

Pregnancy and infanticide in early-modern Japan: the role of the midwife as a medium

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Abstract

In early-modern Japan, pregnancy was understood, at the commoners' level, as a phenomenon within the discourse of pollution (*kegare*). Pregnancy and particularly the moment of childbirth were strongly associated with three kinds of pollution: those of birth, of death, and of blood. This paper presents this popular understanding of pregnancy as a heavily polluted state, and thus aims to reevaluate the practices of abortion and infanticide, common in early-modern Japan, as special cases within the general discourse on pollution intrinsic in the view of pregnancy at the time.

In this paper, the role of the midwife in this context of pollution is interpreted as that of a medium figure, both in her capacity of physically delivering the newborn, and as the person primarily in charge of dealing with the pollution of pregnancy and childbirth. As the discourse of pregnancy shifted from the religious one of pollution in the early-modern period to the medical one of hygiene by the beginning of the Meiji period, the role of the midwife too had to undergo profound changes. I argue that this paradigmatic shift from religion to science was the result of the modernization and centralization process which was central to the Meiji regime's policies in the construction of a new nation.

Keywords: midwife, pregnancy, infanticide, *kegare*, Edo period, medicine

1. Introduction

The relative importance of the practices of abortion (*datai* 墮胎, *ko oroshi* 子おろし) and infanticide (*mabiki* 間引き) as methods of demographic control in Japan in the 19th century has been a hotly debated subject for decades.¹⁾ Though the majority of these works have centered on the population control issue, a number of studies have looked at these practices from different perspectives. Amongst these, there have been important works on the religious milieu from which wildly different responses by religious figures and intellectuals to such practices emerged at the time, and feminist analyses of these practices and of the historiography describing them.

Most of these works, however, focus on a level of the population that we could define as “elite” (i.e. local ruling class, scholars, intellectuals), and therefore leave room for doubt as to the actual impact of such ideas on midwifery practices “on the ground” in that period.

In this paper I will examine some practices and beliefs associated with women and pregnancy in 19th century Japan at the popular level, which will allow me to develop a different perspective on the view held on reproduction in Japan at that time. Briefly, I argue that we should study pregnancy and childbirth in early-modern Japan within a religious framework, as they were charged with religious meaning at the popular level. This new viewpoint can help us reevaluate the view of abortion and infanticide in 19th century Japan, shifting the focus of the analysis from these two practices, seen as means of demographic control, to an understanding of pregnancy as a religious discourse. In this new context, the midwife assumes the novel religious and social function of medium or mediating figure, and that function undergoes fundamental changes during the late-Tokugawa and Meiji periods.

Inextricably linked to this point is the importance of Western science and medicine during the same period. The development of Western medical concepts and practices in Japan throughout the 18th and 19th centuries has also been subject of numerous studies. I will analyze some of these developments as they relate to midwifery and pregnancy, so as to correlate changes in anatomical perspective with changes in the actual practice of medicine in Japan. In doing this, I will reinterpret the importance of Western medical science in the development of obstetrics in Japan not from a purely scientific stand, but from that of science as novel “episteme,” that is a set of discourses that can provide the bases for a new worldview. Science, I will argue, was an important tool that the Meiji political system employed to construct a novel entity, the Japanese “nation-state,” and I will fold the case of Japanese midwifery and obstetrics into the more general phenomenon of the science-based secularization which accompanied modernization in Japan from the second half of the 19th century. In this sense, then, the shifting role of the midwife from early-modern to modern Japan is central in the shift of the discourse on pregnancy from religious to scientific, and it is on this shift too, that the new centralized modern state was established.

Needless to say, the topic at hand is vast, so this paper can be just a preliminary attempt to lay down the bases for a different interpretative framework, pivoting on a religious studies approach. My aim is to integrate certain religious considerations in the evolution of the understanding of pregnancy, with the medical changes which occurred since the 18th century. By examining particularly the changing role of the midwife in this process, I hope to bring out an additional key factor determining such “reproductive revolution” in late 19th century Japan: the creation of a modern nation-state by the Meiji rulers. This factor, I argue, took advantage of the changes in medical knowledge to further precipitate changes in the view of pregnancy which, by eventually

excluding midwives from the process, resulted directly in a strengthening of the control of the State over its people, and indirectly in the empowering of the figure of the modern *tennō* as active agent.

2. Reproduction, women, and pollution

As mentioned above, abortion and infanticide have been isolated in previous studies as centers of a discourse in late-Tokugawa Japan aimed at curbing a population growth stabilization which occurred from about the mid-18th to the mid-19th century. However, in order to better understand the meaning of abortion and especially infanticide in Japan at that time, it is imperative that we look at the conception of reproduction in general first, and only subsequently try and incorporate abortion and infanticide within this framework.

2a. Pollution of childbirth, pollution of death

I would like to start with the point that childbirth itself has been marked by “pollution” (*kegare* 穢れ) in Japanese culture. Specifically, it is the 10th century collection of laws and prohibitions *Engishiki* 延喜式 which first regulated the number of days after childbirth during which a person (this applies to the mother as well as to her husband) needs to refrain from contact with others lest this pollution spread to them.²⁾ As for pregnancy, it seems that customs varied throughout the land, but at least for the Imperial Court itself, the pollution taboo was restricted to the month of delivery only (the tenth month, according to the Japanese system of calculating the gestation period). It is not clear whether this period of restrictions applied to the husband too, in this case of the pollution of childbirth.³⁾ That childbirth itself was considered a state of pollution led Amino Yoshihiko, in his study of Medieval Japanese cultural history, to group the pollution of death (*shie* 死穢) with that of birth (*san'e* 産穢). In fact, both can be seen as creating that imbalance between nature and human beings which is the root cause of the fear and anxiety in human society which he defines as *kegare* itself.⁴⁾ Amino goes on to describe how the “primary pollution” of a place that has been defiled directly by either form of *kegare* can then be transferred to another place (“secondary pollution”) by someone who has come in contact with the first polluted place, and how this contagion can be extended by one further step into a “tertiary pollution.”⁵⁾

That childbirth was regarded as *kegare* in Japan is also reflected in a number of practices associated with childbearing and childbirth which extend well into the Edo period. Perhaps the most extreme such practice was the building of parturition huts (*san'ya* or *ubuya* 産屋) far from the sites of households, for the sole purpose of isolating the pregnant mother at the moment of

childbirth.⁶⁾ Even in those cases where no hut was available, and thus a portion of the house itself was screened off and defined as isolated, a common characteristic of the moment of birth was the strict absence of men,⁷⁾ again consistent with the attempt to isolate what was commonly regarded as the *kegare* carried by women at childbirth. Amongst the female companions sharing the experience with the new mother were the midwife (an elderly woman with first-hand experience in childbirth), often the mother-in-law, and at times other female assistants, either helpers of the midwife or other female relatives. In other words, delivery was an action stained with heavy pollution, to be contained and avoided by those who could do so (that is, the men). On the other hand, the role of the midwife was essential since she allowed such pollution to remain contained in a restricted place, as well as limit the number of people exposed to such pollution. Therefore, in addition to her role as aid in the delivery of the newborn child, the role of the midwife was also imbued with religious connotations that transcended purely medical considerations, thus rendering hers a very unique and pivotal social position. I will develop this point in detail below, but first I want to introduce additional practices which link pregnancy with pollution in the early-modern period.

2b. Pollution of pregnancy: women as intrinsically polluted

One of these is a ceremony that was carried out in the fifth month of gestation: the pregnant woman would tie a special sash around her waist, the so-called *iwata-obi* 岩田帯, often containing special charms for safe birth (made of a fragment of the husband's loincloth).⁸⁾ With this tying action, usually in the presence of the midwife, the pregnancy was made public, and it was accompanied by a communal meal with the midwife and the pregnant woman's household, at which offerings were made to the god of birth of that particular area (*ubugami* 産神). This moment also marked the beginning of food taboos and restrictions in the movement of the pregnant woman, for example the prohibition from visiting shrines and temples. The fifth month corresponded with the time at which the pregnancy would most often begin being noticeable, as well as the moment in which the fetus was being first recognized as an entity possessing human form.⁹⁾ It is possible to see then in this ceremony of tying the sash an act of definition of the pregnancy as real, the marking of the moment at which the pregnant woman becomes polluted by pregnancy, and the public warning that future interactions with her might come at the cost of contamination by *kegare*.¹⁰⁾

At this point it is important to realize that not only pregnant women have been associated with levels of *kegare* dangerous to others, but that females in general were regarded as of a polluted nature even outside the special time of pregnancy. A well-studied example of such female *kegare*

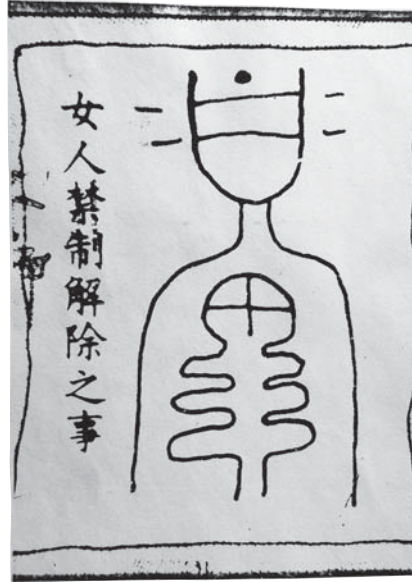


Figure 1 Pollution cancellation ticket (reproduced from Chapman 1991, page 133)

is at the basis of the widespread exclusion that women suffered from breweries during the Tokugawa and Meiji periods.¹¹⁾ To avoid jeopardizing the fermentation process that would have been initiated with the summoning of the appropriate *kami*, and to prevent jealousy from possessing the female spirit of *sake*, women could not enter sake breweries without the help of a special amulet. Similarly to the case of the *iwata-obi* above, in fact, women could neutralize their intrinsic *kegare* by wearing a small “pollution cancellation ticket” (*kaijo no koto* 解除之事) in their *obi*. As can be seen in fig. 1, this depicts a schematic person (the woman) with a drawing through her chest: Chapman Lebra has recognized in this drawing a stylized skeleton,¹²⁾ but it can also (or perhaps mainly) be seen as a phallic symbol. In this way, the female *kegare* could be directly cancelled out, as it were, by a drawing of the male organ on her body, in this amulet, and this system of female pollution/male antidote is paralleled by that of the pregnancy sash described above, where the father’s loincloth functions as an amulet for safe pregnancy, canceling out the *kegare* of the mother.

In more strict religious terms, one of the most outstanding depictions of female pollution, especially related to childbirth, is the so-called “Blood Bowl Sutra” (*Bussetsu daizō shōkyō ketsubon kyō* 仏説大藏正經血盆經). This sutra, which reached Japan from China in the Muromachi period, depicts a special hell composed of a huge pool of childbirth and menstruation blood which awaits women after death, in which they are forced to drink the polluted blood and are beaten with an iron rod if they refuse, and must remain there until particular purification rituals in their favor are carried out in the world of the living.¹³⁾ The reason for such hardship,

according to the Buddha who is addressed in the sutra, is that “the blood the women had shed during the birth of their children had polluted the deity of the earth and that, furthermore, when they washed their polluted garments in the river, that water was gathered up by a number of virtuous men and women and used to make tea to serve to holy men.” To this explanation, found in the Muromachi period version of this text, the additional one of menstrual pollution is added later, during the early Edo period.¹⁴⁾ In later Buddhist stories and hymns, we find references to this sutra which add women’s jealousy and evil character (1801), and avarice (1821) to this menstrual blood as sources of *kegare* intrinsic in women, and later on even childless women are condemned to this hell.¹⁵⁾

For the purpose of this paper, I just want to point out that this sutra was extensively used during the Edo period in rituals and ceremonies performed to save the souls of the dead and to obtain rebirth in the Western Paradise of Amida.¹⁶⁾ The blood pool is for example depicted in the Tateyama Mandala 立山曼荼羅, associated with the beliefs and pilgrimages to the complex of Mt. Tate (modern Toyama Prefecture).¹⁷⁾ In that mandala depicting the various realms of the Buddhist rebirth, a group of dead women are shown suffering the hardships of the blood pool, surrounded by monks who throw copies of the sutra in the pool to secure the women’s salvation from the hell widely believed to exist on Mt. Tate. On another section of the mandala there is the depiction of another ritual, the crossing of the Nunobashi bridge 布橋 at Mt. Tate, a ceremony widely believed in the Edo period to secure rebirth for women in the Western Paradise, as well as safe childbirth in their life.¹⁸⁾

One final use of the “Blood Bowl Sutra” was as an amulet for safe childbirth. According to Takemi, a pregnant woman would receive this sutra as a charm and place it in the *iwata-obi*, and after birth she would “cut the seven characters representing the Sanskrit sounds for the Bodhisattva Jizō from the Sanskrit charm in the sutra out one at a time, putting each in water which she would drink; this was continued for seven nights.¹⁹⁾ The sutra from which the seven characters had been cut would then be returned to the temple, and the woman would receive a new copy of the sutra, which she would keep close to her body until her health had completely returned. This custom was carried out regularly until about 1937, and did not entirely die out until about ten years ago.”²⁰⁾

3. Abortion and infanticide

So far, I have described a few instances that point to a pervasive view, in early-modern Japan, that women, especially when in the context of reproduction and pregnancy, are intrinsically contaminated with *kegare*. How does this relate to abortion and infanticide? It is very informative

to remember that throughout the Medieval and early-modern periods in Japan, newborns were defined as fully human only at least after the first year of life (defined as the passage of the first New Year).²¹⁾ In fact, in certain cases, such recognition of a child as completely human was reportedly delayed until up to seven years into her/his life.²²⁾ With this in mind, it is possible to postulate that, perhaps, practices like infanticide (of a newborn) and even more so abortion (especially early in the term) might have been accompanied by relatively little guilt.²³⁾ Some scholars, however, even suggest that the demographic slowdown occurring during 1721 and 1846 (these dates are merely recording the important country-wide censuses on which the demographics are based) was mostly due to such practices.²⁴⁾ This view is strongly influenced by evidence of the existence of a discourse against abortion and infanticide which took place in the 19th century. Such discourse is interpreted as designed to confer a heavy enough burden of guilt on those who carried out such practices that it would eventually work as a deterrent. I would like to spend the next few paragraphs briefly outlining these debates.

3a. Abortion and infanticide as seen by the elite

Starting with the Buddhist voice, it should be contextualized by the notion that, though killing is prohibited as the first precept of Buddhism, there is no clear or explicit prohibition of abortion in the Pāli Canon.²⁵⁾ Still, other Buddhist texts deal with the different conditions, causes, and methods which may or may not allow carrying out such practices. However, in the Buddhist view, birth as such has a double value: it is positive since it allows one to advance through the karmic cycle, but it is also negative, as it is seen as the origin of suffering.²⁶⁾ LaFleur concludes that Edo Buddhism overall tended to condone both contraception (which at the time was not clearly distinct from abortion) and abortion.²⁷⁾ However, as we have seen above, a number of Buddhist practices were clearly informed by a view of abortion and infanticide that linked them to terrible karmic retributions. This view is also supported by additional popular Buddhist stories (some imported from the continent) which clearly identify these practices as negative. One for all is the belief in the ogress Kishimojin 鬼子母神: having five hundred children of her own, she fed them on the bodies of the babies of others until the Buddha hid one of her children. Understanding the grief involved in missing one's child, the goddess renounced her ogress-like practices and expressed her remorse. Ever since she became one of the protector gods of Buddhism, and is invoked in Japan for easy delivery and children's health. The cannibalistic element of this myth can be interpreted as symbolic of the social practice of infanticide.

A strong and loud voice against the practices of *mabiki* was that of the National Learning (*kokugaku* 国学) scholars of the first half of the 19th century.²⁸⁾ The main focus of their anti-

abortion and anti-infanticide rhetoric was that childbirth was not a private matter, but a matter for the whole society. Producing children was a duty, in a sense, of good Japanese couples since it increased the number of potential workers and soldiers, and therefore *mabiki* was considered an evil practice. Moreover, it was the *kami* that had provided people with the potential of producing many offspring, and therefore not taking advantage of this gift (or even worse killing those same children that had been granted by the *kami*) would be considered sinful.²⁹⁾

To the Shinto voice resonating in the accusations by National Learning scholars above, Confucian attacks provided a parallel line of fire. By upholding the Confucian concept of “true humanity,” these attacks would confine those people who decide not to have a progeny (most likely by practicing some form of *mabiki*) to a status below beasts, as they would be going against the natural course of life. In fact, given the importance of Confucian thinkers in many local governments, this rhetoric may have been employed in order to avoid a population loss (and therefore one of revenues) at the local level.³⁰⁾

Another channel that Confucian thinkers used since the late 17th century to propound these ideas were the so-called “edifying texts” targeted for “health education” (*hoyō* 保養) and “fetal education” (*taikyō* 胎教). These texts stressed the value of childbirth as a manifestation of the Way of Heaven, and included various practical information for pregnant women designed to prepare them (and their fetuses) for proper childbirth.³¹⁾ In one of the most popular and best circulated such texts, the “Compendium of Treasures for Women” (*onna chōhō ki* 女重宝記) of 1692, the chapter dealing with pregnancy includes a picture of the proper set-up for a “childbirth room,” with the altar for the *kami* of the land protecting the birth well displayed and properly decorated, and with diagrams (anatomically incorrect) of fetuses in different stages of gestation, each corresponding to a Buddha or a bodhisattva of the Buddhist pantheon. Given the decoration of the room and the style of the text, it is clear that the intended readers of such compendia were of high social status, and this casts doubts, in my mind, on the actual relevance of such “edifying texts” for the general population.³²⁾ Arguably, such ideas did circulate, but at the popular level they may have carried little if any deterring force against practices perceived by the elite establishment as detrimental to the state.

These voices found at times the right condition to come together,³³⁾ and we have glimpses of such instances in certain visual material like votive plaques (*ema* 絵馬) and woodblock prints denouncing infanticide. These pictures are mostly based on a trope in which a woman is seen killing an infant, in one corner of the image, while in the opposite corner the same picture is transferred with the woman now metamorphosed into an ugly demon (fig. 2). The text accompanying this kind of images usually accuses the woman of killing the child and often warns the reader that under the lovely semblance of that woman hides a hideous creature. This same



Figure 2 Infanticide (reproduced from Nihon ishi gakkai 1978, vol. 4, page 204)

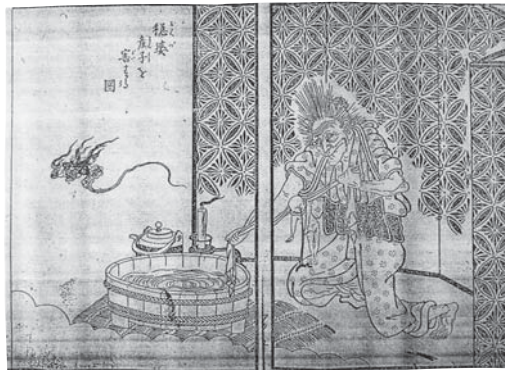


Figure 3 Midwife carrying out infanticide (reproduced from Ōta 1997)

trope is often transported in a more directly religious context, where the woman killing the infant is seen judged, after her own death, by *Emmaō* 閻魔王, the king and judge of the world of the dead, and undergoes dreadful suffering as punishment for her deed. Finally, there are other miscellaneous pictures that either merely depict midwives (somehow demonically transfigured) killing a baby (fig. 3), or again a woman (the midwife) killing a baby under the distraught eyes of the Buddha. Though some scholars have carried out a number of studies on the distribution and frequency of these images, I think it is not possible to draw final conclusions as to the extent of use and effect of these images.³⁴⁾ However, the popular divulgation of images like these, especially if with Buddhist overtones, is likely to be much more important than the debates described above on these practices of *mabiki*, since Buddhism penetrated Japanese society at a deeper level.³⁵⁾

To re-iterate the above: though certainly important in later developments in the view of pregnancy and childbearing, I think it is possible to see the elite discourses above as taking place at a level above the common people in 19th century Japan. I say this mainly for three reasons.

First, it is arguable whether the writings of Confucian and National Learning scholars actually made it to the rural (and even urban) areas where condemned practices were supposedly carried out. Though some scholars have provided evidence for some influence, the magnitude of such influence is still a matter of debate. The second reason is that, though Confucian and National Learning arguments were vigorous, at the popular level the Buddhist arguments might have been more relevant. By this I mean that the analysis of the first part of this paper on the religious nature of pregnancy was probably more important to people in 19th century Japan than scholarly arguments, since life, especially in rural context, still centered heavily on Buddhist institutions, in their syncretism with Shinto. The third point is that the practices of abortion and infanticide might indeed not have been all that widespread, though it is doubtless that they were performed with some regularity.

3b. Abortion and infanticide at the popular level: the midwife as medium and marginal figure

With all this in mind, then, I think we ought to reassess the importance of the Edo debates on abortion and infanticide, and instead look at reproduction overall as a system that undergoes profound changes during this period. In pursuing such a reassessment, for which the power of the *kegare* of reproduction itself is more central than moralistic arguments on reproduction, I would like to offer a different interpretation of the figure of the midwife, who is in a real sense at the temporal and spatial center of this *kegare*. The midwife is, in fact, a true “medium” in a two-fold sense of the word: on the one hand, she is the one who literally delivers the newborn to this world and, as we have seen, this process was not even considered complete at birth itself. On the other hand, the midwife places herself at the very place and time where the pollution of birth, blood, womanhood, and death are concentrated. Her role is to attract on herself and defuse, in a sense, this heavy burden of pollution. It is natural to imagine that the midwife, by carrying out the act of infanticide after inquiring with the mother-in-law or the mother whether “to keep” the newborn or “to send it back,” relieved the mother of some of the responsibility and burden on the act itself.³⁶⁾ Moreover, we should remember that a significant proportion of pregnancies ended up in miscarriages or stillborn, and in this case too the midwife placed herself at the very place where the *kegare* of birth and death both manifest fully: the end of the birth canal of a delivering mother. However, I want to stress that this relief of burden and responsibility was intrinsic in the process of childbirth, even when the newborn lived. Therefore, the midwife can always be seen as applying her very unique power: the power to relieve one of (at least part of) *kegare*, be it that of death, of childbirth, or of blood.³⁷⁾

It is useful, at this stage, to extend this analysis of midwifery to other social classes in Japan

during the Edo period. In fact, midwives were people whose intrinsic and constant *kegare* (they were women who had had children, and who kept helping other women in the same process) confined them to a marginal place (though empowered them with a central function) in Japanese society. In fact, precisely because of their marginal place they could put their expertise into practice, thus fully taking charge of such an important role in society. In other words, the same pollution that made them marginal, also brought them back into a central position in society, since the skill they provided (and I am referring here especially to the handling of *kegare*) was a vital skill that no one else could (or would) provide. It is almost as if they acquired an immunity to *kegare* that allowed them to freely work with the various forms of this pollution.

Their situation is very reminiscent of the social position of the *hinin* 非人, a miscellaneous group that, because of different kind of *kegare*, was marginalized in society. At the same time, though, the very specific skills that confined the *hinin* to society's margins (for example the slaughtering of animals for food and rituals, the treatment of leather, the handling of dead bodies, etc.) made them in a sense irreplaceable in the same society. Indeed, in many cases it was the *hinin* who would take care of the afterbirth (*kegare* of birth and death); also, *hinin* were called to deal with executions (*kegare* of death) and with burning down the houses of those executed (*kegare* of fire).³⁸⁾ Finally, it was the *hinin* who could handle dead animals' carcasses, a skill of invaluable importance because certain vital annual court rituals required offerings of killed animals. In sum, then, the *hinin* were confined to the margins of society by being regarded as possessing a heavy burden of *kegare*, and because of this very social position (due to this *kegare*) they were able to purify the *kegare* of others, as they themselves were in a sense immune to it. In this sense, then, the position of the *hinin* is strikingly similar, I think, to the one I described above for the midwife.

As I will describe in the following section, the end of the Tokugawa period and the beginning of the Meiji period saw a profound change in the view of *kegare* of childbirth, from one dominated by the idea of pollution to one in which unhealthiness became the main concern. The former is a view informed by religious considerations and beliefs, while the latter is the product of the rampant discourse on medicine and public health that was so critical in the formation of the Meiji nation-state. In the process of this shift from pollution to dirt, from religion to hygiene, the late-Edo midwives were disposed of, since the quality that allowed them to occupy a vital role in society, though at the margins, was rendered futile. With the pollution gone and substituted by concerns of aseptic conditions and sanitation, the very ability of attracting on oneself various forms of *kegare* became irrelevant. Instead, the hospital and the doctor took over the role of aiding delivery by providing a standardized aseptic and clean (from germs, not *kegare*) environment. Interestingly, a few years earlier, almost as soon as the Meiji *tennō* took publicly up

his role of active leader of the new nation state, the *hinin* that had occupied a vital role in court for centuries were also abandoned, as the *kegare* they had been taking care of (and condemned to marginalization by) was dissolved.³⁹⁾ In the final section of this paper, I will propose a single interpretative key to make sense of this pattern, as I will look at the changes in medical discourse during the end of the Edo period and the beginning of the Meiji period.

4. Medical views of the body in 19th century Japan

In this section, I will introduce briefly some of the major changes in the way Japanese perceived the body, from the mid-18th through the late 19th century. This analysis will undoubtedly be partial, since I will only concentrate on certain key changes, and since I will address only those issues with a bearing to my argument.

The kind of anatomical knowledge available in Japan until the mid-18th century can be surmised by an even cursory look at one collection of anatomical charts, the “Essentials of Medicine” (*Ishinpō* 医心方) (fig. 4). This collection of medical charts and instructions was compiled during the end of the 10th century, and is based on continental medicine. As can be seen in the illustrations, anatomical details are generally inexistent, or even incorrect (in this case, the position of the fetus in the woman’s womb), while detailed attention is given to roughly mapping various points of medical importance on the body. Texts like these were clearly not intended as detailed anatomical depictions against which to compare the body of a patient, but rather as generalized charts, which the physician would use more like general indicators, for then discovering the actual positions of the medically important “nodes” on the patient’s body by individual trial and error. What is important here are three points: first, that anatomy was only a rough guide for the physician; second, that the anatomical charts were at best schematic, with no intent of representing the body realistically; and third, a necessary consequence of these two points, that the patient had to be considered uniquely by the doctor, not mechanically as a body to be matched against a “prototypical” and universal anatomical chart.

It is still relying on these three aspects that, as late as 1759, anatomical atlases were produced in Japan. I am referring here to *Zōshi* 蔵志, by Yamawaki Tōyō (山脇東洋, 1705–1762), a text based on dissections carried out in Japan, printed by woodcut. This is an important text, in this discussion, because it shows how the idea of anatomy had not moved from the description I have given above, for a number of centuries in Japan.⁴⁰⁾ The same can be seen in obstetrics manuals published at the same time, like the illustrated 1775 “Appendix to the Treatise on Obstetrics” (*Sanron yoku* 産論翼), by Kagawa Genteki (賀川玄迪, 1739–1779) (fig. 5). It is interesting to notice that this is one of the first correct representation of the position of a fetus in the womb in



Figure 4 “Essentials of Medicine” (reproduced from Nihon ishi gakkai 1978, vol. 1, page 244)

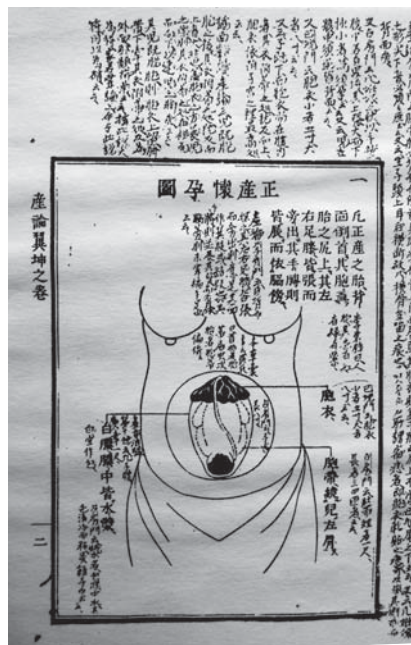


Figure 5 “Appendix to the Treatise on Obstetrics” (reproduced from Nihon ishi gakkai 1978, vol. 1, page 245)

Japanese obstetrics, though the illustration is almost as schematic as previous depictions, and its function therefore must be seen still as that of a mere charting aid for the physician.

Of pivotal importance in the change of anatomy in Japan, was the work by Sugita Genpaku (杉田玄白, 1733–1817), especially his 1774 *Kaitai shinsho* (解体新書), the first translation of a Western anatomical text in Japan (the “Ontleedkundige Tafelen,” or “Anatomical Tables” by Johann Adam Kulmus, 1689–1774), and the many dissections of cadavers he carried out while using these new and more accurate anatomical tables to chart the human body for the first time in Japan.⁴¹⁾ These studies are now recognized as the beginning of Dutch Learning (*rangaku* 蘭学) in Japan, but are important in this discussion for other two reasons: on the one hand, they are correct representations of anatomical details and are realistic, in this sense, in a manner never before seen in Japanese medical manuals. On the other hand, they changed the understanding of what a doctor’s “gaze” should mean: for the first time, in fact, every detail of a patient’s body could now be matched against detailed and realistic maps of the human body. This meant that true empirical observation was to become the focus of a doctor’s gaze in conjunction with the understanding that a patient’s body could be now put in relation to a stereotypical body, a “standard.”⁴²⁾

This had repercussions on obstetrics too, and we can see the same attention for correct anatomical details and realistic representations of fetuses by 1808, with the publication of *Ihan teikō naishō dōban zu* 医範提綱内象銅版図 by Udagawa Genshin (宇田川玄真, 1769–1834) (fig. 6). This figure, however, depicts the fetus as independent from the mother, and is the only obstetric illustration in that text. This peculiarity of fetocentrism⁴³⁾ in the view of pregnancy is possibly the remnant of a trend in Western anatomy that tends to treat the body as gender-less: as Screech points out, anatomical manuals rarely included gender-specific illustrations, and in fact dissections of male and female bodies were used interchangeably to produce the same anatomical charts.⁴⁴⁾

This gender-less sense was challenged, in Europe as well as in Japan, by the 19th century, when anatomy (as well pornographic stories and prints) started recognizing gender differences.⁴⁵⁾ It is in response to this “awakening” to gendered anatomy, I think, that we should interpret medical images like the ones in the 1841 *Nan’yōkan ikkagen* 南陽館一家言 (fig. 7), by Kagawa Nanryū (賀川南龍, 1781–1838). In fact, we can see both the fetus as independent body and the fetus still within the womb. Moreover, to stress once again the quality of the illustration, both fetus and womb are depicted very realistically, with blood vessels and skin and tissue folds in evidence, and even the dissection tools are drawn in detail. Once again, this is not any more just a chart to guide the physician roughly to an area of the patient’s body, but it is a true naturalistic depiction of a stereotyped body that can be used for fine-tuning a physician’s work.

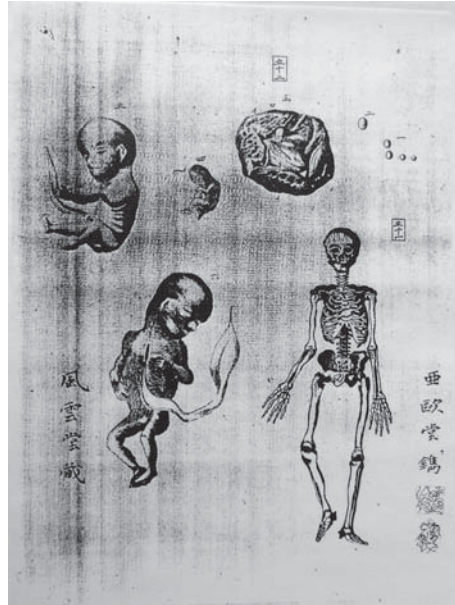


Figure 6 “*Ihan teikō naishō dōban zu*” (reproduced from *Nihon ishi gakkai* 1977, vol. 2, page 191)

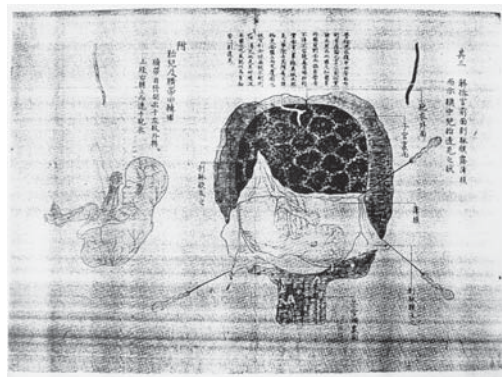


Figure 7 “*Nan'yōkan ikkagen*” (reproduced from *Nihon ishi gakkai* 1959)

The final obstetrical “charts” I would like to present here are even later developments (around 1877), where extreme realism is achieved in three-dimensional representations. By this time, three-dimensional models of the womb and ovaries during the different stages of gestation are being crafted, complete with fetuses in various developmental stages. These were created during the first decade of the Meiji period, and are remarkable for the details in the representation of muscular and connective tissue, and for the attention paid to realistic coloring. These models are by far not unique to Japan, but here they make the point of the degree of development that anatomy (in this case obstetrical anatomy) went through during the 19th century in Japan.

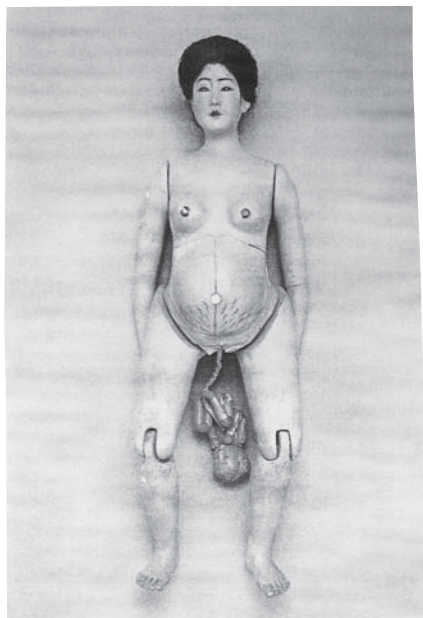


Figure 8 Three-dimensional model of pregnant mother (reproduced from *Geijutsu shinchō* 2001, page 42)

However, as can be seen in the related models of pregnant mothers (fig. 8), the realism of the fetus, connected to the womb through its umbilical cord, of the placenta, and even of the stretch marks on the model's lower abdomen are strikingly in opposition to the impersonal portrait of the mother herself. Though she has a full head of properly kept hair, and rouge marks her lips, her traits are impersonal: she truly is a stereotype, a model to which a physician can compare one's real patient, a "standard" body. The novel gaze on the body that developed throughout the 19th century allows for it to become a standard, since its potential role as rough guide is all but surpassed.

This, I think, is the most important factor that Western medicine brought to Japan, in the context of this paper: full-fledged Western medicine creates and then employs an "average" body as well as defines a "correct" physiology. Much of what a physician is required to do is to match the patient against these standards, to try and deviate as little as possible from them: such deviations, previously viewed as a natural aspect of variation in anatomy, are now deemed "wrong," unwanted and to be corrected. Medicine, appearing so prominent in early-modern Japan (but also in Europe, at the eve of the creation of modern nation-states), could thus be used for the creation of a "standard" national body, the result of a process of modernization which leveraged scientism and secularization. This is one of the most important forces to press for social (and therefore as well political) changes in late-Tokugawa Japan and, though not necessarily a planned or anticipated factor, it is a force that the Meiji regime was able to coerce

and use for its own establishment.⁴⁶⁾ It did so by enforcing a view of reality as a set of dichotomous relationships between a correct standard and an abnormal deviation from it, the proper intervention being the correction of the abnormality to fit the standard.

This general principle is, I think, clearly present in the medical discourse I presented above. Science, in fact, is a powerful tool to understand reality (in this case the workings of the body), but it can also work just as well as a tool to control reality. In fact, at the root of both actions is the assumption of a reality that works in a regular fashion, and that by virtue of this is understandable a priori. Any diversion from this regularity would frustrate such understanding, and for this reason science employs statistical techniques designed precisely to produce a mean or median as a stereotype of reality. All variations are then confined to standard deviations (the term itself is not without a reason) around the mean, and with this tool all of reality can be classified in the dichotomous system I claim the Meiji government employed in its modernization of Japan. The problematic issue is that by forcing reality into a single mean and discrete standard deviations, reality is indeed controlled by the scientific process (or, in the case at hand, by the Meiji regime), but at the same time it is constrained into novel categories which require the re-distribution of the various components of reality. As I will show in what follows, this redistribution in the case of reproduction and midwifery lead to the termination of the traditional midwife, as the religious pollution that she was originally in charge of was dissolved and turned into plain hygienic matters.

5. The end of *kegare* and of the early-modern midwife

In order to show how this Western scientific perspective interacted with the religious dimension of pregnancy and midwifery that I described in the first part of this essay, I need to describe a final crucial development in the medical landscape of late-19th and early-20th century Japan: the creation of hospitals as locales to control hygiene. The first Western-style hospital was opened in 1868, the first year of the Meiji government, and this marks the beginning of the institutional control of health and hygiene by the State.⁴⁷⁾ With the 1874 promulgation of the “Medical System” law, hygiene was further claimed as a matter of public health and as belonging to the sphere of control of the Meiji legislation.⁴⁸⁾ At around the same time, obstetrics and gynecology started being taught at the Imperial University, and in the 1890s the Association of Japanese Obstetrics and Gynecology (*sanka fujin kagakukai* 産科婦人科学会) was established. In these new ways of looking at obstetrics and gynecology completely imbued in a Western (German) scientific model, the creation of a “norm” and “deviation” was completed.⁴⁹⁾ This resulted in the firm establishment of a “normal” female body as well as a “normal” view of menstruation and pregnancy, where the key to interpret “normalcy” was hygiene.⁵⁰⁾ In this

discourse, any issues of *kegare* associated with female reproduction were wiped out, hygiene substituting for “purity” (seen as the opposite of pollution).⁵¹⁾ To further undermine the previous conception of reproduction, the new schools of midwifery arising in the 1870s and 1880s excluded abortion from their curricula, thus isolating this practice in a novel social and moral “bubble,” separate from the conception of “normal” reproduction.⁵²⁾

This release of reproduction and childbirth from the discourse of *kegare* had two profound effects: first, midwifery was not required any more to perform its function of religious medium: with the absence of *kegare*, the stigma that had accompanied reproduction was dissolved, and so was the need for a specific person who could help defuse it. Instead, as the discourse shifted to one of hygiene, the traditional midwife could be easily substituted with nurses and doctors trained in Western science, and all the religious rituals associated with reproduction could be dispensed with. The “birth hut” could be left and the pregnant mother-to-be could enter the public space of the carefully controlled and antiseptic hospital ward.⁵³⁾ This process of institutionalization,⁵⁴⁾ which can be seen as beginning around the year 1900, will come to completion only much later, around the mid-20th century, as a rhetorical response to the Pacific War,⁵⁵⁾ but that is well beyond the reach of this paper.

Second, abortion and infanticide too were taken out from the general discourse of *kegare* previously linked to childbirth, and are now dissociated from a “normal” view of reproduction: they constitute an aberration, and in fact we find a similar rhetoric against them as we did in the elite’s debates on abortion and infanticide of the Edo period. Specifically, childbirth is again seen as a duty to the nation, especially during war times,⁵⁶⁾ and abortion and infanticide are left alone in the realm of the criminal, with moral guilt associated with them. This guilt, once dealt with within the realm of reproduction in general, is now bare, and the help of the traditional midwife is not available any more. This effective de-ritualization (in a religious sense) of reproduction and the vacuum created in its religious component has even been seen as one of the main reasons for the emergence of practices of *mizuko kuyō* 水子供養 in later 20th-century Japan, as a response to the need felt to fill such a ritual vacancy.⁵⁷⁾

6. Conclusions

In conclusion, then, I have tried to show how the process of modernization that took place in Japan from the second half of the 19th century was supported by a strong scientific component, which found its way in all fields and aspects of life. A corollary of this modernization process was the secularization of these same aspects of life, with the conversion of previous religious discourses into secular ones that could be regulated and controlled centrally by the state. In the

case of reproductive practices, the religious component reflected in the concept of *kegare* that was central in the understanding of pregnancy up to the end of the Edo period was supplanted by scientific considerations of hygiene. In the process, practices of abortion and infanticide that had previously belonged to the same discourse of pollution (and were thus seen not as extreme deviations, but rather as different manifestations of the same pollution of reproduction) were displaced into a novel moral sphere. This was then associated with the nationalistic drive to provide the nation with new citizens, and abortion was finally relegated to the status of mere criminal action.

I would like to finally discuss two implications of this process of modernization. The first is that the “new body” created by the standardization imposed by Western medicine is open to new agents of control. In fact, in the case of reproduction, midwives had originally been in charge of handling the newborn body through their unique position (social as well as religious) as mediums with respect to *kegare*.⁵⁸⁾ By the Meiji period, with the release of *kegare* from the female body, traditional midwives are then relieved from this position, and this in turns allows for a shift in the control of the newborn body: this is passed now in the (male) hands of hospital doctors, in a sense directly connecting the newborn with the nation, through the centralized and standardized institutions of public health and hospitals. This is a very important move, as it ensures the direct claim on every birth by the nation: this link was exploited, if subconsciously, through the first half of the 20th century by nationalistic rhetoric.

The second important consequence is that it allows for an additional political action, one that the Meiji regime exploited effectively. By modernization through scientific secularization, the Meiji state could be constructed with a profoundly different conception of nation. In fact, a major change that occurred during the Meiji period is that the figure of the *tennō* was constructed as an active agent. Where in the past (especially but not solely during the Edo period) the *tennō* had been living basically the life of a recluse in his own palace and had not been seen publicly exercising his powers of government (indeed his powers in this respect were had been extremely narrowed), the Meiji *tennō* was projected as the doer of his deeds in the heart of the new nation. A number of ceremonies were in fact created to establish this new idea of the *tennō* as in direct control of his powers and in direct and public connection with all his subjects⁵⁹⁾.

In light of this effort, it is possible to look at the removal of various forms of mediation which had not previously required the *tennō* or a national institution, as a political effort to assert the direct rule of the *tennō* (though in fact controlled by the oligarchy in real command of Meiji politics) over his nation and his subjects. Amongst those “medium” functions that the Meiji government abolished in this context, we should include a number of social groups like mountain ascetics (*shugenja* 修験者), certain itinerant monks like the *komusō* 虛無僧, and the *hinin* who

had been so vital for carrying out particular ceremonies and who, by the nature of their inherent *kegare*, had been able to mediate the *kegare* of certain aspects of life at Court. As for the first two groups, legislation within the first few years of the Meiji period disbanded these religious figures who had carried out a number of religious and political functions by roaming the country during the Edo period.⁶⁰⁾ As for the *hinin*, a change in discourse from pollution to “lowliness” of extraction allowed the Court to dispense of them, again within the first few years of Meiji.⁶¹⁾

In this context, I would like to propose that we see the traditional midwife too as a casualty of this trend, as her function as “medium” could be seen as jeopardizing the *tennō*'s new role as unmediated agent. In all these cases, it is the *tennō* that assumes direct power in the field previously controlled by the medium: in the case of religion, Buddhism is rendered basically inert by early-Meiji laws that create a Shinto religion that becomes state religion with the *tennō* at its head, in direct contact with the *kami*. In the case of the *hinin*, those ceremonies for which they had been important were substituted by a number of new ceremonies in which the *tennō* again was the unmediated central figure, and which featured often the direct interaction of the *tennō* with the *kami*. In the case of midwifery, with the *kegare* of reproduction dissolved by Western medicine, the *tennō* (and therefore the nation itself) could now claim property of the life and health of each newborn as Japanese subjects. Each Japanese subject, then, owes his or her life to the proper functioning of the state, in the form of the Medical System, and thus ultimately to the ruling hand of the *tennō*. The ultimate result of this modern discourse, thus, is that each subject automatically is made to feel at the service of the new nation state.

Notes

- 1) For a very good overview of the debate, see Cornell 1996.
- 2) Yamamoto 1992, 27–29.
- 3) Yamamoto 1992, 29.
- 4) Amino 1991, 90.
- 5) Amino 1991, 91. In fact, Yamamoto produces evidence that birth and death pollution were not restricted to humans, but applied to animals as well. Moreover, the pollution of an animal's death could contaminate a person in a sort of trans-species contagion, this being the basis of the strong *kegare* associated with jobs like hunting and butchering, traditionally occupations restricted to outcaste groups for these very reasons (Yamamoto 1992, 32–33). On a very different note, this ability of *kegare* to be transferred by proximity or contact is shared with the power of the relics of Catholic saints. In this case too, there are primary relics (e.g. remnants of the body of the saints themselves), secondary (e.g. a cloth that touched directly the body of the saint), and tertiary (e.g. a cloth that touched the case in which the body of the saint is contained).
- 6) Hardacre 1997, 24.
- 7) Hardacre 1997, 24.

- 8) Hardacre 1997, 23.
- 9) See the second row of illustrations in Kinsei 1981, 94–95: the fetus in the womb is represented in human form only on the fifth month, while in the previous four months it is substituted by, in chronological order, a monk’s staff and a single-, double-, and triple-pronged thunderbolt-scepters, or *vajra*.
- 10) Another important aspect of pregnancy that directly addresses the issue of pollution is the disposal of the afterbirth. Starting with historical documents of the Muromachi period (1392–1573), we notice a variety of methods and places of disposal of the afterbirth (胞衣 *ena*), with the appearance of outcasts (非人 *hinin*) as in charge of this matter (Amino 1991, 96). Examples of this range from transporting the placenta off to be buried in a mountain distant from the house (as in the case of certain military families in Kyoto during the Muromachi period) (Amino 1991, 97), to burying the placenta under the main pillar of the house (as carried out in certain rice-growing areas during the Edo period) (Hardacre 1997, 25).
- 11) Chapman 1991, 131–132.
- 12) Chapman 1991, 131.
- 13) I follow here the English translation by Takemi Momoko (Takemi, 1983).
- 14) See Williams 2008, 220–222.
- 15) Takemi 1983, 233–236. It is important to note that the “blood shed at childbirth” is not necessarily a reference to death of the mother at childbirth: the belief that a mother who dies at childbirth is destined to hell is indeed found in other narratives like the *Nihon ryōiki* 日本靈異記 and the *Konjaku monogatari* 今昔物語集 (Takemi 1983, 238 and Katō 1999, 128–129).
- 16) Takemi 1983, 240.
- 17) Fukue 1998, 41–48 and chapter 5.
- 18) Takemi 1983, 242.
- 19) Seven is also the number of days after birth during which the new mother should not leave her room, to avoid contaminating others with her “birth pollution” (Yamamoto 1992, 28–29).
- 20) Takemi 1983, 243.
- 21) LaFleur 1992, 33–37.
- 22) Harrison 1999, 95.
- 23) Compared to the guilt the debates I will analyze below were targeted to. I should also say that I have not yet come across any record of the impact, emotional and psychological, of infanticide in mothers during this period. Lacking this kind of information, a lot of the discussions of these issues of abortion and infanticide remain seriously flawed and biased towards the academic treatment of a very personal and emotional experience. If we look at funerary practices in the Edo period, however, children who died before the age of seven received a very different funeral and burial, thus confirming the perception of the time toward young children as not quite fully human (Hur 2007, 166). See also Williams 2008, 224.
- 24) For example, see Smith and Eng 1988, 103–132. See also LaFleur 1992, 92–94. I disagree with these views because I consider the assumptions on demographic trends that these scholars take are not sound. Particularly, I favor a model in which increased labor and increased distance of sites of labor from households led to both reduced frequencies of sexual encounters as well as reduced fertility in working women. Moreover, these factors might contribute to longer lactating periods for the newborns, thus lengthening the period of reduced fertility in mothers. Similar views are held in Saitō 1992, 377–378 and Cornell 1996, 44.
- 25) McDermott 1999, 157.
- 26) LaFleur 1992, 115.

- 27) LaFleur 1992, 117.
- 28) An example of such National Learning scholars at the local level is discussed in Harootunian 1988, 296-303.
- 29) LaFleur 1992, 108-111. I would like to note here that in the *Kojiki* 古事記, one of the main texts relating Shinto to the land of Japan, the two *kami* Izanagi and Izanami copulate in a ritually incorrect way and their child, the leech-child Hiruko is born out of their union. At three years of age, they float him on a boat and let him drift to his own fate on the sea. This is clearly an instance of infanticide, and there may be a reflection of this story in the name *mizuko* with which aborted fetuses came to be called in later times (LaFleur 1992, 23).
- 30) LaFleur 1992, 106-107. It should be mentioned again that this view of infanticide and abortion being used widely as forms of demographic control have been seriously challenged in more recent scholarship. Cornell, for example, makes a strong case to show that many other factors were involved in the demographic depression of the time, including child mortality based on natural causes, as well as migratory patterns of employment that reduced coital frequency and lowered fertility (Cornell 1996, 44-46).
- 31) Burns 2002, 179.
- 32) The accompanying text explains:
“As for poor families, they generate many offspring, while the Shōgun and the daimyō are without children, even if they want them. For them, there is no pregnancy even if they have their concubines chosen after evaluation of their potential fertility, and even if they take great care in these matters. This seems to be because of karma. Indeed, the life of the Shōgun and the daimyō is paradise in this world, while that of the poor is a starving hell. Therefore, since this is the final era of the world of defilements, there is no birth of Buddha, who should instead be born in paradise. Instead, there are many children of hungry spirits, who are supposed to be born in hell. Therefore we should realize that it is difficult to become a Buddha from the fact that people in higher society are without children. As for women, of course during everyday life, but especially during their pregnancy, they should devote themselves to worshipping Buddha and *kami*. If they do so, their babies will be born smart, and their delivery will be easy.” (Kinsei 1981, 94-97; translation mine.)
It is interesting to notice in this text the presence of strong Buddhist rhetoric, both in the cause of the problem and in the solution. What is interesting, however, is that there is no reference to abortion or infanticide even in the peasant population, and there is no mention of these practices as possible causes for the few offspring of the aristocratic families. This supports the idea that these texts were not conceived with the notion of stopping or preventing *mabiki* practices, but might have been used for these purposes at times. Moreover, the tone of the text above suggests that only a very selected section of society was considered as the recipient of such texts, again raising questions as to the level of popularity of these texts.
- 33) Burns 2002, 208-209.
- 34) Ochiai 1999, 190-191. For a detailed study of this imagery in the northern Kanto area, see Chiba and Otsu 1983, 65-80.
- 35) LaFleur 1992, 105.
- 36) It is in this light that the *ema* and woodblock images described above often depict the midwife rather than the mother, as if to truly exonerate the latter from the pollution concentrated at the moment of childbirth.
- 37) The idea of *kegare* of blood is complicated by the fact that a diametrically opposite discourse on blood as sacred and magically powerful exists in Japan at the same time as the one of blood as carrier of negative pollution. For a discussion of this double nature of blood at the popular level see Miyata

2010, 125–163.

38) Amino 1991, 95–96.

39) Takagi 1997, 181–189.

40) Kuriyama 1992, 24–25.

41) Kuriyama 1992, 26–28.

42) This new gaze, based on empirical observation and realistic representation, soon expanded out from just the fields of medicine and obstetrics, and starting influencing the general “gaze” by the middle of the 19th century. Screech, who has devoted considerable efforts in mapping the changes in the Japanese “gaze” of the body, points out that this increase in anatomical realism reached deep in Japanese society, and he has brought evidence of this radical change in perspective on the body through his analysis of erotic images (*shunga* 春画) in the 19th century (Screech 1999, 122–124).

43) I borrow here a term employed by Hardacre in her analysis of the depiction of fetuses in the anti-abortion propaganda in Japan of the 1970s. In her analysis she shows how changes in medical photography that had taken place in the mid-20th century allowed a novel representation of the fetus as an independent entity from the mother, a being with distinct personhood and ability to act (Hardacre 1997, 3–5). Here, I only borrow the term to point out a certain perspective on the fetus as disjointed from the womb and the mother, while I do not claim that such fetocentric representations in the early 19th century were employed as rhetorical tools.

44) Screech 1999, 97–98.

45) Screech 1999, 99–100.

46) I should like here to make note of a number of studies that have described a similar pattern in different aspects of Meiji policies. As a general introduction in the “standardization” of life that the Meiji regime imposed through novel scientific ideas, Narusawa Akira has highlighted a number of issues of importance (Narusawa 1997). Amongst the “systems” to be thus changed and constrained into regularity, he mentions time (by the introduction of a regularly repeated solar calendar in 1872, and with the standardization of time through the employment of western clocks, for the benefit of timetables, like the ones for trains and for work in factories), space (by the application of the concepts of “good order” and “proper arrangement” which extended to a new attention for cleanliness of spaces, including living quarters and schools more and more based on barracks arrangements; the body, with the increased concern for infectious diseases and their effect on public health; and cities, with new regulations on traffic and control of smells and noises), and measurements (the metric system became legal with the Weights and Measures Law of 1891), as well as the military, educational, and health systems, all of which undergo a process of standardization (the introduction of the “uniform” in the three systems is indicative of this trend: a uniform way of dressing allows for a constant and quick recognition of the standard and the deviant). In other words, order is now juxtaposed to disorder, the one the standard, the other the exception to be thwarted. Narusawa also describes a “mechanization” of the body, whereupon standards of height and weight and proportions were applied to a “standard” body, to be compared to individual Japanese bodies. This was accompanied by classification and measurements which recall the scientific fetish of measurements, statistical analyses, and control. Deeply linked to this policy of standardization and classification of the body was the creation of the idea of a “Japanese stock,” which would serve as a term of comparison for “other” ethnicities. This was the case of the treatment of Ainu communities as not merely distinct, but as unwanted, as an ethnic group to be regulated and incorporated (and thus eliminated) in the Japanese “race.” Howell’s study on this topic is particularly noteworthy (Howell 2005). Finally, a change in policy on public health started taking place in the mid-19th century, which, basing itself on Western medical ideas of contagion, re-interpreted diseases like smallpox as contagious diseases

rather than afflictions by demonic forces. In his detailed study on this topic, Rotermund highlights evidence that such a shift towards rationalism and Western scientific methodologies resulted in the introduction of vaccination in Japan in 1849, but it was only with the Meiji government that a decree made vaccination compulsory and refusal to vaccinate punishable by fines (Rotermund 2001, 393–395). In this case too, therefore, the Meiji state opted for a view of the world in which “disease” meant an aberrant course of events, a state deviating from a healthy average which could be “conquered” through medical intervention.

- 47) Burns 1997, 703–704.
- 48) Narita 1999, 257–258.
- 49) Narita 1999, 259–260.
- 50) Narita 1999, 263.
- 51) A similar example of substitution is discussed on the topic of dealing with death and dead bodies in Narusawa 1997, 213–214.
- 52) Burns 1997, 705–706. For an extensive and in depth historical account of these changes in the Late Meiji and Taishō periods, see Rousseau 1998.
- 53) Ochiai considers this a true “reproductive revolution” in Japan (Ochiai 1989, 89).
- 54) On this process of modernization of midwifery and the function of the midwife in the Meiji and Taishō periods, see Homei 2003.
- 55) Narita 1999, 268–270. See also Harrison 1996 for a discussion of the *mizuko kuyō* practices and their role in the creation of a new Japanese national identity after the Second World War.
- 56) Narita 1999, 270–271.
- 57) Hardacre 1997, 48–54.
- 58) That is preparing for its birth, facilitating its birth, attracting on themselves the *kegare* of birth, and in cases of infanticide often carrying out the killing, and thus attracting on themselves the *kegare* of death.
- 59) See for example Narusawa 1997, 211 as well as Takagi 1997, Gluck 1985, and Breen, 1996.
- 60) Collcutt 1986, 156–157 and Sanford 1977, 436.
- 61) Takagi 1997, 181–189.

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(ゴッタルド, マルコ)

近世日本における妊娠と間引き ——媒介者としての産婆の役割——

Marco GOTTARDO

要 約

近世の日本において、庶民レベルでは、妊娠は「穢れ」の現象の一つとして捉えられていた。妊娠、そしてとりわけ分娩の瞬間は、出生の穢れ、死の穢れ、そして血の穢れ、という三つの汚れと強く結びついていたのだ。深く穢れた状態という当時の一般的な妊娠理解を紹介する本論文は、近世日本において普及していた中絶と間引きの慣習を再考察し、これが当時の妊娠理解に内在した一般的な「穢れ」観の現れであることを明らかにする。

「穢れ」という文脈からみた産婆の役割は、媒介者として考えることができる。彼女は新生児を生まれさせる物理的能力を持つと同時に、妊娠と出産にまつわる「穢れ」に直接対処する者でもあったのだ。妊娠は、近世においては「穢れ」という宗教的観点から語られたが、明治に入ってから「衛生」という医学的見地から語られるようになり、それにつれて産婆の役割もまた大きく変化することになる。本論文が論じるように、宗教から科学へというこのパラダイム変化は、新国家体制樹立における明治政府の方針にとって中心的であった近代化・中央集権化過程の結果であった。

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