It circulated in many editions throughout the Tokugawa period, was a standard offering of urban "lending libraries," and became a model for other such works. Divided into seven chapters, *A Compendium of Treasures for Women* offered advice on family relations, household management,

<sup>6</sup> Shimamura Taku, *Shussan to seishokukan no rekishi*, pp. 54–61. Nichiren is quoted on p. 55.

<sup>7</sup> Ibid., pp. 59–60.

<sup>8</sup> On Katsuki Gyūzō, see Kosoro Hiroshi, *Nihon kampō tenseki jiten*, p. 98.

etiquette, comportment, and even the proper application of cosmetics, but the third chapter was devoted to a lengthy discussion of conception, pregnancy, and childbirth. Its author, Namura Jōhaku 苗村常伯 (1674–1748), clearly had access to *A Manual for Female Longevity*, for much of his discussion of reproduction derives from that work.<sup>9</sup>

*A Manual for Female Longevity*, *The Grasshopper Manual*, and *A Compendium of Treasures for Women* are but three early examples of the more than forty handbooks for women on pregnancy and childbirth that appeared over the course of the Tokugawa period.<sup>10</sup> The preface of *A Manual for Female Longevity* suggests the purpose of such texts. According to Katsuki, he sought to explain “techniques for women to obtain descendants, fetal education during the ten months of pregnancy, and health preservation during the one hundred days after birth” by taking information from Chinese works and “making it easier in the words of our country and inserting what I have seen or heard is the usual practice in our country.”<sup>11</sup> The contrast between the “knowledge” offered by Chinese medicine and Japanese “customs” to which Katsuki referred in this passage orders, with varying degrees of explicitness, all of the early pregnancy manuals, which hold up “Chinese” practice as a model to be emulated. In Katsuki’s work, the “Chinese-ness” of the information offered is consistently evoked: the text is organized as a compendium of Chinese medical knowledge on matters obstetrical and gynecological. Scholars quoted range from seventh-century physicians such as Chao Yuanfang and Sun Simiao to Yuan Liaofan and Zhang Jiebin of the Ming period, but the most important points of reference were Chen Ziming’s *All-Inclusive Good Prescriptions for Women* (夫人大全良方; 1237) and works by the Jin-Yuan scholars Li Dongyuan and Chu Danxi.<sup>12</sup>

The establishment of the efficacy of this body of “Chinese” (designated by terms such as *chūka* 中花 and *karakuni* 唐土) knowledge

<sup>9</sup> In his notes to the text, Nagatomo Chiyōji documents the relationship between the two texts.

<sup>10</sup> For titles and publication dates of these works, see Satō Junkichi, “Edo jidai no katei kyōiku,” pp. 422–23.

<sup>11</sup> Katsuki Gyūzan, *Fujin kotobukigusa*, p. 64.

<sup>12</sup> On the Chinese obstetrical tradition, see Charlotte Furth, *A Flourishing Yin*.

for the readers of “our country” (*honchō* 本朝) is one of the central motifs of *A Manual for Female Longevity*. Thus, in the opening section of the text, “On the Obtainment of Descendants,” Katsuki points to Chinese medical advice against early marriage and notes that “in our country, recently people marry very young, and so the children that are born have many illnesses or are very weak.”<sup>13</sup> But even as “Chinese” knowledge became the means to critique “Japanese” customs, Katsuki also established the fundamental similitude of the female body and character across cultures. For example, he offered evidence to support Yuan Liaofan’s theory that a “cold womb” can be a cause of infertility and asserted that in the hot-spring towns that abound in Japan it is rare to hear of an infertile woman, presumably because frequent bathing warmed the womb and thus promoted conception.<sup>14</sup> Elsewhere, Katsuki cites Chinese theory to the effect that female jealousy reduced chances of conception:

When the emotion of jealousy is strong, fire within the heart burns ceaselessly, and since the principle of fire is that it destroys other things, the yang water is diminished. And while it is the nature of water to prevail over fire, then even if the woman becomes pregnant, she will surely miscarry, or if the child is born, then it will not live long, will have many illnesses and be stupid.<sup>15</sup>

Framing this nugget of “medical” advice is Katsuki’s assertion of that jealousy “is a foolish characteristic of women in China and our country,” for which he offers as evidence anecdotes from the *Analects* and the tenth century Japanese collection of romantic tales, *The Tales of Ise*. Neither *The Grasshopper Manual* nor *A Compendium of Treasures for Women* relies upon the network of medical references that characterize *A Manual for Female Longevity*, and as a result they were probably far more accessible to the ordinary reader. But both works use phrases such as “in the medical texts,” “according to physicians,” and “in the teachings” to demarcate and privilege the knowledge they are offering vis-à-vis established practice. In the same way,

<sup>13</sup> Katsuki Gyūzan, *Fujin kotobukigusa*, p. 65.

<sup>14</sup> *Ibid.*, p. 73.

<sup>15</sup> *Ibid.*, p. 67.

statements by Confucius and Mencius, who are identified as "wise men" and "sages," and references to exemplary women such as the mother of King Wen of Zhou, are used to authorize a specific conception of reproduction.

In the vision of reproduction put forth in the handbooks, pregnancy and birth were not merely physical processes, nor sources of sin and pollution, but matters of profound ethical significance. Thus, *A Manual for Female Longevity* opens with a description, patched together from Confucian sources, of the social and metaphysical significance of reproduction:

Husbands and wives are like heaven and earth. As heaven and earth join together to produce the myriad living things, husbands and wives join together and give birth to male and female children. Human beings stand above all the myriad things, and so can there be anything that is born and lives that is superior to man? What human beings establish must be in accord with the Way. As for the Way, it is the five virtuous relations of lord and retainer, father and child, husband and wife, elder and young brother, elder and young friend. The loyalty that joins retainer and subject, the intimacy of parent and child, the respect of brothers, the trust of friends all follow from the joining of husband and wife, and so husband and wife are the foundation of human ties. The *Doctrine of the Mean* states that the way of the gentleman begins with husband and wife, and Mencius states that to be without descendants is the greatest unfilial act. Thus, once you have married, you must know how to obtain descendants.<sup>16</sup>

It was this conception of reproduction as the human manifestation of the natural cosmic order that was the foundation of the medical discourse on reproduction that emerged in the late seventeenth and early eighteenth centuries. As the physician Yoshiaki Tōdō 吉益 夷洞 (1701-73) wrote in *Ji wakumon* 医事或問 (Questions on medicine), an introductory text on medical theory, "people think that a woman becoming pregnant is the result of a human act, but it is not just a human act. It is the will of heaven. . . . All pregnancies are the result of the generative power of nature, which is beyond human strength."<sup>17</sup> But if reproduction occurred by the "will of heaven," it was also es-

sential in social terms. The authors of the pregnancy manuals asserted that the purpose of marriage and sexual relations within marriage was to produce descendants to maintain the household and sustain the interconnected set of social relations Katsuki outlined above.

Within the pregnancy handbooks, the constitution of the female body in relation to this cosmological and social valorization of reproduction was negotiated through the concepts of "health cultivation" and "fetal education," which Katsuki evoked in the preface to *A Manual for Female Longevity*. In the "health preservation" discourse that emerged in the seventeenth century in conjunction with the establishment of the Rishu school, the term "health preservation" designated a larger regime of body management. The Jin-Yuan medical tradition upon which Japanese physicians drew had identified both exogenous and endogenous causes of disease. The term *wai shang* 外傷 was used to refer to injury to the "five organs" caused by wind, cold, and other external factors, while the term *nei shang* 内傷 described the deleterious effects of strong emotion, sexual excesses, overeating and overdrinking, and the eating of inappropriate foods. However, as Fujikawa Yū and Kabayama Kōichi have noted, Japanese medical practitioners, of both the Rishu school and the "ancient medicine school" 古医方 that advocated pre-Song medical theories, differed from their Chinese counterparts by emphasizing "internal injury." In Japanese medicine, it was flawed behavior and intemperate living that were identified as the main sources of illness and poor health.<sup>18</sup> It was this view that led Manase Gensaku 曲直瀬玄朔 (1549-1631), the head of the Rishu school in the early seventeenth century, to insist that to avoid illness, it was necessary to "cultivate the fundamental energy, distance oneself from sexual desire, and practice restraint in eating and drinking."<sup>19</sup> In the early eighteenth century, popular "health cultivation manuals," such as Kaibara Ekiken's *Yōjōkan* 養生訓 (Health cultivation), widely diffused this notion of the origin of illness: "Health cultivation," Kaibara wrote, is founded on "the control of internal desire. . . . Don't eat more than is appropriate. . . . Restrain your lust and

<sup>16</sup> Ibid., p. 65.

<sup>17</sup> Yoshiaki Tōdō, *Ji wakumon*, p. 361.

<sup>18</sup> Fujikawa Yū, *Nihon igakushi*, pp. 186-87; Kabayama Kōichi, "Yōjōkan no kenkyū," p. 443.

<sup>19</sup> Manase Gensaku, *Enju sansuyō*, p. 256.

maintain your vital energy by not having sexual intercourse too often. . . . Use few words and restrain the seven emotions."<sup>20</sup>

But while "health cultivation" was not in itself a gender-specific term, it came to be deployed in ways that were profoundly so. Although Kaibara Ekiken spoke only of *nito* 人 ("people"), not of "men" or "women," references to occupation, social status, and pleasurable pursuits in *Health Cultivation* make it clear that the bodies of which he spoke were male, and the aim of health cultivation for them was "to be without sickness and to live long," as a phrase reiterated throughout the text maintained.<sup>21</sup> In contrast, the manuals for women were oriented not toward the attainment of general good health and longevity, but insistently and emphatically toward the "production of descendants," to the extent that physical complaints not specifically connected with reproduction hardly appear. In other words, the female body was defined as "for reproduction."

In this view of the body, the notion of "internal injury" that underlay the concept of "health cultivation" became an explanation for all pregnancy-related difficulties, from morning sickness to breech birth. The physician-author of *The Grasshopper Manual* asked rhetorically, "If the joining of husband and wife to produce children is a principle ordained by heaven and born of the earth, then although the rule should be that every birth is easy, why is there the agony of the difficult birth and even death in childbirth?"<sup>22</sup> The answer supplied was that the mother's "health cultivation" was "bad" or "incorrect" during the pregnancy. As this suggests, a woman's success or failure in producing a healthy child came be explained by reference to her behavior, with the result that the listing of "forbidden" acts was an integral part of these texts. In his *A Compendium of Treasures for Women*, Namura Jōhaku prefaced a long list of specific proscriptions with this general advice:

The most important thing for the ten months of pregnancy is to restrain your heart and body. Don't listen to anything bad with your

<sup>20</sup> Kaibara Ekiken, *Yōkōkan*, p. 26.

<sup>21</sup> On the issue of gender in Kaibara's work, see Matsumoto Kōji, "Yōjōrontekishintai e no manazashi."

<sup>22</sup> Inō Kōken, *Inagogusa*, p. 224.

ears. Don't look at anything bad with your eyes. Just read and listen to the teaching of the sages and of wise men. Don't smell anything bad with your nose. Don't eat anything bad with your mouth. Stand, sit, and lay correctly. Don't become angry or envious. Make your heart correct, compassionate, and tranquil.<sup>23</sup>

Within this theory of the body, the physical discomforts and problems of pregnancy and birth were not the result of random ill luck or of physiological processes beyond the woman's control, but the corporal instantiation of her failure to behave correctly. Perhaps the most extreme expression of this construction is the statement in *The Grasshopper Manual* that "those who die during a difficult delivery have by themselves killed their own bodies. Why should they be pitied?"<sup>24</sup>

While the concept of "health cultivation" addressed the pregnant woman's bodily well-being, that of "fetal education" spoke to the well-being of the child she bore. According to the pregnancy handbooks, the health, intelligence, and character of the child were determined by the mother's behavior during pregnancy. In her study of the medical discourse on pregnancy in Qing China, Charlotte Furth noted that the notion of "fetal education," which gained popularity in the Song period, had declined in influence in China by the eighteenth century.<sup>25</sup> In contrast, in Japan in the Tokugawa period this concept figured largely in all the discourses that addressed pregnancy and birth. *The Grasshopper Manual* offered this explanation of the physical link between mother and child:

The child in the womb is of one breath with the mother. The state of the mother's heart is transferred to that of the child, and the movements of the mother's body are transferred to the child. Therefore, during pregnancy, if the mother's heart contains nothing incorrect and is gentle, the heart of the child that is born will be correct. And if the movements of the mother's body are not bad, then the child that is born will behave correctly in accordance with its age.<sup>26</sup>

<sup>23</sup> Namura Jōhaku, *Onna chōhōki*, p. 250.

<sup>24</sup> Inō Kōken, *Inagogusa*, p. 226.

<sup>25</sup> Charlotte Furth, "Concepts of Pregnancy," p. 13.

<sup>26</sup> Inō Kōken, *Inagogusa*, p. 222.

This captures the essence of the concept of "fetal education," which held that the child, its character and physical form, existed as the metonymic representation of the mother's behavior during the months of pregnancy. If she is "good," the child will be "good." If she is "bad," the child will be "bad."

In the intersection of medicine, cosmology, and ethics signified by the terms "health cultivation" and "fetal education," both the body of the woman and that of the child she bears became incarnate texts, upon which was inscribed the success or failure of the woman's ability to control and restrain the actions, desires, and responses of her body. Pregnancy and birth were understood not only as biological events, but as moments of judgment in which the woman's place within a ethically ordered world was determined and made known. What allowed for the designation of certain acts or experiences as "correct" and "good" and others as "incorrect" and "bad"? The pregnancy handbooks established this distinction through the use of terms such as "nature" (*shizen* 自然), "the principle of heaven" (*tenri* 天理), and "the principle of heaven and earth" (*tenchi no kotawari* 天地の理), which implied the existence of a natural ethical order. On the question of the cause of difficult births, *The Grasshopper Manual* stated,

In the world, of every species that is divided into male and female, there is none that does not give birth to children. But there are not deaths in childbirth among the birds and the beasts, are there? This is because they do not think of things that are spoken of in their hearts and do not mix in private desires (*watakashi* 私) in caring for their bodies [but rather] entrust themselves to nature as is suitable for them.<sup>27</sup>

Similarly, in describing the basic principle of "health cultivation," *The Grasshopper Manual* declared, "the woman whose heart is correct and body restrained, who is in accord with the principles of nature, need have no fear of a difficult birth."<sup>28</sup> To be "in accord with nature" was thus contrasted with behaviors that resulted from "private" or "bodily

desire." According to *The Grasshopper Manual*, the key to a safe birth was to "forget the body."<sup>29</sup>

It is in the list of proscribed behaviors that the acts signified by terms such as "private desire" and "bodily desire" were specifically defined. In contrast to the male-oriented discourse on health cultivation in which "just" is just one of the bodily desires to be controlled, the texts for women focused specifically on the deleterious effects of both sexual desire and sexual acts for the pregnant woman and the fetus. For example, in explaining the possible causes of miscarriage, Katsuki Gyūzan pointed to anger and jealousy on the part of the pregnant woman as possible causes and urged that all strong emotions be avoided, but he placed greater emphasis on evidence offered by Chinese physicians such as Ma Yiqing who identified the sexual desire of the mother as even more dangerous for the fetus: "If the woman herself does not control her lust, then the womb which is disturbed by her desire will open and most women will have a miscarriage, or if the baby is born, then it will suffer greatly from small pox or will have many kinds of skin ailments and its life will be short."<sup>30</sup> Elsewhere, Katsuki, in a departure from his other comments on the "customs of our country," wrote approvingly of the Japanese practice of women returning to their natal homes for the last months of pregnancy and of giving birth there, "because it prevents husbands and wives from sleeping together."<sup>31</sup> The same perspective pervades *The Grasshopper Manual*, which stated that sexual intercourse was "strictly forbidden" from the time the woman knows she is pregnant. It also urged the pregnant woman to refrain from even indirect contact with anything of a sexual nature. Trips to the theater were forbidden, as was listening to gossip. Reading *The Tale of Genji* was also cited as potentially dangerous, presumably because of its theme of illicit romance, and the pregnant woman was urged instead to take up works such as *Yamato shōgaku* 大和小学 (The Japanese smaller learning), a Confucian text written in simple Japanese.<sup>32</sup> Thus, the pregnancy manuals not only

<sup>27</sup> *Ibid.*, p. 238.

<sup>30</sup> Katsuki Gyūzan, *Fujin kotobukigusa*, p. 87.

<sup>31</sup> *Ibid.*, p. 95.

<sup>32</sup> Inō Kōken, *Inagogusa*, p. 223–24.

<sup>27</sup> *Ibid.*, p. 226.

<sup>28</sup> *Ibid.*, p. 237.

defined the female body as "for reproduction," but made sexual intercourse "for reproduction."

What was the place of the Confucian medical-ethical discourse on reproduction within the larger social context of Tokugawa Japan? Kathleen Uno and Anne Walthall have argued that the delineation of women's social roles in terms of motherhood and household management occurred only in the late nineteenth century and that female "productive labor," rather than "reproductive labor," was valued by commoners, whether cultivators in the villagers or artisans and merchants engaged in household enterprises.<sup>33</sup> Walthall, in particular, suggests that there was a discrepancy between Confucian-influenced "samurai ideology" that defined women's life in terms of housework, reproduction, and child-rearing and the everyday reality of women of other classes.<sup>34</sup> In contrast, Yokota Fuyuhiko rejects the assertion that the Confucian texts for women were class-specific and points to evidence that they were widely read by merchant and cultivator women. He argues that the valorization of the reproductive function of the female body took form in conjunction with changes in the nature of female labor in the late seventeenth century. According to Yokota, it was in this period that large numbers of women began to work outside of the patriarchal household economy. These new women workers included not only contracted female domestic servants and workers in the cottage enterprises that developed in conjunction with the textile industry, but also women who worked as prostitutes within and on the fringes of the so-called "pleasure quarters," where brothels were allowed. Yokota suggests that there was widespread cultural anxiety about these "working women," who were free from the supervision of the household. Works such as the widely circulated ethical text *Omna daigaku* 女大学 (The greater learning for women) were an ideological response to this situation: they "made a sharp distinction between prostitutes and ordinary women, locating all sexuality in the bodies of

<sup>33</sup> Kathleen S. Uno, "Women and Changes in the Household Division of Labor," Anne Walthall, "The Life Cycle of Farm Women in Tokugawa Japan."

<sup>34</sup> Anne Walthall, "The Life Cycle of Farm Women in Tokugawa Japan," p. 50.

the prostitutes and demanding labor from ordinary women to maintain the household and reproduce heirs."<sup>35</sup> The result was the delineation of wives as chaste "child-bearers," conceptually as well as spatially distinct from prostitutes. According to Yokota, the aim of texts such as *The Greater Learning for Women* was the construction of "internal norms of restraint" so that working women would protect themselves from the charge of sexual looseness.<sup>36</sup>

Significantly, the production of the Confucian "edifying texts" for women coincides as well with a new political discourse on reproductive matters. In 1687, the bakufu issued "the edict on compassion to living things" (*shōrin awaremi rei* 生類憐み令), which was followed by similar domainal edicts. The new policy of compassion had several objects: the hunting of wild animals, cruelty to dogs and horses, the abandonment of the sick, and "child-killing" (*kogoroshi* 子ごろし) and "child-abandonment" (*kosute* 子捨て). As Tsukamoto Manabu has noted, of the various laws on "compassion," those that addressed active and passive infanticide were among the most widespread and most strictly enforced.<sup>37</sup> Following the bakufu directive, the townsmen-officials of Kyoto instituted new laws that required anyone finding an abandoned child to take it in, provided funds for wet nurses, and made arrangements for adoption with provisions for financial support if necessary.<sup>38</sup> In Edo, those who rented houses or shops were required to inform their landlord when a woman within the household became pregnant and to notify him of the outcome (that is, miscarriage, stillbirth, or live birth).<sup>39</sup> Among the domains, Kaga outlawed infanticide and abandonment in 1687, Miharu issued an order to local officials instructing them to punish any cases that came to their knowledge in 1689, Sendai forbade the "return" of infants, a

<sup>35</sup> Yokota Fuyuhiko, "Imagining Working Women in Early Modern Japan," pp. 164–65.

<sup>36</sup> *Ibid.*, p. 165.

<sup>37</sup> Tsukamoto Manabu, *Shōrin o meguru seiji*, p. 238.

<sup>38</sup> Sugahara Kenji, "Kinsei Kyōto no machi to sutegō," pp. 42–43.

<sup>39</sup> Tachinami Sumiko, "Kinsei sutego shikō," pp. 431–32.



euphemism for infanticide, in 1690, and other domains soon followed suit.<sup>40</sup>

Tsukamoto warns against interpreting such laws in humanist terms and argues that the claim of "compassion" notwithstanding, these policies were intimately connected with political authority. Adopting the mantle of "humane government" (*jinsi* 仁政), the landowning officials began to address issues such as infanticide by situating them within a new regime of morality—one which it had the power to articulate and enforce.<sup>41</sup> The result was the emergence in the late seventeenth century of a new articulation of abortion and infanticide as aberrations in contradistinction to the "naturalness" of reproduction. This is clearly reflected in the early eighteenth-century work *Hyakushō buкуро* 百姓袋 (The cultivators' bag), one of a number of popular ethical tracts written by the Neo-Confucian scholar Nishikawa Joken 西川如見 (1648–1724) at the request of the shogun Yoshinune. On infanticide, Nishikawa stated, "as for people in the mountain villages who have many children, most will raise the first one or two, but all the rest are killed in order to curtail expenses. . . . To kill one's child is an act which in its depravity is like killing one's parents, so there is no justification for it. . . . These are people who have lost the heart of heaven. There is no animal which abandons its child. If you are going starve, so be it. Do you think the life of one who abandons a child will be saved?"<sup>42</sup> In the manner of the "edifying texts," Nishikawa contrasted this "evil" Japanese custom with the situation in China, where "scholars in the villages" had instructed the local people in the inhumanity of this practice, bringing it to an end long ago.

It was this new social and political concern for women's reproductive function that was the context of the production of the medical-ethical discourse of the pregnancy handbooks. The physician-authors

<sup>40</sup> Endo Hisae and Kikuchi Yoshiaki provide a chronology of bakufu and domainal policies on abortion and infanticide. See Endo Hisae and Kikuchi Yoshiaki, "Kinsei no Tōhoku ni okeru kyūsai no jittai shi 2."

<sup>41</sup> Tsukamoto Manabu, *Shōritsu o meguru seiji*, pp. 278–79.

<sup>42</sup> Nishiyama Joken, *Hyakushō buкуро*, pp. 155–57.

of the pregnancy handbooks drew upon the Neo-Confucian Chinese medical tradition to explain pregnancy and birth in terms that reflected and affirmed the emergent ideology of reproduction. Works such as *The Grasshopper Manual* and *A Manual for Female Longevity* thus valorized reproduction, while separating it from sexual desire and sexual pleasure. And by making "difficult birth" the consequence of "bad" conduct, the authors of the handbooks encouraged the maintenance of the new social boundary between "wives" and "prostitutes." This conjunction of ideology and medicine gave rise to the gender asymmetry of the "health cultivation" discourse. Unlike the male body, which was still the preserve of the "private" concerns of good health and longevity, the reproducing female body had become implicated in the authority of the household and the state.

### The Kagawa School: Obstetrics and Health Cultivation

In the second half of the eighteenth century, the experience of pregnancy and childbirth was transformed as new techniques and new kinds of practitioners emerged with the Kagawa school of obstetrics. Its founder, Kagawa Gen'etsu, had received some medical training in "ancient medicine" and offered such common treatments as moxibustion and massage, while at the same time running a small shop that sold used iron and copper tools and utensils. According to the story he related in his work *Samron 産論* (A discourse on childbirth), published in 1765, one day around 1750 a woman in his neighborhood labored for days trying to give birth.<sup>43</sup> So moved was Gen'etsu by her suffering that he decided to act. Using an iron hook from his shop, he managed to extract the fetus and save the woman's life. It was because of this experience, Gen'etsu wrote, that he became critical of traditional approaches to difficult births and began to experiment with

<sup>43</sup> Kagawa Gen'etsu, *Samron*, p. 114.

new methods, even going so far as to take impoverished women into his home so that he could observe and experiment. By the time *A Discourse on Childbirth* was published, Gen'etsu had become well known in Kyoto where he lived as a physician capable of saving women experiencing difficult births, even when all hope seemed lost. He began to attract students to whom he taught the technique he had pioneered—the forcible extractions of the fetus from its mother's body.<sup>44</sup> The claim to be able to save women threatened by “difficult births” propelled the rapid rise to influence of the Kagawa school. The main branch of the family located in Kyoto trained more than a thousand practitioners in its techniques during its hundred years of existence, while branch families located in Osaka, Edo, and elsewhere were training their own students. Such was their influence in Kyoto that Kagawa physicians attended the deliveries of women within the imperial court.<sup>45</sup>

Kagawa Gen'etsu called the method he had pioneered “the technique for restoring life” (*kaiseijutsu* 回生術), a term which celebrated its efficacy in saving women who otherwise would have died in childbirth. But “the technique for restoring life” is only named, not described, in *A Discourse on Childbirth*. Until the early nineteenth century, the procedure was transmitted orally only to those who were officially recognized as members of the Kagawa school. The delineation of this technique as a “secret” is suggestive of the institutional nature of the Kagawa school. In early modern Japan, the “school” (*ryūha* 流派) was the institution that organized and authorized a variety of

<sup>44</sup> This procedure, described by terms such as “craniotomy” or “embriotomy” was also widely practiced in Europe until the use of forceps and cesarean section in the nineteenth century gradually rendered it unnecessary. Ornella Moscucci notes that in the eighteenth century it was widely condemned by French obstetricians on religious and moral grounds. In contrast, British obstetricians continued to make use of craniotomy well into the late nineteenth century on the grounds that it, rather than a cesarean section, offered the best chance of preserving the mother's life. See Moscucci, *The Science of Women*, pp. 46–50, 141–45. Ann Daly relates that as late as 1895 British physicians were giving public lectures on this procedure. See Daly, *Women Under the Knife*, p. 187.

<sup>45</sup> Kyoto Prefectural Medical Association, “Kyoto no igakushi,” pp. 1109–12.

forms of knowledge including methods of scholarship such as poetic composition and textual exegesis, social practices such as the tea ceremony, martial arts such as archery and swordsmanship, and artisanal skills such as ceramics and weaving. The authority of the school rested upon its control of information described by such terms as “secret transmissions,” “secret skills,” and “secret texts,” all of which refer to knowledge controlled by the school and passed down only to those within it. Thus, the “school” was based upon a privatization of knowledge, and it was precisely the exclusionary nature of the organization that established its authority. Kanazu Hidemi, in her discussion of the formation of “Japanese obstetrics” in modern Japan, points out that Japanese medical historians have generally treated the Kagawa school's reliance on “secret techniques” as nothing more than a “bad custom” that in no way compromised the “progressive” nature of its practice.<sup>46</sup> But in fact, the desire of the Kagawa school to preserve “the technique for restoring life” as a secret had a profound effect on the social relations in which childbirth was embedded and on the reception of Kagawa techniques.

One of the earliest detailed descriptions of “the secret technique” is found in *Sanka hiyō okujutsu ben* 産科秘要奥術篇 (Advanced secret obstetrical techniques; ca. 1814):

First, have the woman lie facing upward on a bed made of futon and kimono folded together with her knees bent so that they are eight sun [25 centimeters] higher than the bedding. On top of her knees, according to the temperature, place a thin night kimono, or a padded kimono, or a cotton kimono. The doctor should sit on a rolled up futon placed by the woman's feet and pull the clothing that covers her knees so that it covers his shoulders. . . . Both of the doctor's legs should be between the legs of the woman. Even when the procedure takes a long time he should not go out [from the tent of clothing] and should lean closely in such a way as not to touch the woman's legs. When the technique is used, the first rule is not to show it to other people.

When the technique is being performed, even in such cases as when you are called suddenly or called in the middle of the birth, you should not let others see the instrument. Be very careful to hide it. In an emergency, you can go into the toilet and hide it in your underclothing, or hold it between your legs in such a way that it does not

<sup>46</sup> Kanazu Hidemi, “Nihon sankagaku no seiritsu,” pp. 73–75.

fall. . . . This is so "the technique for restoring life" will not be known by others. It is the greatest secret.<sup>47</sup>

The text then continues to describe the insertion of the instrument into the fetus and the process of extracting it from the womb. But concealed beneath the matter-of-fact tone are the muted traces of conflicts that become visible only in other texts.

Note that the text opens by describing in detail the doctor's position in relation to the woman's body: he sits straddled by her bent knees so that he may gaze and probe unobstructed, covered so that he may see, but is unseen by the woman and others. This posture is the norm within the practice of modern obstetrics, but a different relation of bodies existed before the Kagawa practice. In the medical tradition of works such as *A Manual for Female Longevity* and *The Grasshopper Manual* doctors offered medicine and advice to pregnant women based upon the patient's description of her symptoms. It is clear that this concern for the positioning of the patient was an innovation, because the kind of description we find in the passage above—of how to arrange and manipulate the female body so that it is open to the physician's gaze—is a standard part of the Kagawa texts.

If the doctor's contact with and manipulation of the female body was new, equally so was the attempt to exclude other participants from the birthsite. Until this time, childbirth had not been not a "private" experience but a social event attended by midwives, female family members, and neighbors. It was this kind of birthsite that had allowed Gen'etsu to come to the aid of his suffering neighbor. But the maintenance of the "secret" of Kagawa practice required the exclusion of observers. As a result, the texts for practitioners contain warnings such as "do not let other people enter the room. Have only one or two older women such as the woman's elder sister or another close relative and one midwife. Forbid anyone else to come in. If they try to enter anyway, surround yourself with folding-screens or something."<sup>48</sup> Similarly, the physicians tried to limit the role of the midwives, who had traditionally offered aid to women giving birth. For

example, Sasai Genkei 佐々井玄敬, author of *Ubuwa yashinaigusa* 産家やしなひ草 (A manual for training obstetricians; 1775), wrote that midwives "have no special learning, but because they often attend the births, they know a little about it."<sup>49</sup> He asserted that their role was to be limited to the performance of peripheral tasks such as cleaning up after the birth and tying off the umbilical cord. But the midwives themselves, it seems, did not always accept this definition of their role, for Sasai noted disapprovingly, "they believe that no one, even the doctor, knows more about childbirth than they do."

The Kagawa practitioners' concern for isolating the birthsite and for arranging the body of the mother derived from their need to maintain the "secret" of the Kagawa practice, but there is evidence that their female patients interpreted these requirements differently. We are able to get some sense of the reaction of women to the transformed birthsite, because as doctors sought to forge a new relationship of authority with their patients, they also recorded in some detail the actions and responses of the woman and her family. One text, after describing how the doctor should position himself, concluded: "this is so you can see the vagina. If you do not do it like this, the woman will pull at your hands and so on, because she is suspicious."<sup>50</sup> Another medical text argued that it is necessary to immobilize the woman in this position because "although the ordinary woman will not move her legs freely without permission, those who are strong-willed try to do as they want."<sup>51</sup> Remarks such as these suggest that the new intimacy that Kagawa practice required was contested by the women themselves—because they regarded it as sexually motivated. For women who had read such popular manuals as *A Compendium of Treasures for Women*, which warned the pregnant woman to avoid sexual relations, sexual desire, and contact with anything, including music, theater, and gossip, that was sexually tinged, the new proximity of the doctor at the birth must have seemed threatening.

A similar concern for the introduction of "sex" into the birthsite is voiced in a manual for midwives, the *Torigebaba hikken* 坐婆退

<sup>49</sup> Ibid.

<sup>50</sup> Mizuhara Gihaku, *Kagawa Yūzai sensei sonda hisho*, p. 173.

<sup>51</sup> Kagawa Ransai, *Sanaka kibun*, p. 207.

<sup>47</sup> Kagawa Ransai, *Sanaka hiyō okujutu ben*, pp. 255–56.

<sup>48</sup> Sasai Genkei, *Ubuwa yashinaigusa*, p. 353.

必研 (Essential studies for midwives; 1830) by Hirano Jūsei 平野重誠 (1790–1867), one of a number of “midwifery manuals” produced in this period, evidence that midwifery, like obstetrics itself, had begun to be “professionalized.” In *Essential Studies for Midwives*, Hirano criticized the presence of the male physician and argued in favor of the mediation of the female midwife:

The doctor, even though he is a man, should not forget that the heart knows shame even when the body is in great pain. Last year there was a case in which a woman went mad after a difficult labor. The doctor made the excuse that it was necessary to probe the womb and looked at her day and night without letting her sleep. Surely he should have asked the midwife to do this, but he did not think deeply of the woman's shame.<sup>52</sup>

Here, Hirano argued that the new proximity of doctor to woman was distressful and ultimately unacceptable to the pregnant women. Another physician, Kojima Naoyoshi 児島尚喜 in *Hōsan michi shirube* 保産道誌類辺 (Guide to the way of safe birth; 1796) was also critical of the doctor's actions: “frivolous doctors are so proud of their techniques that they are always massaging the woman's hips, rubbing her stomach, and moreover probing her genitals as they please, even when she is going to have easy delivery. Then the pregnant woman feels very ill at ease and on the contrary develops the symptoms of a difficult delivery.”<sup>53</sup> Neither text suggests that the physicians were in fact acting out of sexual interest in examining their patient; it is excessive “professional” pride that leads them to over-examine. But both make implicit reference to “internal injury” to explain the consequence of the doctor's actions: the women's disturbed emotional state leads in one case to madness, in another to a difficult birth.

As the evocation of maternal emotions as an explanation of the disorders of birth suggests, Kagawa physicians did not reject the concepts of “health cultivation” and “fetal education” but rather employed them in ways that authorized the transformation of the birth-site. Following in the earlier tradition of the physician-authored

manuals, the Kagawa physicians too produced pregnancy handbooks for a female readership. Sawayama Mikako has rejected the term “edifying texts” to describe these works and refers to them instead as “obstetrical health-cultivation manuals” (*sanka yōjōsho* 産科養生書).<sup>54</sup> As this term suggests, the overtly “ethical” framework characteristic of works such as *The Grasshopper Manual* and *A Compendium of Treasures for Women* is far less evident in these later works. Moreover, in keeping with Kagawa practice, these later works articulate an enhanced role for the physician compared to works such as *The Grasshopper Manual*, where the physician was situated as a secondary figure in relation to the reproducing woman herself. It was her ability to control her own desires and actions, not specialized medical techniques, that resulted in an easy birth and a healthy child. In contrast, the doctors who wrote the obstetrical manuals positioned themselves as “experts” on reproduction. In particular, they attacked what they termed “vulgar custom” (*sezoku* 世俗) and “popular practice” (*zokushū* 俗習), such as binding the abdomen with a wide cloth (*haraobi* 腹帯) during pregnancy and the use of the “birth chair” (*san'i* 産椅) in which the new mother was required to sit upright for one week or more following the birth. Beginning with Kagawa Gen'etsu's inaugural work, *A Discourse on Childbirth*, text after text argues against these and other customs associated with pregnancy and birth, and many define their purpose explicitly in terms of the critique of custom. For example, Kojima Naoyoshi prefaced his *Guide to the Way of Safe Birth* with the statement that his aim was “to instruct those people who are confused by popular customs” and “to make people aware of the mistakes in custom.”<sup>55</sup>

The mode of these critiques was typically twofold. First, the authors explained the popular rationale for a given practice. For example, the binding of the abdomen was said to prevent the fetus from becoming too big and causing a difficult birth. Then they attacked the validity of such rationales and revealed that a causal relationship existed between the custom and complications of pregnancy and birth.

<sup>52</sup> Hirano Jūsei, *Torigebaba hikken*, p. 1006.

<sup>53</sup> Kojima Naoyoshi, *Hōsan michi shirube*, p. 973.

<sup>54</sup> Sawayama Mikako, “Sanka yōjōron to kinsei minshū no ‘san’ no shinsei,” p. 19.

<sup>55</sup> *Ibid.*, p. 972.

Sasai Genkei, author of *A Manual for Training Obstetricians*, took up a series of "bad customs" in this way. For example, he criticized the observance of food taboos that, in keeping with Chinese medical practice, had been advocated in the early pregnancy handbooks: "the medical texts give many cases of forbidden foods for the pregnant women. These include foods that the women of our country do not eat even when they are in a normal state, so there is no value in writing them here. Moreover, let me say that pregnancy is not a sickness. So for most people this is not the time to adjust the flow of the vital energy and the blood, and foods should be the usual ones. There is no reason to practice restrictions."<sup>56</sup>

Statements such as this seem to suggest that the Kagawa practitioners distanced themselves from Neo-Confucian medical practice, but the rejection of specific pieces of advice occurred within a large framework of continuity. The principles of "health cultivation" and "fetal education" were never treated as "custom," but always described by terms such as "doctrine" (*hō* 法) and "teaching" (*oshie* 教). In fact, the late Tokugawa authors speak of pregnancy and birth in terms that reiterate, not contest, the conception of reproduction that took form in the late seventeenth century. A case in point is the description of the "ideal birth" offered by Kojima Naoyoshi:

Look at the animals such as cows, horses, dogs, and cats. None of them are helped from outside, and they all give birth very easily, because they do not worry or think about anything. And birds are just the same. But although human beings are the greatest living things, many suffer from difficult births. That humanity should be inferior to the birds and the beasts is an extraordinary thing. . . . [This is because] people turn their backs on nature and make use of their own knowledge.<sup>57</sup>

This passage echoes *The Grasshopper Manual* both in its evocation of birth as "natural" and its critique of human behavior that fails to accord with nature. Like his seventeenth-century counterparts, Kojima asserts that birth as "natural" should be without complications, and thus makes the behavior of the pregnant woman the ultimate explanation

of "difficult birth." The same holds true for the late eighteenth century obstetrical discourse as a whole. Far from rejecting the explanation that physical complications of birth were the product of "bad" or "incorrect" maternal acts, the late eighteenth-century obstetricians integrated this claim within their own practice. Contrasting "custom" with the "naturalness" of childbirth, they align themselves with nature. The doctor is depicted as one who frees the woman from "unnatural" custom and thus helps to make a safe birth possible.

Moreover, just as the causal logic of the earlier discourse is preserved in the obstetrical manuals, so too is the opposition of reproduction and sexuality. In his study of the discourse on "health cultivation" in early modern Japan, Kabayama Kōichi argues that in the late eighteenth century the proscriptions against desire that characterized the discourse in the seventeenth century began to give way to a new idealization of "work" as necessary to produce a healthy body.<sup>58</sup> To eat, drink, and indulge in sexual satisfaction came to be affirmed, as long as one also engaged in productive labor. But the obstetrical manuals reveal that this affirmation of sexuality did not extend to the female body, which—at least when defined as "wife"—continued to be defined as "for reproduction." Indeed, if anything, the medical critique of desire seems heightened, especially in relation to a new lack of concern for diet and activities such as reading, gossiping, and listening to music. As in the seventeenth century texts, sexual desire was identified as the single most common cause of disorders of pregnancy and birth. Thus, Sasai Genkei, who had dismissed food taboos as harmful "custom," stated,

While you are pregnant, the most important thing to avoid is the joining of man and woman. It is the source of difficult births. There is nothing more dangerous than this. The fetus moves and the stomach hurts and in some cases there is bleeding. . . . In most cases such symptoms are the result of improper behavior. When bleeding occurs, this is because the care of the fetus has been insufficient, and there will be a miscarriage or a difficult birth. When you are pregnant, there are not two bodies, and so [the mother] may die as well. And regretfully, even long after they have given birth, there are many who suffer from illnesses. . . . If you do not menstruate for even one month, con-

<sup>56</sup> Sasai Genkei, *Ubuya yashinagusa*, p. 351.

<sup>57</sup> Kojima Naoyoshi, *Hōsan michi shirube*, pp. 974–75.

<sup>58</sup> Kabayama Kōichi, "Yōjōron no kenkyū," pp. 444–46.

sider that you might be pregnant and exercise care. If you will only restrain yourself for ten months, then not only your own body but that of the child will be safe and healthy. You will not suffer the sadness of being without descendants and of destroying your house. To be without descendants is the most unfilial act. Your body, hair, and skin come from your parents and to preserve them without injury is the beginning of filial piety. Follow the heart of the sages. Even the birds and beasts who are without intelligence do not approach their mates once conception has occurred.<sup>59</sup>

Here, Sasai argues in now familiar terms: sexual relations are for the production of descendants; intercourse after conception is "unnatural" and therefore harmful; failure to produce a healthy child is unfilial. Such injunctions are pervasive within the obstetrical manuals of the late eighteenth and early nineteenth centuries. The *Koyasu no ki* 養子ノ記 (A compendium on safe childbirth; published 1807) warned women, "even if your husband tries to persuade you, you should not let sexual desire be aroused" and instructed them to "fear sexual relations during pregnancy as you would fear a tiger or a wolf."<sup>60</sup>

One explanation of the obstetrical concern for sexuality surely lies in the heightened intimacy of the birthsite, which alarmed not only female patients but also troubled male practitioners such as Kojima and Sasai. While Kagawa texts recorded without commentary the resistance of the patients, the very lack of any attempt to explain the women's unease suggests that the physicians were not unaware of its source. By reiterating the "medical" principle that opposed pregnancy and sexuality, the Kagawa physicians were able to affirm that "sexuality"—on their part as well as the patients'—was antithetical to pregnancy. In the same way, their embrace of the principles of health cultivation and fetal education reveals that, rather than distancing themselves from the Confucian-influenced medical tradition, the Kagawa practitioners situated themselves within it. Embracing the notion that birth was "natural," they held the female patient accountable for the complications that arose. And this, in turn, allowed them to privilege their own practice: it was their techniques that aided the heavenly ordained process of reproduction.

## Confucianism, Reproduction, and Gender in Tokugawa Japan 203

The Kagawa school's reiteration of many of the principles of the Confucian-influenced discourse on pregnancy notwithstanding, it was the newness of their techniques that caught the attention of many in the late Tokugawa period who were concerned with reproductive issues. A window into contemporary views of the Kagawa school is provided by Yamagata Bantō's 山形蟠桃 (1748–1821) *Yume no shiro* 夢の代 (In the place of dreams), which was completed in 1807. As a student of the Kaiokudō, the merchant-founded Confucian academy in Osaka, Bantō had studied the interpretations of the "four books" by Zhu Xi and other Song scholars, then under attack by the schools of "ancient learning" Confucianism founded by Itō Jinsai and Ogyū Sorai, as well as by scholars of nativism and "Western learning." In *the Place of Dreams*, he discussed a series of contemporary scientific, historical, and political issues with the aim of demonstrating the superiority of Neo-Confucianism to other forms of thought, both Confucian and non-Confucian, in analytical power and moral vision.<sup>61</sup> Significantly, one of the topics Bantō emphasized was childbirth. He justified his concern by referring to the social significance of human reproduction, affirming that "pregnancy is not a private matter. It is the means by which heaven, for its own reasons, produces humanity."<sup>62</sup> Bantō's discussion reveals an intimate knowledge of contemporary obstetrical discourse: he reaffirmed the validity of the notion of fetal education, evaluated the efficacy of such controversial popular practices as the binding of the abdomen, and urged that sexual intercourse during pregnancy be strictly avoided in order to produce healthy children. But in spite of this shared set of assumptions, he went on to single out the Kagawa school for explicit criticism. According to Bantō, Gen'etsu was someone "without learning" who simply picked up ideas from Western medical texts. Moreover, he insinuated that the Kagawa physicians, far from saving lives, were in fact performing abortions. He followed his critique of Gen'etsu with the remark that

<sup>59</sup> Sasai Genkei, *Ubuya yashinagusa*, p. 349.

<sup>60</sup> *Koyasu no ki*.

<sup>61</sup> On this work, see Tetsuo Najita, *Visions of Virtue in Tokugawa Japan*, pp. 276–77.

<sup>62</sup> Yamagata Bantō, *Yume no shiro*, p. 485.

"the benevolence of heaven is something to be thankful for, and thus even from unrighteous and immoral wombs are human beings born. Therefore one should not selfishly commit such acts as abortion. Is this not to go against the principles of heaven?"<sup>63</sup>

The charge that the Kagawa techniques were akin to abortion in that they killed the unborn fetus was not Bantō's alone. The nineteenth century obstetrical texts by non-Kagawa physicians frequently asserted that the Kagawa techniques resulted in the death of fetuses which might otherwise have survived. Hirano Jūsei, the author of the *Essential Studies for Midwives*, wrote of the Kagawa practitioners that "they are very careful to keep the use of the hook a secret from ordinary people and take special care that the pregnant woman should not know of it. Then, the family rejoices believing that the skill of the doctor and midwife has saved the woman, and they do not realize that the child has been killed by the hook. We should lament this pursuit of profit and reputation and cruelty to ordinary people."<sup>64</sup> Even more critical was Mizuhara Gihaku 水原義博, the author of *Junsei-an san'iku zensho* 醇生庵産育全書 (A compendium on birth and child-rearing; 1849). Evoking the "naturalness" of birth, Mizuhara wrote, "that women give birth and raise children is in keeping with the eternal principles of creation and production, and so just as the melon falls from the vine when ripe and the persimmon drops from the tree when ripe, so too should the woman give birth."<sup>65</sup> He praised Kagawa Gen'etsu for his critique of the Chinese medical tradition's reliance on charms, food taboos, and "miraculous medicines" as out of keeping with the naturalness of birth and commented approvingly on Gen'etsu's motives in developing "the technique for restoring life." Yet he excoriated the Kagawa school's subsequent reliance on interventionist techniques:

The [Kagawa] school abused this practice and it became more and more cruel. For a time, men who were crude, reckless, and unreliable hurried to make use of it and dared to violently crush and tear at will. Even if the fetus was not yet dead, even though the pregnancy had not

<sup>63</sup> Ibid.

<sup>64</sup> Hirano Jūsei, *Toriagebaba hikken*, p. 1006.

<sup>65</sup> Mizuhara Gihaku, *Junsei-an san'iku zensho*, p. 534.

yet come to term, if the labor was a little late, they would quickly take up the hooked sword and use it to crush the child's skull or cut off its limbs. Even so some babies would still cry weakly or move slightly. But those who witnessed such a cry, would stuff the mouth of the baby with cotton or use a rope to strangle the child, or exhaust their strength in order to crush the child to death. In the day/night, they say they have made use of a divine skill; in the shadows, they hide their mistakes.<sup>66</sup>

Thus, Mizuhara condemned the Kagawa practitioners for all too often violating the "natural" process of birth, with dire results for the fetus. Like Hirano, he attributed the concern for "secrecy" to a desire to conceal the "brutality" and "cruelty" of the Kagawa methods.

In response to this kind of criticism, the Kagawa school began to alter its practices. Two Kagawa practitioners in particular, Kagawa Mantei 賀川満定 (1772-1813) and Oku Ressai 奥劣齋 (1780-1835), took the lead in "revealing" the Kagawa techniques, which they described in detail, in the hope that knowledge of them would end criticism.<sup>67</sup> But accompanying this new openness was a new concern for determining whether the fetus was alive or not. *San'ka kibun* 産科記聞 (Received teachings on obstetrics; 1816), a collection of Mantei's teachings compiled by his students, stressed that the purpose of "the technique for restoring life" was to save the mother and that it was only to be used once it was clear that the fetus was dead. Mantei stated that in deciding whether or not to intervene, "determining [the fetus'] life or death is the primary concern." To this end, he enumerated "eight principles of fetal death" which required physicians to evaluate the status of the fetus by considering how long the mother has been in labor, her degree of consciousness, how much bleeding had occurred, whether movement within the womb could be observed, and other factors.<sup>68</sup>

In her analysis of the Kagawa school, Sudō Mikako argues that the overt concern for the fetus expressed in nineteenth century Kagawa texts is quite remarkable in light of the fact that infanticide and abortion seem to have been widely practiced in the Tokugawa period.

<sup>66</sup> Ibid., pp. 534-35.

<sup>67</sup> Sudō Mikako, "Shussen ni okeru kindai," pp. 32-32.

<sup>68</sup> Kagawa Mantei, *San'ka kibun*, p. 213.

According to the analysis of some Japanese folklorists, infanticide and abortion were socially acceptable and ethically unproblematic because the fetus or newborn infant was not yet regarded as a "human being," but rather as a liminal figure still closer to the "other world" of the divine than to the human sphere.<sup>69</sup> Sudō asserts that the concept of the "child" as something of "value" was discovered as a result of the new medical concern for preserving the life of the fetus. This is related to another of her conclusions: that the medicalization of the birth "freed" the female body "from religion and cosmology."<sup>70</sup> What Sudō's analysis ignores is that both contemporary critiques of Kagawa practice, as well as the school's new concern for the fetus, emerged in the context of a new political concern for reproduction that explicitly sought to link it to cosmology.

It was in the late eighteenth century that abortion and infanticide, largely ignored by officials after the 1709 revocation of the "edict for compassion towards living things," again became the object of political discourse and policy. In the decade of the 1780s Japan was struck by a devastating famine as severe weather and volcanic eruptions combined to disrupt rice production in much of central and northern Honshu. In the countryside, hundreds of thousands of people died from the famine that followed the years of successive crop failure. When population failed to recover in the aftermath of the famine, bakufu and domainal officials became alarmed. Laurel Cornell has argued that a variety of social factors such as late marriage age, spousal separation, and prolonged breastfeeding of infants contributed to low fertility.<sup>71</sup> However, Tokugawa analysts of population stagnation identified another cause: peasants were resorting to abortion and infanticide to limit family size. For example, in his widely circulated *Keizai yōroku* 經濟要録 (Essentials of economics: ca. 1840s), Satō Nobuhito 佐藤宣淵 (1769–1850) estimated that every year sixty or seventy thousand infants were killed in the two northern provinces of Mutsu and Dewa alone. Similarly, in an opinion paper submitted to

officials in Akita, he suggested that "tens of thousands" were killed each year in that single domain.<sup>72</sup> Such figures are clearly exaggerated, but the exaggeration itself is symptomatic of the new status of infanticide as a political issue. In response to this kind of analysis there was an explosion of official discourse on the evils of abortion and infanticide, as well as the formulation of new policies designed to eliminate them.

Officials in domains such as Sendai (present-day Miyagi), Shimofusa (present-day Chiba), and Tsuyama (present-day Okayama) devised elaborate procedures for policing pregnancies. According to Sendai procedures inaugurated in 1807, women were required to notify village authorities that they were pregnant by the third or fourth month after conception. Village officials were charged with compiling records known as *kainin shussai shirabechō* 懐妊出生調帳 ("records on the investigation of pregnancy and birth"), which were then submitted to the domainal officials who came to the village three times a year. If a woman failed to provide the required notification, she was subject to punishment as were her relatives and neighbors, who were held jointly responsible. Pregnancies that ended in miscarriage, stillbirth, or the death of the mother, or the death of the infant soon after birth, required the family to present documentation from a physician and testimony from family members and neighbors to demonstrate that the outcome was not the result of abortion or infanticide. These records, the *shitai hirō sho* 死胎披露書 ("reports on dead fetuses"), were also submitted to the domainal officials.<sup>73</sup> The regulations in Tsuyama closely resembled those in Sendai, but included spe-

<sup>72</sup> Quoted in Takahashi Bonson, *Datai mabiki no kenkyū*, pp. 18–19. Takahashi cites similar statements by Satō's contemporaries in this work and in his *Nihon jinkōshi no kenkyū*, vol. 2. Regarding Satō's claim, Chiba Tokuji and Ōtsu Tadao note that at the end of the Tokugawa period, Akita had a population of only about 400,000, with an estimated birth rate of about 12,000 per year, making it highly unlikely that "tens of thousands" were killed. See *Mabiki and mizukoi*, pp. 53–54.

<sup>73</sup> Sendai's regulatory system is described in several works including Taniabe Mariko, "Akago yōkū shō ni tsuite," p. 329; Takahashi Bonson, *Nihon jinkōshi no kenkyū*, 2: chap. 1; and Sawayama Mikako, *Shussan to shintai no kinsai*, chap. 3.

<sup>69</sup> Sawayama Mikako discusses this traditional view in *Shussan to shintai no kinsai*, pp. 56–57.

<sup>70</sup> Sudō Mikako, "Edo jidai no shussankan tajuikan," pp. 71, 77.

<sup>71</sup> Laurel Cornell, "Infanticide in Early Modern Japan?" p. 46.



cific provisions for punishment of infanticide and abortion. At first, these punishments took the form of financial penalties and confinement, but later were modified to include loss of status: the heads of household in which a woman had committed abortion or infanticide were to be designated *himin* 非人 (literally, "nonperson"). In 1836 this punishment was extended to the women themselves.<sup>74</sup>

An integral part of the policing of pregnancy at the domanial level was a campaign of edification that aimed to instruct the populace on the evils of abortion and infanticide. To this end, large numbers of texts critical of these practices began to be produced and distributed. Essentially pamphlets, these works, by local Confucian and nativist scholars, domanial and village officials, Buddhist priests, and physicians, were written in simple language and in many cases incorporated vivid illustrations. In Sendai, these works were distributed to village headman, who were called upon to assemble their fellow villagers and instruct them about the "evils" of abortion and infanticide. Priests from temples within the castle town took on a similar role, traveling from village to village to distribute these texts and lecture on the dire moral consequences of such actions.<sup>75</sup> In the castle town of Tsuyama, pamphlets were posted in public places where people assembled.<sup>76</sup>

At the center of the anti-infanticide discourse was the same Confucian-influenced valorization of reproduction that was expressed in works such as *The Grasshopper Manual*: the bearing and raising of children, it was asserted, are heavenly ordained, natural, and good, and essential for the well-being of the parents, the household, and society as a whole. It was this set of assertions that became the foundation of the reproductive ideology that emanated from the political authorities of the late Tokugawa period. Significantly, only some of the authors of these works, when identifiable, can be labeled "Confucianists," if we use that term to signal formal allegiance to a specific school of Confucianism or a noted Confucian scholar. But all de-

<sup>74</sup> On the Tsuyama regulations, see Sakurai Yuki, "Mahiki to datai," pp. 114-19.

<sup>75</sup> Taniabe Mariko, "Akago yōiku shihō ni tsuite," pp. 331-32.

<sup>76</sup> Sawayama Mikako, *Shussen to shintai no kinsei*, pp. 194-205.

played terms, concepts, and symbols derived from Confucian texts to explain the meaning and value of reproduction, even while aligning terms such as "heaven" with references to Shinto deities or the Buddhist notion of karmic retribution. In fact, the work *Kyōka no bun* 教化の文 (An edifying text) asserted specifically that "in our country the Way of human virtue is established by Shinto, Confucianism, and Buddhism," and that all three establish the ethicality of the raising of children.<sup>77</sup> What this suggests is how pervasive—and thereby transparent—the Confucian-influenced conception of reproduction had become. The notion that pregnancy and birth occurred by "the will of heaven," still unfamiliar in the late seventeenth century, was now self-apparent. A case in point is the work entitled *Akago yōiku kanjin no hitai* 赤子養育勸進の引 (A manual to promote the raising of infants; 1794), by Ōkata Kazumao 大壜和尚, the head priest of the temple Rinji in the Sendai castle town. It opened with the statement,

Long ago a wise man said that gold and jewels are not treasures, people are treasures. The foundation of the country and the wealth of the family depends upon having many people. When the two deities made Japan, they gave birth to many children, first the deity known as Hiranuko, then the sun deity and the moon deity, and so even to this generation there are people. And in China the sage known as Confucius said that . . . the Way is none other than the ruler bringing blessings to his retainers and the retainers showing him loyalty, the father loving his children and so the children being filial. . . . So it is natural that everything that receives the vital energy [*ki*] of heaven and earth raises its children, from the crane who at night thinks of its child and cries out, to the monkey of the far west who tenderly loves its child, to fish and insects, to even the mindless grass and trees which bear fruit.<sup>78</sup>

Ōkata made use of the Neo-Confucian term *ki* to establish the "naturalness" of reproduction and cites Confucius to demonstrate the ethicality of raising children, but the universality of this principle is demonstrated as well by pointing to the acts of Japan's primal deities, whose sexual union produced the myriad deities of the natural world.

<sup>77</sup> *Kyōka no bun*, an anonymous, undated text included in Sawayama Mikako, "Sendai-han", quotation appears on p. 123.

<sup>78</sup> Ōkata Kazumao, *Akago yōiku kanjin no hitai*, p. 69.

Far from opposing "Japanese custom" and "Chinese knowledge" in the manner of the seventeenth century texts, Okata aligned them to establish that reproduction was a responsibility authorized by "nature," the shirking of which had profound consequences.

A similar perspective orders the anti-infanticide discourse as a whole: reproduction is described as in keeping with "the way of heaven," "the spirit of heaven and earth," and "the principle of nature." As in the women's handbooks on pregnancy and birth, references to animal behavior abound, but in these works they become emblems of "natural" parental devotion. The *Shison hanjō tebitigusa* 子孫繁盛手引き草 (A guide to the prosperity of descendants; ca. 1790s), perhaps the most widely distributed of these works, offered a whole series: the pheasant who stayed with its eggs even as the flames of a forest fire reaches its nest; a dog, its belly pierced by an arrow, who stopped its flight to pick up a puppy that has fallen from its womb; and the ant who is never known to eat its own eggs.<sup>79</sup> Given the "naturalness" of birth, why did the aberrations of infanticide and abortion occur? While some contemporary commentators argued that infanticide was a result of poverty and attributed village poverty to failed governmental policies, the anti-infanticide tracts placed ultimate responsibility on the cultivators themselves. It was their love of luxury and ease and their desire to escape the burdens, financial and otherwise, of child-rearing that led them to infanticide. The author of the *Ikujihen* 青児遍 (On raising children; 1792) argued that in the villages of Tohoku, infanticide was so common that there was no one who had not resorted to it, irrespective of their wealth or poverty. Clearly, he concluded, it was not poverty but other motives that gave rise to this practice: "people love luxury and so they hate their children and do not want to raise them, or they think [children] will make more work for them, or that [children] will bring no benefits to them."<sup>80</sup> In other words, infanticide was explained as a consequence of parental immorality, not as evidence of flawed political policy.

<sup>79</sup> Takahashi Bonsen includes five versions of this anonymous text in *Tokugawa jidai jidō hogo shiryō*, pp. 1–23. See *Shison hanjō tebitigusa*.

<sup>80</sup> *Ikujihen*, p. 64. The *Ikujihen* was originally published in 1791 by Ebata Jirozaemon, a townsman living in Mito. The following year the Sendai gov-

The attack on the explanation of poverty was made in other ways as well. *A Guide to the Prosperity of Descendants* evoked the notion that conception occurred at the will of heaven and explained,

it is not the case that one becomes poor by having many children. It is simply the fate of some to be poor. Children do not cause poverty. If children caused one to be poor, then everyone who was childless would be rich, but look at the many couples (with no children) or with only one who are poor. . . . Children are bestowed upon us by heaven which wants us to raise them. Surely the means to do so will also come from heaven.<sup>81</sup>

The author of *A Manual to Promote the Raising of Infants* also attacked the notion that too many children were the root of poverty, insisting that "whether one is wealthy and of high rank or poor and mean depends entirely on the relation between one's past life and this one."<sup>82</sup> Employing the same concept of karmic causality, he urged his readers to avoid infanticide in the hope of improving their situation in their next incarnation.

Ōta Moroko has argued that the apparently common use of infanticide and abortion by even relatively affluent villagers suggests that these were not acts born of despair. She links infanticide to other cultural phenomenon—the popularity of the pregnancy and child-rearing manuals, the proliferation of private schools that taught basic skills, the diffusion to the villages of samurai customs such as displaying the dolls known as *hina ningyō*—and asserts that these together point to the "discovery of the child" in the Tokugawa period. Infanticide and abortion were linked to a new desire to provide children with education and other material benefits so that they could "rise in the world" later in life.<sup>83</sup> Some of the authors of the anti-infanticide texts seem to acknowledge just such a motive, even as they attack it. For example,

ernment ordered Ōzaki Hachiman Shrine to publish this work and distribute it to village headmen around the domain. See Takahashi Bonsen, *Nihon jinkōshi no kenkyū*, 2: 94.

<sup>81</sup> *Shison hanjō tebitigusa*, pp. 2–3.

<sup>82</sup> Ōkata Kazunao, *Akago yōku kanjin no hiki*, p. 71.

<sup>83</sup> Ōta Moroko, "Shoshika keikō to kosodate," pp. 20–31; idem, "Shoshika to kinsei shakai no kosodate," pp. 163–79.

*A Guide to the Prosperity of Descendants* contended that the key to a family's prosperity is in fact to have many children, because one can never know which child will "be successful and rise in the world."<sup>84</sup> Similarly the author of *A Manual to Promote the Raising of Infants* criticized those "who look at the rich and noble and think that children must be dressed in beautiful clothes and fed delicious meals and think that if they cannot raise their children in luxury, it is better to kill them. The sage Confucius wore rough clothes and ate rough foods, but even so established the Way."<sup>84</sup>

As the use of the gender-neutral term "child" (*ko* 子) in these and other works reveals, there is no suggestion in the Japanese anti-infanticide texts that female infants were more likely to be killed than male infants. While in China a preference for male offspring to maintain the patriline seems to have motivated the infanticide of unwanted daughters, in Japan most authors suggest that the first two or three children would be raised, while later ones would be killed. The lack of concern for gender suggests that, as Walthall and Uno have argued, female productive labor was highly valued in commoner households. It reveals as well that the patriarchal ideology that ordered the families of the samurai elite as not necessarily shared by commoners.

Other writers stressed the social consequences of "unnatural" acts of infanticide and abortion: as peasants "selfishly" killed their children, fields were abandoned for lack of those to farm them, rice production fell, and the country as a whole became poorer. This perspective is most clearly stated in a medical handbook, compiled by a domainal physician, Sasaki Bokuan 佐々木朴庵, in 1857 on the order of the lord of Sendai. This work, *Kyūmin tanpō* 救民單方 (Simple prescriptions to save the people), is modeled on a seventeenth-century work by the domainal physician Hozumi Hoan 穂積南庵, *Kyūmin myōyaku* 救民妙薬 (Miraculous medicines to save the people; 1695). Both works take the form of a list of ailments, for which are provided a series of "prescriptions" that describe how to use commonly available materials as medicines. Hozumi's work ends

<sup>84</sup> The former statement appears on p. 19 in the 1851 version of *Shison kanjō tebhigusa*, printed by Jōfukujī in Hitachi province. The latter is from Ōkata Kazunao, *Akago yōkai kanjin no hiki*, pp. 70–71.

with a section simply called "on abortion" (*dantai no koto* 墮胎の事). It opens with the statement that "to abort [a fetus] is extremely inhumane (*fujin* 不仁), and something no doctor should do. However, if because of unavoidable circumstances, you must do it, there are many medicines, both old and new." Hozumi then advocated the use of "inserted medicine" over those taken orally and reviewed the efficacy of various abortifacients. The section concludes with the acknowledgment that "some desperate people do what is called *mabiki* 間引き [literally, "thinning out"]. To take the child that has been born after ten months of pregnancy and return it is a most inhumane act and must not be tolerated."<sup>85</sup> As this suggests, Hozumi distinguished abortion from infanticide: the former was acceptable in some circumstances, while the latter was not.

Although much of Sasaki's work simply repeats, with scattered revisions, the information in Hozumi's work, a notable exception is its treatment of abortion. While the opening sentence of the section "on abortion" is the same as in Hozumi's work, it is followed not by a matter-of-fact medical discussion of the relative merits of abortifacients, but rather by a discussion of why abortion must be resisted:

For a parent to kill their child and make it into food for dogs and wolves is an evil act beyond comparison to other acts of inhumanity or compassion. For husbands and wives to have many descendants is a great principle that allows the country to be ruled and the world to be at peace; it is not a private matter of one person only. Whether a country is rich and its defenses strong depends completely upon whether its people are many or few. Even if it has good paddies and fields, if there is no one to work them, the land is just like wilderness. Even if there are strong fortifications, if there are not soldiers then there are no defenses.<sup>86</sup>

For Hozumi, abortion was regrettable but sometimes necessary. In contrast, for Sasaki, writing in the mid-nineteenth century, abortion had an entirely different meaning: it threatened to undermine the very foundations of society.

<sup>85</sup> Hozumi Hoan, "Kyūmin myōyaku," p. 125, included in Sawayama Mikako, "Sendai han"; quotation appears on p. 123.

<sup>86</sup> In Sawayama Mikako, "Sendai-han," p. 126.

While the critique of potential justifications for infanticide and assertions of its social consequences are standard parts of the anti-infanticide manuals, their main theme was the consequence for those involved in the actual act of ending a pregnancy. Retribution is a constant theme of these works, with its mechanism variously described as "heaven's wrath," the angry spirits of the dead fetuses, or the karmic principle of causality. In *A Guide to the Prosperity of Descendants*, the author, who noted that village society condoned, even encouraged, infanticide, asserted "if one person commits infanticide then the village as a whole will be unlucky. So if you find someone like that among your neighbors, relatives, in-laws, or friends, you must object and make them stop."<sup>87</sup> The same author urged his readers to keep in mind the full extent of their crime in failing to stop even a single instance of infanticide: "now it is just one child that is killed, but if that child grew up and had two or three children, and if these children grew up to have two or three children, in the end it may be as many as several hundred lives that you have ended."<sup>88</sup> But in the midst of this delineation of community responsibility, the text makes it clear that one person, the "mother," as she is labeled, bore a particular responsibility for infanticide. In contrast to the vague evocation of "misfortune" as the fate that awaits family members and other villagers, her punishment is clearly stated—death in childbirth or chronic illness. Thus, we discover in the anti-infanticide discourse yet another aspect of the Confucian discourse on reproduction that had taken form in the late seventeenth century: the notion that the mother's body was a text that revealed her success or failure in performing the heavenly authorized act of reproduction.

The delineation of maternal responsibility is most explicit in two kinds of anti-infanticide "texts," illustrations and collections of verses. The illustrations were displayed in various forms. Not only were many of the anti-infanticide pamphlets illustrated, but many temples began to produce voice picture tablets (*ema* 絵馬) warning

against this practice.<sup>89</sup> The verse collections consisted of short poems, written in alternating lines of five and seven syllables, as is standard in Japanese poetic forms. Generally, they were written entirely in the syllabary and were short, direct, and rhythmic expressions of anti-infanticide discourse.

The two-part image that appears in *A Guide to the Prosperity of Descendants* is typical of those that appear in pamphlets and voice picture tablets to illustrate maternal responsibility. The first image shows an attractive young woman smothering an infant as she kneels upon a straw mat. In the next image an oni, a demonic figure with horns, is shown performing the same act. It is dressed in a kimono of the same pattern and kneeling in the same posture as the woman of the first image and clearly represents her transformation. The simple text, inscribed in the syllabary above the first illustration, states: "This woman has a gentle face but since she can kill her own child, she will think nothing of killing the children of others. Would it be hard for her to kill her father-in-law or her husband? She is a cruel woman, whose face does not suit her." The text of the second illustration addresses the reader/viewer directly: "If you want to see the heart and appearance of someone who returns her child look at this picture. The image that appears in the mirror is the surface only, it is not her real face. This picture shows her real appearance."<sup>90</sup> Both the illustration and the text that accompany it suggest that it is the mother who performs infanticide. Described as "cruel" and "frightening," she is identified as a threat to the male members of her families and the larger village community.

The gender asymmetry so apparent in the illustrations orders many of the edifying verses as well. A case in point is the *Akagoyō-kun iroha uta* 赤子養訓の字歌 (1-ro-ha poems on raising children; 1834), a collection of verses written by Arai Nobuaki (荒井重昭), a domain official in Sendai.<sup>91</sup> It brings together forty-seven

<sup>89</sup> On the production and distribution of the anti-infanticide *ema*, see Chiba Tokuji and Otsu Tadao, *Mabiki to mizuko*, pp. 65–80.

<sup>90</sup> *Shison hanjō tebitigusa*, pp. 4–5.

<sup>91</sup> All the poems cited below are from this text, in Takahashi Bousen, *Nihon no jinkōshi*, 2: 851–55.

<sup>87</sup> *Shison hanjō tebitigusa*, p. 2.

<sup>88</sup> *Ibid.*

verses—one for each of the symbols of the Japanese syllabary—many of which are devoted to conveying the principle that infanticide and abortion are evil and subject to punishment. For example, one verse states “to abort a child and to kill it after birth are the same crime,” while another asserts “to kill someone else and to return one’s own child are the same crime.” Others evoke the concept that children are the means to good fortune. According to one verse, “descendants are the treasure that lasts for thousands of generations, and thus children are called ‘child-treasures.’” In these verses too we discover the conception of the body that underlay the principles of health cultivation and fetal education:

The deformed child was conceived when the husband was away,  
and so it is returned.  
She conceived a child before she was married and killed it. As re-  
tribution, a deformed child.  
If you fear leprosy and difficult births, then pay close attention to  
your periods and to the time after the fifth month.

The first two poems make reference to the birth of deformed children, long regarded as a consequence of poor “fetal education.” In the former, a deformed child is described as the result of an adulterous relationship. Its deformity is the consequence of the illicit union that led to its conception, and presumably it was “returned” in order to conceal the mother’s immorality. Similarly, the second tells of a woman who killed a child born before her marriage, again presumably in order to conceal her illicit sexual activity. As a result, her next child, born after marriage, is deformed, a consequence of the earlier infanticide. In the third verse, women are warned to pay close attention to their bodies, both in order to discern pregnancy and to safeguard the fetus, at the threat of disease or complications of birth. The specific reference to leprosy is significant: Tokugawa medical theory linked this disease, known as the “heavenly punishment disease” (*tenkaiyō* 天刑病), to “unhealthy” or “unnatural” sexual activity.<sup>92</sup>

Verses such as these fused the concepts of fetal education and health cultivation and the understanding of the body they instantiated

<sup>92</sup> Suzuki Noriko, “Kinsai raiyōkōan no keisei to tenkai,” pp. 96–100.

to the themes of retribution and causality at the center of the anti-infanticide discourse. Like the illustrations that invited their viewers to look at the woman and discern her true nature, the poems too render the woman’s body a corporal text. They called upon husbands, parents-in-law, and neighbors to look at “mother,” “child,” and “birth” anew and to ask: Why was that child deformed? Why was that birth difficult? Why did that woman fall ill? It was upon the same regime of observation, scrutiny, and interpretation that the system of pregnancy registration used in Sendai, Tsuyama, and elsewhere was founded. Family members, neighbors, and village officials were all called upon to “read” the body of the pregnant woman, with the knowledge that in the event of an “unsuccessful” pregnancy, they would be called upon to explain and justify its end.

The “reports on dead fetuses” compiled by village officials in Sendai provide evidence of the results of these officially mandated communal inspections of the female body. According to one from 1848,

The pregnancy of the wife of the cultivator Kichiroji of the Fujiyashiki of Horoba village in Higashiyama was reported in the second month. When it was reported on the fifteenth [of this month] that she had given birth to a dead female child, the village official Yozaemon went there and examined the dead fetus. According to what the relatives and neighbors reported, on the morning of the fourteenth, the woman fell by chance and then began to have a bad pain in her back. She took some medicine, but it did not stop the pain. Then her labor began, and on the morning of the fifteenth she delivered a dead child. On an attached paper, I have recorded the oral testimony. Since I cannot find any discrepancy,<sup>93</sup> it seems that this was entirely the result of the mother’s carelessness.

Of the surviving “reports on dead fetuses,” almost a third blame miscarriage and the stillbirth on the mother. The village officials who wrote them adopt a distinctly censorious tone as they explain miscarriages and premature births as the fault of the mother. She was “careless,” “thoughtless,” or “without concern for her body.”<sup>94</sup> Many of the

<sup>93</sup> Sawayama Mikako, “Sendai-han,” p. 69.

<sup>94</sup> Sawayama Mikako, *Shusutan toshintai no kinsei*, pp. 70–80.

reports include mention as well that the woman was "warned" or "cautioned" to avoid such bad behavior in the future, even as they take pains to point out, as above, that there was no evidence the pregnancy was deliberately ended. As such reports suggest, concepts such as "fetal education" and "health cultivation" and the conceptions of reproduction and the female body they instantiated, far from being aspects of "samurai ideology," had become part of the everyday experience in the villages of Sendai by the early nineteenth century.

### Conclusion

The notion that the body of the woman was a text upon which was inscribed her success or failure in carrying out the cosmically authorized process of reproduction, took form in late seventeenth-century Japan within Neo-Confucian medical theory and as part of the reformulation of reproductive ideology articulated in response to economic and social transformations. Separating sexuality from reproduction, the physician-authored pregnancy handbooks addressed women directly, calling upon them to be "child-bearers" who produced healthy children for the household and society and making pain and possible death the price of transgression. Beginning in the late eighteenth century, the social understanding of reproduction was transformed again, becoming medicalized, even as it was subject to new forms of political discourse and practice. As a result, the female body became subject to new forms of authority, that of obstetricians and officials. However, these transformations did not require the rejection of the Neo-Confucian understanding of reproduction. Rather, both those working within obstetrical discourse and within the political discourse on infanticide and abortion incorporated Confucian principles, symbols, and terms and deployed them to sustain their own practices. Thus, the Kagawa practitioners touted their new techniques by describing them as an aid to the "natural" and "heavenly authorized" process of reproduction and made reference to flawed maternal behavior to explain the origin of the disorders they sought to correct. Simi-

larly, the authors of the anti-infanticide texts deployed descriptions of the "naturalness" of reproduction and its essential social functions against the justifications of poverty, local custom, or rising social aspirations. Relying upon the notion that the body inevitably revealed women's emotions, desires, and actions, the anti-infanticide discourse and the policies with which it was allied called upon the family, friends, and neighbors of the women who had "failed" to reproduce to examine their bodies for evidence of the cause of this failure.

But the flexibility of Confucian concepts in the hands of those with authority, be it medical or political in nature, is only part of the story. Significant too is the fact that the Confucian view of reproduction was not elite or class specific, but rather came to influence the experience of birth for women at various levels of Japanese society. Both the female patients who rejected the attendance of the male physicians and the village officials who castigated their familiarity with and acceptance of principles that originated within Neo-Confucian medical theory. This is suggestive of the remarkable durability of Confucian medical concepts in Japan, even as they were removed from a systematic and discrete "Confucian" context. The continuing power of principles such as "nature," "heaven," "health preservation," and "fetal education" to explain reproduction well into the nineteenth century points to the need to think carefully about the easy use of the term "modern" to characterize and explain cultural and social transformations in late Tokugawa Japan. As I noted in my introduction, "modern" has been employed by a series of commentators seeking to denote the "difference" of the ideas of conception, pregnancy, and childbirth that emerged in the late eighteenth century. However, as we have seen, these developments, while significant, did not of themselves lead to the creation of a definitively new conception of the body. The female body constituted in the late Tokugawa medical and political theory on reproduction was not the "bio-body" that was taking form in nineteenth century European medicine. It was a body still ordered by Confucian conceptions of cosmology and ethically.